The Regulation and Quality Improvement Authority

Inspection Report

18 June 2024

Dunlarg Care Home

Type of service: Nursing Home
Address: 224 Keady Road, Armagh, BT60 3EW
Telephone number: 028 3753 0858

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland No 2 Ltd **Responsible Individual:** Ms Amanda Mitchell	**Registered Manager:** Ms Jennifer Willis - not registered
Person in charge at the time of inspection: Ms Jennifer Willis	**Number of registered places:** 50 A maximum of 10 patients in categories NH-PH/NH-PH(E) and a maximum of 8 patients in category NH-LD.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 46
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 50 patients. The home is divided into two units known locally as The Keady Unit and The Armagh Unit. Bedrooms and communal rooms are located over one floor. Patients have access to dining and lounge areas within each unit. A residential care home is attached to the nursing home and the manager of the nursing home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2024 from 9.25am to 5.15pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from patients, relatives and staff are included in the main body of this report.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

Areas for improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the manager and 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 the manager and regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients, relatives, staff and a visiting professional. Patients told us that they were happy living in the home and were offered choice in how they spent their day. They offered comments, such as, "This is the best home. Staff are nice and the food is good", and, "The staff are very nice and very kind".

Staff told us that, although they were busy, they enjoyed working in the home and engaging with patients. Staff confirmed that there were good working relationships between staff and the home's management team.

The relatives consulted were very positive in regards to the care delivery in the home. The visiting professional was equally positive in regard to the care provision.

There were no questionnaire responses received from patients or relatives and we received no feedback from the online survey.

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 16th November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** Second time	The registered person shall ensure that chemicals and thickening agents are not accessible to patients, in any part of the home, when not in use. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for Improvement 2 **Ref:** Regulation 13 (7) **Stated:** Second time	The registered person shall ensure that training on infection prevention and control is embedded into practice. This is in relation to staff remaining bare below the elbow in areas where care is delivered. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for improvement 3 **Ref:** Regulation 13 (1) (a)(b)	The registered person shall review the management of challenging behaviours in the home to include the training of staff and the appropriate record keeping.	**Partially met**

Stated: First time	**Action taken as confirmed during the inspection**: There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.2. This area for improvement has not been fully met and has been stated for a second time.	
Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that all hoists in the home are appropriately decontaminated between patient use and at regular intervals.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time	The registered person shall review the staffing arrangements in the home, taking into consideration the deployment of staff and working practices, to ensure that patients' needs are met at all times.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 47 Criteria (3) **Stated:** First time	The registered person shall ensure that all staff are trained in first aid and that all staff are aware of the actions to take should a patient choke.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 21 Criteria (1)	The registered person shall ensure that bowel management is recorded contemporaneously and that actions from any deficits identified are clearly recorded in the patient's daily evaluation records.	**Not met**

Stated: First time	**Action taken as confirmed during the inspection**: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.2. This area for improvement has not been fully met and has been stated for a second time.	
Area for improvement 4 **Ref:** Standard 16 Criteria (11) **Stated:** First time	The registered person shall ensure that complaint's records give detail of any investigations conducted in response and contain any supporting documentation.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A comprehensive pre-determined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All staff completed an induction to the home at the commencement of their employment to become more familiar with the homes' policies and procedures. The time period for induction could be extended if required. A booklet was completed to record the topics covered on induction. A list of training was identified for completion as part of the induction process.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included adult safeguarding, deprivation of liberty safeguards (DoLS) and fire safety training. A recommendation from a recent Trust investigation was made to ensure that staff in the home had received, and remained compliant with, patient moving and handling training. A system was in place to ensure compliance with the recommendation.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. A staff supervision planner was utilised to ensure that staff received, at minimum, two recorded supervisions per year.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff raised no concerns in regards to the staffing arrangements in the home and confirmed that they felt they worked well together and that the teamwork was good.

They shared comments, such as, “It’s great, everyone works well together”, and, “We always help each other out”. Patients complimented the care delivery from staff. Since the last inspection, additional staff had been recruited, a new deputy manager post had been created and a new twilight shift had been introduced. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota file also included details of the manager on call outside of normal working hours.

Staff meetings had been conducted recently in accordance with the staffs’ designations. Minutes of the meetings were recorded. A ‘safety huddle’ was conducted daily; this allowed for early identification of any concerns staff may have in relation to patient care. Staff found this meeting ‘very beneficial’.

5.2.2 Care Delivery and Record Keeping

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 and included any advice or recommendations made by other healthcare professionals. Patients’ care records were held confidentially.

All staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles. A handover sheet containing pertinent patients’ details was shared with staff to aid in the communication of needs.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, continence care, food and fluid intake and any checks made on patients. However, gaps were identified in the recording of bowel management. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. Accident records evidenced that the appropriate actions had been taken following a fall in the home and the appropriate persons notified.

