

Inspection Report

10 September 2024



Dunlady House

Type of service: Nursing
Address: 18 Dunlady Road, Dundonald, BT16 1TT
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Dunlady House Ltd Responsible Individual Mr William Hugh Wilson	Registered Manager: Mrs Femina Marmeto Date registered: 17 February 2016
Person in charge at the time of inspection: Mrs Femina Marmeto	Number of registered places: 68
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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 63
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 68 patients. Bedrooms and communal lounges are located over two floors in which patients receive general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2024 from 9.30 am to 5.40 pm by a Care Inspector.

Patients were happy to engage with the inspector and shared their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and kind in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and were comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Dunlady House was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

The inspector spoke with a number of staff, patients, relatives and the management team during the inspection.

Patients spoke positively about the care that they received, and patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings.

Discussion with relatives confirmed they were satisfied with the care and services provided within Dunlady House; where comments were made these were shared with the management for review and action as appropriate.

Discussions with staff confirmed they were positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were provided to allow patients, relatives, visitors and staff unable to meet with the inspector, the opportunity to provide feedback on the home. One questionnaire was returned that indicated satisfaction with the care and services provided in Dunlady House. There was no feedback received from the staff online survey within the allocated timeframe.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28/02/24		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 Schedule 2 (21) (b) Stated: First time	The registered person shall ensure an Access Ni check is obtained prior to staff commencing employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 20 (1) (c)(i) Stated: First time	The registered person shall ensure all staff undertake training appropriate to their roles and duties with records maintained.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and is stated for a second time. This is further discussed in section 5.2.1	
Area for improvement 3 Ref: Regulation 20(2) Stated: First time	The registered person shall ensure that a supervision schedule is in place to provide staff with recorded individual, formal supervision no less than every 6 months or more frequently if required	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Regulation 32 (h) Stated: First time	<p>The registered person shall ensure that RQIA receives a variation application, prior to the commencement of any work in the home. Work should not proceed until the application has been reviewed and approved.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 5 Ref: Regulation 14 (2) Stated: First time	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 18 Stated: First time	<p>The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines “when required” for the management of distressed reactions.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for Improvement 2 Ref: Standard 29 Stated: First time	<p>The registered person shall ensure that personal medication records include prescribed thickening agents and the recommended consistency level.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for Improvement 3	<p>The registered person shall ensure that the temperatures of all medicines storage areas are maintained below 25°C. Appropriate</p>	Carried forward to the next inspection

Ref: Standard 30 Stated: First time	action must be taken if the temperature exceeds the recommended limit.	
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall ensure that a robust audit system is implemented covering all aspects of medicines management. Any issues identified through audit should be addressed through an action plan and any incidents identified reported appropriately and the learning shared with all staff.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a sample of files, evidenced that there generally was a system in place to ensure staff were recruited correctly to protect patients; however gaps were identified in the records. These were discussed with the management for immediate review and action; an area for improvement was identified.

A record of staff induction was not available within one staff member’s file, details were discussed with the management for immediate review and action; an area for improvement was identified.

The staff duty rota reflected the staff working in the home over a 24-hour period and identified the nurse in charge when the manager was not on duty. The staff duty rota included the manager’s hours, however, did not accurately reflect the capacity in which they were working. an area for improvement was identified.

Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Discussion with the manager confirmed that a system was in place to monitor the dependency levels of patients and ensure the number of staff on duty was regularly reviewed to assist in meeting the needs of patients.

Review of records provided assurances that a system was in place to ensure all nursing staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job, however discussion with staff and a review of records evidenced that not all staff had completed the required training, for example, Deprivation of Liberty Safeguards (DOLS) and the International dysphagia diet standardisation initiative (IDDSI). This was discussed with the management for immediate review and action as appropriate. This was identified as an area for improvement at the previous inspection, this had not been met and is stated for a second time.

Staff should have the opportunity to attend, at minimum, two supervisions and an appraisal annually to review their roles and enhance their professional development. A review of records confirmed that a matrix had been developed and was ongoing.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients, and a handover record was available and included detailed meaningful information pertaining to patients' individual needs.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines and likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Care plans included any advice or recommendations made by other healthcare professionals and were generally well maintained, reviewed and updated as required.

Patients who were less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers.

When a restrictive practice was implemented, such as the use of bedrails, a system was in place to evidence that care plans, risk assessments and consents were reviewed and updated.

Falls in the home were monitored on a regular basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to reduce further falls from occurring. Care records for patients who experienced a fall evidenced that care plans and risk assessments were reviewed and updated.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The serving of lunch was observed, observation noted the food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet; and where patients preferred to have their meal in their own room, this was readily accommodated with support provided as required. A menu was available to inform patients of the meal and choice available.

