

# Inspection Report

## 19 September 2024



## Daleview House

Type of service: Nursing Home  
Address: Shepherds Way, Dungiven Road, Londonderry, BT47 5GW  
Telephone number: 028 7134 8015

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Apex Housing Association<br><br><b>Responsible Individual:</b><br>Ms Sheena McCallion  | <b>Registered Manager:</b><br>Mrs Marcella Harriet McCorkell<br><br><b>Date registered:</b><br>31 December 2008 |
| <b>Person in charge at the time of inspection:</b><br>Leisha Crawley – nurse in charge   | <b>Number of registered places:</b><br>30   |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.  | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>27                 |
| <b>Brief description of the accommodation/how the service operates:</b><br>This home is a registered nursing home which provides nursing care for up to 30 patients. The home is situated over two floors with bedrooms on both floors. Patients have access to communal lounges, a dining room and a mature garden. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 19 September 2024, from 9.45 am to 5.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified and are included in the main body of the report and the Quality Improvement Plan (QIP) in section 6.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team 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, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

The findings of the inspection were discussed with Leisha Crawley at the conclusion of the inspection.

#### **4.0 What people told us about the service**

Patients and staff were positive in their comments about living and working in Daleview House.

Patients told us staff were lovely and very attentive to their needs, the food was very good and they had no concerns.

Staff said they felt well supported in their roles, the home was well organised, there was good team work and there was enough staff to meet patients' needs.

Questionnaires received confirmed that relatives and residents were very happy with the care provided in the home and felt safe in their environment.

A record of compliments received about the home was kept and shared with the staff team.

#### **5.0 The inspection**

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

| <b>Areas for improvement from the last inspection on 29 June 2024</b>                                  |   |                                 |
|--|---|---------------------------------|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b> |   | <b>Validation of compliance</b> |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Regulation 13 (7)<br><b>Stated:</b> First time            | The responsible individual shall ensure the infection prevention and control issues identified during the inspection are addressed.   | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>Evidence showed that this area for improvement was met.  |                                 |
| <b>Area for Improvement 2</b><br><b>Ref:</b> Regulation 14 (2) (a)<br><b>Stated:</b> First time        | The responsible individual shall ensure all parts of the home to which patients have access to are free from hazards to their safety.   | <b>Partially met</b>            |
|  | <b>Action taken as confirmed during the inspection:</b><br>Evidence showed that this area for improvement was partially met.<br>Please refer to section 5.2.3 for further details.<br><br>This area for improvement has been stated for a second time.  |                                 |
| <b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>  |   | <b>Validation of compliance</b> |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Standard 23<br><b>Stated:</b> Second time                 | The responsible individual shall ensure that where a patient requires repositioning: <ul style="list-style-type: none"> <li>• recording charts are reflective of the patients recommended frequency of repositioning within the care plan</li> <li>• the position that the patient is changed to is clearly documented within repositioning charts</li> <li>• the patients skin condition is clearly documented within repositioning charts</li> </ul> recording charts are signed by two staff where assistance of two staff are required. | <b>Partially met</b>            |
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|--|---|---------------|
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Evidence showed that this area for improvement was partially met.<br/>Please refer to section 5.2.2 for further details.</p> <p>This area for improvement has been stated for a third time.</p>  |               |
| <p><b>Area for improvement 2</b><br/><b>Ref:</b> Standard 4.8<br/><b>Stated:</b> Second time</p> | <p>The responsible individual shall ensure that where a patient is at risk of dehydration:</p> <ul style="list-style-type: none"> <li>the recommended daily fluid target within the care plan is accurately recorded within the dietary/fluid recording chart</li> </ul> <p>the action to be taken, and at what stage, if the recommended fluid target is not met is clearly documented within the care plan.</p> | Partially met |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Evidence showed that this area for improvement was partially met.<br/>Please refer to section 5.2.2 for further details.</p> <p>This area for improvement has been stated for a third time.</p>  |               |
| <p><b>Area for Improvement 3</b><br/><b>Ref:</b> Standard 40<br/><b>Stated:</b> First time</p>   | <p>The responsible individual shall ensure staff have their performance appraised annually and a record is maintained.</p>  | Met           |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Evidence showed that this area for improvement has been met.</p>   |               |
| <p><b>Area for Improvement 4</b><br/><b>Ref:</b> Standard 48<br/><b>Stated:</b> First time</p>   | <p>The responsible individual shall ensure that doors are not propped open in order to reduce the risk of spread of fire.</p>   | Met           |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Evidence showed that this area for improvement has been met.</p>   |               |

