

Unannounced Care Inspection Report 13 December 2017



Domnall

Type of Service: Nursing Home
Address: 48-50 Old Dundonald Road, Belfast, BT16 2EH.
Tel No: 02890419796
Inspector: Sharon McKnight

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 52 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager: See box below.
Person in charge at the time of inspection: Laura Ferguson	Date manager registered: Laura Ferguson – Acting - No application required
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 registered places: 52

4.0 Inspection summary

An unannounced inspection took place on 13 December 2017 from 09:40 to 16:10 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing, the induction of agency nurses and the environment.

There were examples of good practice found in relation to care planning and the communication of patients' needs to staff, management support and the governance arrangements in place within the home.

An area requiring improvement under regulation was identified with the storage of mattresses and the potential impact on fire safety.

The management of odours in one identified bedroom and the maintenance of contemporaneous records to evidence care delivery were identified as areas for improvement under the standards.

Patients said they were happy with the care they were receiving.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Laura Ferguson, acting manager, and Gary Cousins, business 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 2 May 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 2 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with eight patients and four staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection.

A lay assessor, Alan Craig, was present during the inspection and their comments are included within this report.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 11 December 2017
- four patient care records
- two patient's repositioning charts
- care record audits
- complaints record
- compliments received
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 02 May 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 02 May 2017

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 4.1 Stated: Second time	It is recommended that a comprehensive assessment to identify patient need should be completed for all patients on admission.	Met
	Action taken as confirmed during the inspection: A review of four patients care records evidenced that patients had a comprehensive assessment of need completed. The manager explained that a system of audit was in place to ensure care records for intermediate care patients comply with regulation. This area for improvement has been met.	

Area for improvement 2 Ref: Standard 46 Stated: First time	The registered provider should check all pedal operated bins to ensure they can be opened by foot. Any which are broken should be replaced.	Met
	Action taken as confirmed during the inspection: We observed that a number of pedal bins had been replaced. There were no issues identified with the operation of pedal bins during this inspection. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered provider should ensure that individual care plans are in place to direct the care required to meet the patients' assessed needs.	Met
	Action taken as confirmed during the inspection: A review of four patients care records evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The acting manager confirmed the planned staffing levels for the home. A review of the staffing rota for week commencing 11 December 2017 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff the acting manager confirmed that administrative, domestic, catering and laundry staff were on duty daily. No concerns regarding staff provision within the home were raised during conversations with patients or staff.

The acting manager explained that a number of registered nurse posts were vacant and that recruitment was ongoing. In the interim a number of registered nurses were supplied by employment agencies; the manager explained that they attempt to block book staff to ensure consistency and continuity of care. A profile containing confirmation of an AccessNI check, registration with the Nursing and Midwifery Council (NMC) and training was held in the home. The acting manager confirmed that each agency nurse completes a structured orientation to the home prior to their first shift. On occasion on nightduty the agency nurse will be the nurse in charge in the absence of the manager. A file containing the senior management on call rota, information regarding the building, for example the location of the generator, heating controls, electrical trip switches, and the contact number of staff was available to inform the nurse in charge.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A general inspection of the home was undertaken to examine a number of patients’ bedrooms, lounges, bathrooms and toilets. With the exception of one identified bedroom the home was fresh smelling, clean and appropriately heated. The management of odours in an identified bedroom was discussed. The manager explained that action had been taken to try to eliminate the malodours. It was agreed the manager would review the issue further; this was identified as an area for improvement under the standards.

A number of the hand sanitising gel dispensers were empty; this was discussed with the acting manager who explained they were currently changing the type of dispensers. Additional free standing hand dispensers were available throughout the home in the interim until all of the wall mounted dispensers were replaced.

In one bathroom there were a number of mattresses stored. Urgent action was required to ensure this inappropriate use of a bathroom as a store room did not compromise fire safety. The mattresses were removed from the bathroom and stored appropriately prior to the conclusion of the inspection. The acting manager must monitor the storage of equipment to ensure it does not pose a fire risk. This was identified as an area for improvement under the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the induction of agency nurses and the environment.

Areas for improvement

An area for improvement was identified in relation to the storage of equipment and the potential for fire safety to be compromised. The management of odours in one identified bedroom was identified as area for improvement under the standards.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

As previously discussed a review of four patients care records evidenced that patients had a comprehensive assessment of need and a range of risk assessments completed as part of the admission process. Individual care plans were in place to direct the care required to meet the patients’ assessed needs.