Observation evidenced that staff attended to patients' dining needs in a caring and compassionate manner and, where required, staff engaged with patients' on a one to one basis to assist them with their meal.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain, if required, records were kept of what patients had to eat or drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms and communal areas such as lounges. The home was warm, clean and comfortable. Many patient's bedrooms were personalised with items of importance to each patient.

Fire safety measures were in place to ensure corridors and fire exits were maintained free of clutter and obstruction. A fire risk assessment had been completed on 10 May 2024, however limited evidence was available to confirm that the action plan was completed in a timely manner. This was discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

The previous inspection had identified that two bedrooms on the first floor had been repurposed during the Covid-19 pandemic to provide additional staff facilities; and some alteration work to the home had been undertaken. Discussion with the management confirmed that retrospective applications to vary the registered premises would be submitted, following the inspection the applications were submitted to RQIA.

Review of records and discussion with staff confirmed that training on infection prevention and control measures and the use of personal protective equipment (PPE) had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with staff confirmed that patients were able to choose how they spent their day. Staff members were observed to offer patients choices throughout the day, and took time to chat to patients as they were going about their daily routine.

Discussion with staff confirmed that activities were provided to patients, and the activity schedule was available for patients / relatives to review. Activities included, music and pamper sessions. A hairdresser attended the home for those patients who chose to avail of the service, and patients commented on how much they enjoyed getting their hair done. There was evidence of special celebrations, for example, birthday celebrations and patients reported they had enjoyed visits from their families.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Femina Marmeto has been the Registered Manager in the home since 10 January 2016.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* the total number of areas for improvement includes one that has been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 20 (1) (c)(i)</p> <p>Stated: Second time</p> <p>To be completed by: 10 October 2024 With immediate effect</p>	<p>The registered person shall ensure all staff undertake training appropriate to their roles and duties with records maintained.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person reviewed and updated the company policy and staff induction form to ensure that both the company and employees understand and comply with their legal obligations. The staff induction training program, including mandatory and online training, will take place before employment or during the first days or weeks of an employee's tenure, appropriate to their specific roles and responsibilities. This was discussed with the Directors, HR, TMO, and Senior Trained Staff. Communication regarding training and further qualifications relevant to employees' roles will be shared through general staff meetings, group chats, flash meetings, handover and bulletins. Additionally, TMO will maintain an audit record of all training at least monthly or as per training.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 September 2024)</p>	<p>The registered person shall ensure appropriate records are retained to evidence completion of actions identified in the fire risk assessment.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Provider has designated a specific individual to ensure that all outstanding fire risk assessment actions and records are completed and maintained.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 Ref: Standard 18 Stated: First time To be completed by: With immediate effect (4 & 5 October 2023)	The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines “when required” for the management of distressed reactions.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 2 Ref: Standard 29 Stated: First time To be completed by: With immediate effect (10 October 2023)	The registered person shall ensure that personal medication records include prescribed thickening agents and the recommended consistency level.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 3 Ref: Standard 30 Stated: First time To be completed by: With immediate effect (10 October 2023)	The registered person shall ensure that the temperatures of all medicines storage areas are maintained below 25°C. Appropriate action must be taken if the temperature exceeds the recommended limit.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 October 2023)</p>	<p>The registered person shall ensure that a robust audit system is implemented covering all aspects of medicines management. Any issues identified through audit should be addressed through an action plan and any incidents identified reported appropriately and the learning shared with all staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 September 2024)</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person reviewed Company Recruitment Policy. This was consulted and discussed with Directors/HR responsible for recruitment to ensure all applicants and new employees to have all necessary relevant information in order before starting work. This ensures compliance with applicable statutory employment legislation.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 September 2024)</p>	<p>The registered person shall ensure all staff receive a structured orientation and induction to the home with records retained.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person reviewed and updated the company policy and staff induction form to ensure alignment with the relevant regulatory body. Person responsible for recruitment/TMO will ensure that new employees receive a structured orientation appropriate to their roles and responsibilities. This was consulted and discussed with the Directors, TMO, and senior trained and senior care staff to ensure that records are maintained and monitored at least monthly or necessary.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 September 2024)</p>	<p>The registered person shall ensure that the managers hours are accurately recorded on the rota and identify either management duty or working as lead nurse.</p> <p>Ref:5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person updated the staff duty rota for trained staff. The hours worked by the nurse manager are reflected in the rota, indicating either management responsibilities or their role as the lead nurse.</p>

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