

Unannounced Care Inspection Report

8 March 2021



Domnall

Type of Service: Nursing Home

Address: 48-50 Old Dundonald Road, Belfast BT16 2EH

Tel No: 028 9041 9796

Inspector: Nora Curran

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 55 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Kerrie Wallace Acting – no application required
Person in charge at the time of inspection: Kerrie Wallace	Number of registered places: 55
Categories of care: Nursing Home (NH) 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.	Number of patients accommodated in the nursing home on the day of this inspection: 26

4.0 Inspection summary

An announced inspection took place on 8 March 2021 from 10.00 to 13.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.

The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Kerrie Wallace, Manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 15 March to 28 March 2021
- Staff training records
- Staff supervision matrix
- Organisational structure
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Minutes of staff meetings
- Activity planner
- Menus
- Three patients' nutritional care records.

During the inspection RQIA were able to consult with two patients and two staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Online surveys were completed and returned by 13 staff and one patient. Their feedback was shared with the manager and is included in the body of this report.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Kerrie Wallace, manager.

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)

There were no areas for improvement identified as a result of the last care and medicines management inspection.

6.2 Inspection findings

6.2.1 Staffing

At the commencement of the inspection the manager confirmed the staffing levels and skill mix over the 24 hour period and explained that staffing arrangements were subject to regular review to ensure that the assessed needs of patients were met.

The duty rotas from 15 to 28 March 2021 evidenced that planned staffing levels were adhered to. These records also showed the manager's hours worked and whether they were in a managerial or clinical lead capacity. The person in charge of the service for each shift was also readily identifiable on the duty rota.

Any persons assuming charge of the home had relevant competency assessments in place and an on-call rota was made available to staff in the duty rota file.

Staff meeting records showed regular formal consultation with staff. We reviewed the records from three meetings: Head of department meeting held on 9 June 2020 and general staff meetings held on 21 August and 6 November 2020. All three records contained an agenda, attendance lists, description of what was discussed and action plans.

The manager described having a culture of openness and availability for staff to have one to one time with the manager if and when required for more informal consultation opportunities. Staff spoken with confirmed that they could raise issues or concerns at any time and that the manager was available to them. Staff also told us that they felt well trained in their respective roles.

There were no concerns raised about staffing arrangements during the inspection or via the online survey.

Survey respondents were invited to share their opinion on whether the service was safe, effective and compassionate. The one patient respondent said they were satisfied in all three aspects of care.

Online staff responses were as follows: when asked if they felt the service was safe, seven said they were very satisfied, four said they were satisfied and two said they were neither satisfied nor dissatisfied. When asked if they felt the service was effective, seven said they were very satisfied, five were satisfied and one was neither satisfied nor dissatisfied. When asked if they felt the service was compassionate, five were very satisfied and eight were satisfied.

Patients told us:

- “Staff are very friendly.”
- “I’m well looked after.”
- “Never have to worry about anything.”
- “I can’t pay enough tribute to the managers, nurses, catering and other staff for tending me and other patients so well, with special mention for the catering staff for the quality and variety of meals and snacks, and also domestic staff for keeping rooms and other areas clean. Staff are generally pleasant and helpful and do well to maintain an orderly yet informal and homely setting.”
- “Anything I need they are ahead of me.”

Staff told us:

- “There is enough staff and a good skill mix on...always reviewed.”
- “We get lots of different clients...if we are getting a new client with new issues we get the training beforehand.”
- “We are supported for additional training...the skills are then utilised back at work.”
- “Our staffing levels depend on the occupancy which can quickly go up...induction and training has been good...everyone is very welcoming.”
- “We do fire drills, moving and handling...lots of different training...In my opinion this has been the best career move, I love my job working in Domnall.”
- “...care assistants work well together.”

6.2.2 Management arrangements

There had been no changes to the management arrangements since the last inspection. The manager told us that they felt well supported by the senior and multi-disciplinary team. There was a clear organisational structure in place.

There was a system and policy in place for safeguarding arrangements, with the manager identified as the on-site safeguarding champion with further support in safeguarding from the regional human resources manager. The manager displayed a good understanding of their role in safeguarding and was conversant on the processes in place.

The online survey respondents were invited to share their opinion on whether or not they found the service to be well led. One patient said they were satisfied. Five staff said they were very satisfied, six said they were satisfied, one said they were neither satisfied nor dissatisfied and one said they were dissatisfied. All feedback and comments, including one comment from the dissatisfied member of staff, were shared in confidence with the manager for their information and action.