In one care record the care plans for the patients' mobility and continence were not reflective of the recorded assessments. The acting manager explained that following the initial assessments the patient's needs had changed and the care plans updated to reflect this. We discussed the importance of ensuring the assessments were also updated to accurately reflect the needs of the patient.

Care continues to be delivered for patients admitted for intermediate care with support from a range of healthcare professionals. The acting manager confirmed that a multi-disciplinary team meeting is held weekly to review the treatment plan, patient progress and discharge plan for each patient. Generally patients spoken with were well informed of their treatment plan. We spoke with one patient who was unsure of his progress and what the plans were for future treatment. With the patients permission we shared this comment with the acting manager who agreed to address the issue.

For those patients recovering prior to receiving intermediate care or who resided in the home permanently there were arrangements in place to ensure their care was regularly reviewed by the relevant health and social care trust.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of wound care records for the period 29 November – 12 December 2017 evidenced that prescribed dressing regimes were adhered to. The patient's care plans stated that repositioning should be completed four hourly. We reviewed the recording of repositioning for the period 8 - 13 December 2017. The records of repositioning did not consistently evidence that the patient was being assisted four hourly. Through observations and discussion with staff we were assured that repositioning was being undertaken, however improvement was required in the records to evidence the care delivery. This was identified as an area for improvement under the standards.

Staff confirmed that they received a handover report at the commencement of each shift. There were also systems in place to inform staff of physiotherapist, occupational therapist and medical plans. The acting manager was knowledgeable of the need to ensure that information displayed did not compromise patient confidentiality and/or dignity.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and the communication of patients' needs to staff.

Areas for improvement

An area was identified for improvement in relation to the maintenance of contemporaneous records to evidence care delivery.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:40 hours. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were generally in their bedroom as was their personal preference. We observed that a range of newspapers were delivered daily and available for the patients. The acting manager confirmed that arrangements were in place for patients to have individual daily papers delivered if requested.

Lay Assessor's comments:

The lay assessor spoke to eight patients and completed questionnaires; two patients resided in the home permanently and six were receiving intermediate care. Feedback was generally positive; these are a few of the comments received;

"The staff are excellent"

"The staff are very helpful and go beyond the call."

"The chef has gone out of his way to deal with my food tolerances."

"Tablets come on time and they are all most helpful."

"It's all good...very civil people."

Three patients stated that they felt that, at times, the home could do with more staff but also commented that they were satisfied with the care they were receiving

As previously discussed we spoke with one patient who was unsure of his progress and what the plans were for future treatment which the acting manager agreed to address.

All of the comments from the patients were shared with the acting manager for their information and action as required.

Questionnaires were issued for relatives, none were returned prior to the issue of this report.

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and patients' opinion of the care they were receiving.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Patients and staff commented positively regarding the acting manager and her role within the home. Staff reported that they were well supported in their role and that management were approachable.

There were temporary management arrangements in place at the time of the inspection. We reviewed the support available to the manager and were informed that they were provided with support from senior managers within Four Seasons and from the Business Manager, who was present throughout the inspection, three days a week.

A review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Numerous compliments were received and displayed in the home. One example of a compliment received in July 2017 was:
 "...I really enjoyed my time and could not praise you all enough for all the care and attention I received."

Discussion with the manager and a review of records evidenced that the monthly monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management support, governance arrangements and the management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Ferguson, acting manager, and Gary Cousins, business 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that equipment is stored in a manner which does not compromise fire safety.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Equipment inappropriately stored is now removed, this had been brought in from storage as part of the contingency plan relating to power failure during the severe weather warnings.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2018</p>	<p>The registered person shall ensure that the management of odours in the identified bedroom is reviewed and the malodour eliminated.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Issue addressed at time identified, ongoing plan in place to ensure a high standard of cleanliness is maintained. Domnall operates a Daily Walkabout audit which will monitor and address the identification of any odours.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2018</p>	<p>The registered person shall ensure that contemporaneous records are maintained to evidence care delivery.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Clinical supervisions conducted with nursing staff regarding the importance of effective record management. Documentation audits are in place to ensure contemporaneous records are maintained.</p>

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



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