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| <b>Area for Improvement 5</b><br><br><b>Ref:</b> Standard 11<br><br><b>Stated:</b> First time | The responsible individual shall ensure that activity provision to all patients is understood to be an integral part of the care process and are planned and delivered to suit the patients' preferences and individual needs. Activity care records should evidence a meaningful review of the patient's involvement in the activity. | <b>Partially met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Evidence showed that this area for improvement was partially met. Please refer to section 5.2.4 for further details.<br><br>This area for improvement has been stated for a second time.  |                      |

**5.2 Inspection findings**

**5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Following discussion with the nurse in charge, it was agreed that a full and detailed check list would be put in place to include, for example, gaps in employment history and reasons for leaving a post.

There were systems in place to record if staff were trained and supported to do their job. Review of retraining records identified gaps in mandatory training, for instance, moving and handling and adult safeguarding training. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty did not accurately reflect the cover arrangements in the home, including the full names of staff on the rota and in what capacity hours were being covered. This was discussed with the nurse in charge and an area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the patients. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position, however, records showed that repositioning was not always recorded accurately and not always signed by both staff completing this care. This area for improvement has been stated for a third time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and supervision by staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

There was a variety of drinks available and a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous.

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 and drink daily.

Patients' needs were assessed at the time of their admission to the home, however, care plans were not all in place for one identified patient, for instance for, diabetes and osteoporosis. This was discussed with the nurse in charge during feedback and an area for improvement was identified.

Care records showed that low fluid intake levels for patients were not all responded to in a timely manner and reported to the GP were appropriate. This area for improvement has been stated for a third time.

Care records which were reviewed were repetitive and lacked detail, including but not limited to, personal care and activities. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home's environment evidenced that while the home was tidy and welcoming, cleaning or maintenance was required, for example, to cupboards and bed bumpers. An area for improvement was identified.

Many patients' bedrooms were personalised with items important to the patient, such as, family photographs and furniture from home. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe.

There was evidence that processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

While progress was noted to have been made on improving practices, a number of infection prevention and control (IPC) issues were identified, including but not limited to, hand hygiene and a hoist sling on the floor. This was discussed with the nurse in charge and an area for improvement was identified.

Observation of the environment identified fluid thickening powders had not been stored in a safe place as required. This was brought to staff attention for immediate action and this area for improvement has been stated for a second time.

### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed they were able to choose how they spent their day. Patients said they could lie down when they chose and go out with family if they preferred.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Whilst improvement has been seen in the type of activities provided by staff, care records reviewed showed that there was a lack of regular activity provision and documentation regarding activity provision. This area for improvement has been stated for a second time.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Marcella Harriet McCorkell has been the manager in this home since 31 December 2008.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home, however, action plans for the environment, care plans and IPC audits required to be completed dated and signed. This was discussed at feedback with the nurse in charge and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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.

It was established that the manager had a system in place to monitor accidents and incident 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. Patients said that they knew who to approach if they had a complaint had confidence that any complaint would be managed well.

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 for improvement were put in place, these were not always followed up in a timely manner. This was discussed with the nurse in charge for follow up and action during feedback and will be reviewed at the next inspection. These are 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 the Care Standards for Nursing Homes (December 2022).

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1*          | 10*       |

\* the total number of areas for improvement includes two that have been stated for a second time and two that have been stated for a third time.