Staff comments included:

- “The management is excellent...I’m very happy.”
- “Domnall is a well-run home.”

6.2.3 Governance systems

Prior to the inspection we requested copies of a number of audits and governance related records to be sent to RQIA. These included quality assurance audits such as hand hygiene, environmental infection prevention and control, accident and incidents, bed rails and other restrictive practices, care records, wound care, and complaints and compliments. We also requested the provider monthly monitoring records from November and December 2020. Infection prevention and control related records are discussed further in section 6.2.4.

All auditing records viewed were found to contain dates, areas looked at, the person conducting the audit, findings and action plans where required. No issues were noted and the auditing systems demonstrated continuous improvement in quality of service. Restrictive practices were risk assessed; care planned and consent obtained where appropriate. Accidents and incidents were recorded, analysed monthly and relevant parties notified.

The provider monthly monitoring records for November and December 2020 were reviewed. Monitoring in November was conducted virtually due to the home being in outbreak at that time, nonetheless both months included a review of progress from the previous visit, a review of records, accident and incident analysis, complaints review, infection prevention and control review and concluded with an action plan for the manager to address. There was also some evidence of consultation with staff and patients.

Overall the auditing and governance systems were found to be robust and effective.

6.2.4 Infection prevention and control (IPC)

The manager confirmed that the home was free from Covid-19 at the time of the inspection, and they were fully engaged with the regional programme for planned and regular testing of all staff and patients.

IPC audits were completed monthly and in addition the Belfast Health and Social Care Trust (BHSCT) conducted audits at regular intervals and shared the findings and recommendations with the manager. IPC audits covered all environmental areas of the home and included personal protective equipment (PPE) and sharps management. We found that action was taken when required.

The records from three hand hygiene audits completed in December 2020 and January 2021 showed that covert observations were conducted on a range of staff in different roles, and any issues were addressed at the time.

In response to the Covid-19 pandemic there had been an overhaul of cleaning regimes and documentation. The domestic hours employed in the home were increased and shift patterns were changed to allow for extended cleaning times. Documentation was changed to include regular touch points, terminal cleans and products used. There was evidence of regular spot checks on cleaning records by the manager.

Measures were in place to reduce the risk of infection from staff entering and exiting the building. Uniform policy was strictly adhered to with changing facilities made available. Staff were offered the choice to have uniforms laundered on-site or to launder at home, but no uniforms were to be worn outside of work. A supply of scrubs was available for staff to use in the event of IPC standards of uniform becoming compromised.

Staff and patient temperatures were monitored twice daily and in response to the high turnover of patients (due to the nature of short stay placements), all staff and patients were tested for Covid-19 on a weekly basis.

At the time of the inspection the home was operating a visiting policy in line with Department of Health (DOH) guidance. A visitor champion was assigned to co-ordinate the visits. Due to the nature of short stay admissions and the 14 day isolation period for new admissions, the majority of visits were conducted as window visits. The home was in regular contact with the Public Health Agency (PHA) in relation to ongoing risk assessments and there were provisions in place to facilitate indoor visiting at end of life.

The visiting risk assessments for three patients were reviewed and found to be detailed, person centred and contained clear instruction on mitigating each risk factor identified. Patient and next of kin's perspectives were included in the assessments and it was positive to note that end of life scenarios were discussed where appropriate.

There was a standard operational policy in place for the implementation of the DOH's care partner programme. The policy was found to be detailed with clear information about the role of care partners. Again due to the nature of the majority short stay and rehab admissions, no care partner requests had been made.

As part of the inspection we undertook a virtual walk-round the home. The corridors were clean, well-lit and exits were free from obstruction. The entrance had neatly displayed information pertaining to Covid-19 guidance and the RQIA inspection. Hand sanitiser was available and a record was maintained of temperature checks on entering the home. Donning and doffing of PPE stations were available and there was a good supply of PPE.

The indoor visiting area was viewed and we could see that if required, there was a separate entrance for indoor visitors, hand sanitiser and PPE was available and a partition screen was in place.

A sample of patient bedrooms, communal bathrooms and lounge were found to be clean, bright and welcoming.

