



# **Unannounced Care Inspection Report**

## **23 May 2019**



## **Domnall**

**Type of Service: Nursing Home**  
**Address: 48-50 Old Dundonald Road, Belfast BT16 2EH**  
**Tel No: 028 9041 9796**  
**Inspector: Sharon McKnight**

[www.rqia.org.uk](http://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 registered nursing home which provides care for up to 55 patients. The home have five 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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Kerrie Wallace Acting – no application required
<b>Person in charge at the time of inspection:</b> Kerrie Wallace	<b>Number of registered places:</b> 55
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 23 May 2019 from 09:40 hours to 16:30 hours.

This inspection was undertaken by a care inspector. The inspection was 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 provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Those patients admitted for intermediate care were well informed of their rehabilitation plan. Patients were well supported by the chef with their nutrition needs.

There were systems in place for patients and those who visit them to have their say regarding the care they receive. There was a varied activity plan in place and we observed that the Personal Activity Leader (PAL) encouraged patients to join in with activities in an understanding and empathetic manner.

There were stable management arrangements in place with good systems to provide management with oversight of the services delivered.

There were no areas for improvement identified during this inspection.

Patients described their care in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them, professionals 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
<b>Total number of areas for improvement</b>	0	0

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 2 January 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 2 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy and finance, 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.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 20 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- patient property inventories
- complaints record
- compliments received
- a sample of reports of the monthly visits made on behalf of the responsible person
- RQIA registration certificate

Areas for improvement identified at the last 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 outstanding areas for improvement from previous inspections.**

The area of improvement identified at the previous finance inspection was reviewed and assessed as met.

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

## **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.**

In order to determine if care was delivered safely we talked with a number of the patients. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them. One issue raised by a patient was shared with the manager who confirmed the action taken following the inspection.

Patients were happy that they knew their individual needs and that they were kept up to date with changes to their rehabilitation plans. Patients said:

“The staff are wonderful, so helpful.”

“The food is fantastic.”

“Being in a single room after hospital at times I feel a bit lonely.”

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator delivery a range of recreational and diversional activities.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff; five responses were received from patients, four from relatives and three from staff.

All of the patients and relatives were either very satisfied or satisfied with staff. The following comments were received:

Patients:

“I have nothing but praise for the staff of Domnall who have continually treated me with high levels of care.”

“I am very comfortable and happy here.”

“Very satisfied with my time spent here.”

“Wait too long for toilet help.” (anonymous)

Relatives:

“All aspects of care fully explained.”

“Good home...”

Two of the staff respondents were very satisfied with the staffing arrangements whilst one was very unsatisfied.

The manager was informed of all of the comments received to action as required.

We reviewed the recruitment records of two staff. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides training for staff via an e-learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training relevant to their roles and responsibilities. The local health and social care trust also provide training which staff in the home can attend.

We discussed how patients are protected from abuse. Staff receive training annually on the safeguarding and protection of patients and how to report any concerns they have; this is also included in the induction programme for staff. The manager confirmed that the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The manager is responsible for ensuring all staff are registered appropriately. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered.

Assessments to identify patients' needs were received on admission from the discharging hospital; a range of assessments were also completed on admission to the home. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' relatives, the manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We observed staff to determine if there was good practice to minimise the risk of the spread of infection. A sign was displayed on the front door of the home asking visitors to consider delaying their visit until another day if they had been in contact, or had symptoms of illnesses, such as vomiting and diarrhoea or colds and flus.

Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities liquid soap and disposable hand towels were widely available and well utilised through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.

The environment in Domnall was warm and comfortable. The home was clean and fresh smelling throughout. The majority of patients choose to spend their day in their bedroom. Bedrooms were tidy and clutter free which was necessary as many of the patients required equipment to assist them with their rehabilitation. Each patient had a comfortable chair in their room and a table within easy reach to hold everyday things that they need such as newspapers, magazines, TV remote controls. All of the patients had access to the nurse call system and had their call alerts where they could easily reach them.

The bedrooms of the patients' for whom Domnall was their home had a more homely atmosphere. Their rooms had been individualised with pictures, family photographs and ornaments brought in from home.

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

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

Patients spoken with were happy with the care they were receiving. They confirmed that a range of healthcare professionals, including physiotherapist, occupational therapists (OT), general practitioners (GPs) and social workers attended them regularly. We spoke with the consultant geriatrician of the intermediate service who explained there was a clear pathway was in place for during office hours and out of hours for patients who required medical attention. Multidisciplinary meetings were held weekly to review the care and progress of patients receiving intermediate care.

As previously discussed assessments to identify patients' needs were received on admission from the discharging hospital; a range of assessments were also completed on admission to the home. From these assessments care plans to prescribe the care and interventions required to support the patient in meeting their daily needs were produced.