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

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 14 (2) (a)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>With immediate effect<br>(19 September 2024) | The responsible individual shall ensure all parts of the home to which patients have access to are free from hazards to their safety.<br><br>Ref: 5.1 and 5.2.3<br><br><b>Response by registered person detailing the actions taken:</b><br>The responsible person shall ensure fluid thickening powders are stored in a safe place as required and ensure all staff are aware where to store thickening fluids and the importance of appropriate storing.  |
| <b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 23<br><br><b>Stated:</b> Third time<br><br><b>To be completed by:</b><br>25 September 2024                                       | The responsible individual shall ensure that where a patient requires repositioning: <ul style="list-style-type: none"> <li>• recording charts are reflective of the patients recommended frequency of repositioning within the care plan</li> <li>• the position that the patient is changed to is clearly documented within repositioning charts</li> <li>• the patients skin condition is clearly documented within repositioning charts</li> </ul> recording charts are signed by two staff where assistance of two staff are required.<br><br>Ref: 5.1 and 5.2.2 |

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|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>The responsible person will ensure where a patient requires repositioning (as stated above) that this has been robustly discussed at trained staff's supervisions and continuously monitored through regular auditing to ensure a good standard of record keeping.</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b><br/>25 September 2022</p> | <p>The responsible individual shall ensure that where a patient is at risk of dehydration:</p> <ul style="list-style-type: none"> <li>the recommended daily fluid target within the care plan is accurately recorded within the dietary/fluid recording chart</li> </ul> <p>the action to be taken, and at what stage, if the recommended fluid target is not met is clearly documented within the care plan.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>This will be audited o The responsible individual will ensure where a patient is at risk of dehydration that this will be monitored. Eating and Drinking care plans and optimal fluid targets have been reviewed. More detail has been included in the body of the careplan to provide information on any actions taken alongside of outcomes from actions.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>25 September 2024</p> | <p>The responsible individual shall ensure that activity provision to all patients is understood to be an integral part of the care process and are planned and delivered to suit the patients' preferences and individual needs. Activity care records should evidence a meaningful review of the patient's involvement in the activity.</p> <p>Ref: 5.1 and 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The responsible individual has reviewed the activity careplans which reflects patients preferences and individual needs. Evidence of involvement is recorded in the Apex activity register that will be reviewed on a regular basis to ensure activities meet residents choice and abilities.</p>   |

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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 November 2024</p>  | <p>The responsible individual shall ensure all staff receive mandatory training for their role in a timely manner.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The responsible individual will ensure all staff receive mandatory training within the specific time frame.</p>   |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 September 2024</p> | <p>The responsible individual shall ensure that the staff duty rota accurately reflects the cover arrangements in the home over a 24-hour period.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The responsible individual shall ensure the staff duty rota accurately reflects the cover arrangements in the home over a 24-hour period. This will be reviewed regularly to ensure it is a true reflection of staffing needs.</p> |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>25 September 2025</p>  | <p>The responsible individual shall ensure all care plans required are in place for one identified patient.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The responsible individual shall ensure all care plans required are in place.</p>  |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 September 2024</p>  | <p>The responsible individual shall ensure the reviews of care records are detailed and meaningful.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The responsible individual shall ensure the reviews of care records are detailed and meaningful to reflect the needs of individual service users.</p>  |
| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 43</p>  | <p>The responsible individual shall ensure the environment of the home is clean and well maintained.</p> <p>Ref: 5.2.3</p>  |

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| <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 September 2024</p>  | <p><b>Response by registered person detailing the actions taken:</b></p> <p>The responsible individual shall ensure the environment of the home is clean and maintained and will be monitored regularly to ensure the environment is maintained at the required level.</p>  |
| <p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>25 September 2024</p>  | <p>The responsible individual shall ensure the infection prevention and control issues discussed during feedback are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>This area for improvement was addressed on the day of inspection.</p>   |
| <p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 September 2024</p> | <p>The responsible individual shall ensure the actions identified during auditing of the practices and services provided in the home are addressed.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The responsible individual has ensured actions identified during auditing are dated and signed on completion. Manager will continue to monitor.</p> |

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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