Staff told us:

- "I felt safe from the start of the pandemic because of the measures put in place early...there is always a good supply of PPE...we are informed immediately of updates in the guidance."
- "We are definitely safer here...especially with all the testing."

Patients said:

- "Covid has been managed brilliantly...I'm so glad to be here."
- "It felt positive to get the vaccine here...actually I worry about going home and being away from here...I feel informed of things here."
- "With the added pressures of the pandemic and various lockdown restrictions, they have done very well to limit Domnall being affected, and deserve reward and thanks for doing so...the staff employed by Domnall have continually looked after me very well indeed."

6.2.5 Quality of life for patients

During the virtual walk-round and the one to one teleconference time with patients, we could see that they looked well cared for and comfortable in their surroundings.

An activities programme was provided on an individual assessment basis. While some small group activities were available with social distancing encouraged, the majority of sessions were conducted on a one to one basis.

Prior to the inspection the home provided us with nutritional care records for three patients, as selected by RQIA. All three records contained expected assessments including malnutrition universal screening tool (MUST), and choking and oral assessments. Care plans were in place for identified needs and all records were evaluated at least monthly. Supplementary records included weekly or monthly weights, and food and fluid intake.

There was evidence of appropriate onward referral to specialist disciplines such as speech and language therapy (SALT), dietetics and dental. Multidisciplinary recommendations were clearly documented in the care plans. It was positive to note that contact names and numbers for the relevant specialists were also recorded in the care plans for ease of staff to contact without delay if required.

In general the care records were found to be well maintained, detailed clear instruction for staff, included patient and/or next of kin involvement and were person centred.

A four week menu was viewed and found to be varied, with at least two choices per meal sitting.

There was an excellent system in place for patient consultation and monitoring of satisfaction levels with the quality of service. As most patients were admitted to the home from hospital, the discharge hub in the hospital would provide the patients with an information leaflet explaining what services and facilities to expect from Domnall. During the pandemic this leaflet was amended to include IPC measures with a view to reducing patient anxiety about the pandemic.

Once admitted to Domnall every patient followed an intermediate care framework pathway which was ongoing throughout their stay in the home from admission to discharge. This involved a nurse sitting with the patient within three days of admission to obtain feedback on the patient's experience. This process was then repeated every 28 days during admission. The feedback from patients formed part of the overall quality assurance monitoring and was analysed by the manager monthly. Action plans were implemented following each analysis.

Patients told us:

- "I would not hesitate to recommend it to others, and would also hope it is in a position to attract willing and able staff to work here. If adequately rewarded, I think there is a generally pleasant working atmosphere. Good luck to all involved and thanks for making my stay very tolerable and mostly pleasant."
- "I'm never bored, I have good company and books to read...there is good choice with the food...I'm happy with everything one hundred per cent...never have any worries."
- "Considering they are catering for a large number of people the food is good...we get a choice at every meal...I've made a good recovery...got physio and improving all the time...I get to keep active and exercise."

6.2.6 Quality improvement

The home had piloted a scheme from October 2020 with the view to identifying early signs of deterioration in patients and acting promptly to reduce the need for hospital admissions. The RESTORE 2 concept involves recognising early and sometimes subtle signs of deterioration, taking observations, responding to the observations, and escalating to the appropriate healthcare professional.

Training had been provided to staff in how to use this tool and the manager explained how they were finding it beneficial in the process of advanced care planning. The manager also told us that the programme was improving staffs' confidence in successfully caring for patients with deteriorating health.

Areas of good practice

Areas of good practice were identified in relation to patient experience and consultation, clinical assessment and care planning, staff development and multidisciplinary working. Further areas of good practice were seen in relation to innovative practice and the early assessment and intervention pilot scheme.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Overall the inspection was positive. Patients looked well cared for and spoke in positive terms about life in Domnall and referred to a recovery ethos and compassionate care. Staff told us that they felt supported with the training and resources needed to conduct their roles in a safe and effective manner.

The intermediate care framework provided good patient consultation throughout their stay in the home and provided the manager with ongoing quality assurance and improvement plans.

It was positive to note a culture of learning and development for staff which ultimately enhances patient care, with the RESTORE 2 programme being a good example. Staff also confirmed that they felt supported with additional training on top of the routine mandatory courses, and staff spoke with enthusiasm about applying their knowledge and skills in every day work, examples included delirium champions, advance care planning and specialised care of the elderly person.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care