



Unannounced Care Inspection Report 27 February 2020.



Dunlarg Care Home

Type of Service: Nursing Home
Address: 224 Keady Road, Armagh, BT60 3EW
Tel No: 028 3753 0858
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 50 patients and residential care to one identified patient.

3.0 Service details

| | |
|--|---|
| <p>Organisation/Registered Provider: Four Seasons (Bamford) Ltd</p> <p>Responsible Individual: Dr Maureen Claire Royston</p> | <p>Registered Manager and date registered: Patricia Graham 30 May 2012</p> |
| <p>Person in charge at the time of inspection: Patricia Graham</p> | <p>Number of registered places: 50</p> <p>A maximum of 10 patients in categories NH-PH/NH-PH(E) and a maximum of 8 patients in category NH-LD. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p> |
| <p>Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD – Learning disability.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 49</p> |

4.0 Inspection summary

An unannounced inspection took place on 28 February 2020 from 09:45 to 16:35 hours.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Evidence of good practice was found with staffing, the delivery of care and activities and the environment.

An area for improvement was made with regard to care plans for the management of distress reactions.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Dunlarg which provides nursing care and residential care for one named patient.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Pat Graham, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 September 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 24 February 2020
- incident and accident records
- three patient care records
- annual quality report

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 41 Stated: First time | The registered person shall ensure that the duty rota is amended to reflect if staff moved to Dunlurg Residential Home in response to short notice absence. | Met |
| | Action taken as confirmed during the inspection: Duty rotas reviewed accurately reflected where staff were working. This area for improvement has been met. | |
| Area for improvement 2 Ref: Standard 39 Stated: First time | The registered person shall ensure that newly appointed staff receiving practical manual handling training within a meaningful timeframe. | Met |
| | Action taken as confirmed during the inspection: A review of the induction record for two staff recently employed evidenced that they had received practical manual handling training within a meaningful timeframe. | |

| | | |
|--|--|------------|
| Area for improvement 3 Ref: Standard 35.16 Stated: First time | The registered person shall ensure that the annual quality review report is prepared solely in regard to the nursing home. | Met |
| | Action taken as confirmed during the inspection: An annual quality report was available and had been prepared solely for the nursing home. | |

6.2 Inspection findings

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.2.1 Staffing

The registered manager confirmed the daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the patients and the occupancy of the home. Observation of the delivery of care throughout the morning of the inspection evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff interactions with patients were observed to be compassionate, caring and timely. When providing reassurance to patients who were unable to say why they were anxious, we observed staff spend time with the patient in an attempt to find out what they needed.

We spoke with a number of patients, all of whom spoke highly of the staff and their caring attitude. They said:

- “Staff are very good.”
- “They’ re all great girls, you couldn’t get better.”
- “The have all been wonderful.”
- “It’s a friendly place.”

Staff stated there was good team work between the grades of staff and good support from the manager who they described as approachable and readily available to listen. Staff were satisfied that there were sufficient staff in the morning to meet the needs of the patients.

A new activity co-ordinator had recently been appointed. They spoke enthusiastically of the importance of meaningful activities and that they were spend their time on a one to one basis and group activities depending on the wishes of the patients.

6.2.2 Care delivery

We walked round the home prior to lunchtime; patients were in the lounges, walking around the home or in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed. Patents were well presented with obvious attention being paid their appearance.

We discussed the management of patients with dementia and the presentation of behaviours which have the potential to impact on other patients. Staff were knowledgeable of patient need, any known triggers to unsettled behaviours (distressed reactions) and interactions which can help reassure the patients. Pain assessments were in place and were regularly reviewed. Care records evidenced that pain relief medication was administered as required. Medications prescribed for distressed reactions were also administered regularly. Whilst care plans were in place for dementia and distressed reactions not all of them identified any known triggers and details of interventions which may help to reassure and calm the patient. This was identified as an area for improvement.

We observed the lunchtime meal. Patients could have their lunch in one of the two dining rooms, in the lounge or in their bedrooms depending on their choice or their assessed needs. Staff were well organised and all of the patients received their meals without delay. There was a choice of two main dishes on the menu; staff confirmed that alternative meals were also provided in response to their requests. The meals served were appetising and patients were complimentary regarding the home cooked nature of the meal.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“A massive thank you for all the care and attention shown to ...Words cannot do justice to how well... was looked after.”

“To all the nursing staff who were so kind and attentive to”

We provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

6.2.3 Environment

The environment in Dunlarg was warm, comfortable and fresh smelling throughout. A number of bedrooms have recently been refurbished. The improvements have created bright, fresh bedrooms; patients were very pleased with the recent improvements to their rooms. New flooring has also been laid in a number of areas – the domestic staff reported this was much easier to maintain clean. The recent investment in the environment was commended.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with hold open devices.

Areas of good practice

Evidence of good practice was found with staffing, the delivery of care and activities and the environment.

Areas for improvement

An area for improvement was made with regard to care plans for the management of distress reactions.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pat Graham, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for Improvement 1 Ref: Standard 4 Stated: First time | The registered person shall ensure that care plans for distressed reactions include any known triggers and details of interventions which may help to reassure and calm the patient. Ref: 6.2.2 |
| To be completed by: 26 March 2020 | Response by registered person detailing the actions taken: Care plan completed which includes details of interventions and any known triggers. |

Please ensure this document is completed in full and returned via Web Portal



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