Patients were well informed of their rehabilitation plan, the level of assistance they were assessed as requiring and when any hospital appointments were. Staff, in partnership with their relatives, made the necessary arrangements for them to attend.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for.

Records reviewed confirmed that wound care was delivered in keeping with the prescribed care. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Arrangements were in place to identify patients, who due to reduced mobility, were at risk of skin breakdown. For those patients identified as 'at risk' a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. The recommended pressure relieving mattresses were in place with the correct setting for the individual patient.

Patients' nutritional needs were identified through assessment and care plans. Patients with significant weight loss or weight loss from month to month were referred to appropriate healthcare professionals, for example GP or dietician. Care plans contained good details of patients' individual eating patterns. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records were kept of how much patients ate at each mealtime; this information was useful for healthcare professionals when reviewing weight loss.

Patients we spoke with were very happy with the variety and quality of the meals provided. One patient informed us of the daily support they received from the chef to ensure they have a varied diet. We met with the chef who spoke passionately about the menu and the importance of good nutrition to support rehabilitation and recovery. The chef also recognised the pleasure good food can bring to patients.

The home has a bright spacious dining room on each floor; however due to the short stay nature of the majority of patients, they generally chose to remain in their bedrooms for meals. The chef visits the patients each morning and supports them in choosing from the planned menu for that day – the chef explained that this contact provides them with an opportunity to get to know the patients likes and dislikes. The lunches were served from heated trollies; staff were well organised and all of the patients received their meals without delay.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk.

Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary.

We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice sought in line with local protocol. Staff we spoke with were aware of those patients who were assessed as at high risk of falls. Assistive technology, for example the use of alarm mats, was in use for a number of patients and, as previously discussed, was managed appropriately in the best interest of patients.

We observed that there were clear working arrangements for the sharing of information of the needs of the patients. Patients' needs were reassessed regularly and there were good systems to ensure that changes to patient's rehabilitation plans were communicated to staff and the patients.

Staff worked well as a team and reported that there were good relations between differing roles within the team.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Those patients admitted for intermediate care were well informed of their rehabilitation plan. Patients were well supported by the chef with their nutrition needs.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

We arrived in the home at 09:40 hours and were met immediately by manager who welcomed us in. Patients were in their bedrooms; some had been assisted to wash and dress, some were being reassessed by a physiotherapist whilst others remained in bed, in keeping with their personal preference or their assessed needs.

Due to the nature of intermediate care and the involvement of a multidisciplinary community team, there was a busy atmosphere throughout the home. The small number of patients who live permanently in the home are accommodated in one corridor. This provided these patients with a calmer, quieter atmosphere.

A Personal Activity Leader (PAL) is employed to plan and deliver a range of activities. They spoke confidently of the challenges and benefits of engaging with patients who have had significant changes to their lifestyles due to recent injuries and admissions to hospital. They displayed great empathy in their approach of getting to know people and engaging them in diversional activities. One patient told us that the activities help pass the time and that they really enjoyed the time spent outside in the garden.

We spoke with eight patients, individually throughout the day. Patients felt that they were well informed of any decisions made regarding their care and that they were kept up to date with any changes to their routine and improvements in their condition. They felt there was good communication between staff of their changing needs. For those patients who were unable to voice their opinion, staff provided good explanation of the care they were about to deliver prior to assisting the patient.

The patients told us:

“Good home or better say very good, thank you.”

“Special praise for and credit to all of the chefs and their kitchen staff and care staff assistance.”

Relatives told us:

“Fantastic home my ... was made to feel very welcome. He improved greatly and it really brought him out of himself, helped him immensely.”

Staff spoke to us about the daily routine and understood the challenge of providing a flexible routine whilst ensuring all of the patients had their needs met in a timely manner. We observed that staff regularly checked with each other's progress with the daily routine; this included discussions with what needed done prior to going on breaks. This was commended.

The home has systems in place to allow patients and those who visit to give their opinion of the standard of care. The manager has full oversight of any comments received.

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:

"Everyone was so lovely and kind it was a blessing to be here."

"To all the lovely staff at Domnall House for the friendly and wonderful care you have given me."

### Areas of good practice

There were systems in place for patients and those who visit them to have their say regarding the care they receive. There was varied activity plan in place and we observed that the PAL encouraged patients to join in with activities in an understanding and empathetic manner.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.**

The manager was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager, who was present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Patients and staff reported that the management team were very approachable and available to speak to.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included care documentation, restraint, patients' weights, accident and incidents, complaints and the quality of the environment. The manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

A process entitled “Intermediate Care Patient Journey” was in place to provide the manager with oversight of the experience of the patients admitted for intermediate care. The process began three days following admission and is completed at intervals throughout their stay. Patient opinion is sought on issues such as how included they felt in their care, the environment and the food. The manager receives notification via e-mail of all of the comments provided.

The responsible person is required to check the quality of the services provided in the home and complete a report. This was done by the regional manager through a monthly visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.6 of this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care