



Unannounced Inspection Report

14 January 2020



Domnall NH

Type of Service: Nursing

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

Tel No: 028 9041 9796

Inspector: Catherine Glover

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 /The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015/Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 55 patients.

The home have three permanent patients; the remainder of the beds are used for patients who, on discharge from hospital, require convalescence and/or rehabilitation for a period before determining their future care needs. This care is referred to as intermediate care.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Maureen Claire Royston	Registered Manager: Kerrie Wallace Acting – no application required
Person in charge at the time of inspection: Kerrie Wallace	Date manager registered: As above
Categories of care: Nursing Homes (NH) 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: 55

4.0 Inspection summary

An unannounced inspection took place on 14 January 2020 from 10.30 hours to 15.40 hours.

The inspection assessed progress with any areas for improvement identified since the last care and medicines management inspections 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 the management of medicines, staffing, communication between patients and staff and taking account of the views of patients and their families.

No areas requiring improvement were identified.

Patients described their stay the home as being a good experience.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	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.

4.2 Action/enforcement taken following the most recent inspection dated 23 May 2019

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management 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 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.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- care plans in relation to antibiotics
- the management of medicines on admission, medication changes and antibiotics
- medicines audits and action plans
- Records in relation to the management of medicine incidents

Areas for improvement identified at the last care inspection were reviewed and the 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 care dated 23 May 2019

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Inspection findings

6.3 Is care safe?

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

There was a warm and welcoming atmosphere in the home. Staff advised that they felt that there were enough staff to meet the needs of the patients and this was evidenced during the inspection. The patients we spoke with said that they felt well looked after. Patients' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated.. There were no malodours. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients. Bedrooms had been decorated in accordance with patients' preferences.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Regular audits on the management and administration of medicines were completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was evidence that medicines were administered as prescribed, however two medicines were observed to be out of stock for several days during the current medicine cycle. This was investigated by the manager during the inspection who agreed that stock levels of medicines would be closely monitored. The manager said that she would remind nurses that any issues regarding medicines not being available must be escalated to her for resolution. Given this assurance an area for improvement was not stated on this occasion.

The management of anticoagulant injections was discussed. On occasion the administration of this medicine had not been recorded, although the audit that was completed during the inspection showed that it had been given. The manager agreed that a running stock balance would be introduced to ensure that the recording of this medicine is closely monitored.

Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

We reviewed the midday meal in the main dining room. There were a small number of patients in the dining room as the majority of patients preferred to eat in their rooms. Tables had been laid appropriately for the meal. The menu offered a choice of meals for lunch and alternatives were also available. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Staff wore aprons when serving or assisting with meals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Six questionnaires were returned from patients or their visitors. All described being very satisfied with the care provided. Comments included:

"As a 98 year old, I think God for so many devoted helpers in the NHS. This is a heaven on earth."
 "Domnall staff are very good, generally. Informal, homely environment. Special credit to the kitchen staff including the kind and obliging chef and head chef respectively. People here can feel very vulnerable after accidents etc. and caring staff are very reassuring. Thank you."

We spoke with three patients during the inspection. All were complimentary regarding the staff and the care provided. The following are some of the comments made:

“If it hadn’t been for Domnall I would have been lost.”

“The chef is very good and thoughtful. Very accommodating.” The patient further joked “The odd fry would be good.”

“Night staff are all very good.”

“It’s very nice. Staff are good to you.”

Observation of the care practices evidenced that staff adopted a person centred care approach. Staff communicated with patients in a manner that was sensitive and understanding of their needs.

A range of activities was also provided in the home. We spoke to the activity therapist who was spending time one to one time with some patients and painting the ladies’ nails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring that patients need were met in a compassionate manner and with activities that they enjoyed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There was evidence that medication incidents had been investigated to identify and implement any learning to minimise the risk of a recurrence. The manager advised that there were robust auditing processes.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The manager advised that staff were in the process of completing training.

We met with two registered nurses, one care assistant and the chef. All staff advised that they felt that patients were well cared for in the home and that they were aware of how to report any concerns regarding patient care.

Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting patients’ needs and maintaining good working relationships.

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

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



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