Nutritional assessments were completed monthly to monitor for weight loss or weight gain. Appropriate referrals had been made when weight loss was identified. Eating and drinking care plans were in line with recommendations from the speech and language therapists (SALT) and dieticians. Care plans were updated monthly to ensure that they were still relevant. Food and fluid intakes had been recorded well and included any prescribed supplements the patients had ingested. Staff were aware of the actions to take should a patient choke.

The timings for meals during the day were well spaced out. Food and fluids were available at all times for patients. A new summer menu had been developed and offered a good choice and variety of foods. Food served appeared appetising and nutritious. Patients could dine in the dining room or their own bedroom if they preferred. Food was transferred from the dining room in a heated trolley to ensure that patients received a warm meal. Mealtimes were well supervised and staff were observed compassionately encouraging patients to take their meals. Staff had a good knowledge of patients’ nutritional requirements. Patients consulted were complimentary of the food provision in the home.

Care plans reviewed for behaviours that could challenge were not sufficient in detail to identify triggers for the behaviours or immediate actions to take when the behaviours were exacerbated. In addition, training compliance in this area was low. This was discussed with the manager and an area for improvement previously made in this regard was stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items important to them. The home was warm, clean and comfortable. There were no malodours detected in the home.

Staff had received training on fire safety and the manager confirmed fire safety checks including fire door checks and fire alarm checks were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible.

Infection prevention and control (IPC) audits and environmental audits were conducted monthly to monitor compliance with staffs' practices and cleanliness in the home. Decontamination records were maintained of equipment cleaned. These were checked and signed by the nurse in charge of the shift.

5.2.4 Quality of Life for Patients

Patients appeared comfortable and settled in their environment. There was a pleasant atmosphere throughout the home. It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

An activities board was displayed at reception informing of upcoming planned activities for the incoming week. Patients consulted confirmed that they were offered regular activities. They told us that they were encouraged to join in with group activities when they wanted. One to one activity engagements were also conducted. Activities included quiz, exercises, beauty therapy, hand massages, arts and crafts, music, chats, hairdressing and religious services. There were vegetables planted in the courtyard and flower baskets which patients attended to. Records of activity engagements were maintained for each patient. These included the activity, how the patient was feeling and what levels of engagement that there was. Activities staff meetings with management were conducted quarterly and minutes maintained.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "It's a great place. Couldn't be cleaner or better. The staff are 100 percent. There's different activities each day". Another patient told us, "The staff are all lovely. I make my own choices during the day, in that I choose what I wear, what meals to have and what to do during the day".

Relatives were happy with the care provision in the home. One told us, "We come and go as we please and are always made to feel welcome. Xxx is always warm and comfortable in the home and we can take them out whenever we want".

There was evidence of a recent relatives' meeting where feedback from relatives was all positive in relation to the care and service provision in the home.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Patients were free to leave the home with family members if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Jennifer Willis has been managing the home since 1 July 2022. An application to register as manager with RQIA had been received and was in process. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff described the manager as 'approachable' and 'would listen to any concerns'. The RQIA certificate of registration was displayed appropriately and reflective of the current registration.

In the absence of the manager, the nurse in charge, nominated within the duty rota, would take charge of the home. Nurses first completed a competency and capability assessment on taking charge of the home prior to commencing in this role.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients' care records, restrictive practice, wound care, patients' weights, the dining experience, medicines management, weight loss, staff training and the environment.

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 and completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A complaint's book was maintained and records kept to include the nature of any complaint and any actions taken in response to the complaint. The number of complaints made to the home was low. A compliment's book was also completed to record any cards of thanks, notes or complimentary emails received. The manager confirmed that all compliments received would be shared with the staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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
Total number of Areas for Improvement	1*	1*

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jennifer Willis, Manager and Karen Agnew, Regional Manager, 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	
Area for improvement 1 **Ref:** Regulation 13 (1) (a)(b) **Stated:** Second time **To be completed by:** 31 August 2024	The registered person shall review the management of challenging behaviours in the home to include the training of staff and the appropriate record keeping. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Training has been updated and stats are currently at an average of 95% across all three modules. The manager has reviewed the current residents and identified those whom staff perceive as having behaviours which challenge and care plans have been completed to reflect need.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 21 Criteria (1) **Stated:** Second time **To be completed by:** 31 July 2024	The registered person shall ensure that bowel management is recorded contemporaneously and that actions from any deficits identified are clearly recorded in the patient's daily evaluation records. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Following on from the inspection the registered manager has met with staff, both care and trained staff to advise them of their responsibility in this area. Records of bowel management are being reviewed by the Senior Managers completing the monthly monitoring visits and findings referred to in report. The home manager is checking records ad hoc and will make comment in the managers checklist and feedback to staff . This area of improvement will feature in clinical governance meetings and performance will be reviewed.

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