

Inspection Report

Name of Service: Dunlarg Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 18 October 2024

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
Service Profile This home is a registered residential care home which provides health and social care for up to eight residents with mental health and frail elderly needs over 65 years of age. Accommodation is provided on ground floor level and all residents are accommodated in single bedrooms. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 18 October 2024, from 9.50 am to 3.30 pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean, well maintained and no malodours were identified. Bedrooms were personalised to reflect the residents' interests.

Residents stated that they were well looked after in the home and advised that the staff were kind to them. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home. Comments included: "happy enough, good place here; you can get up or go to bed whenever you want," "the home is clean and the food is very good," and "it couldn't be better; the staff are very good and very kind."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

One relative spoken with advised that there was good communication with the staff team and that they had no concerns in regards to the care of their loved one; "the residents are so safe and well cared for, I feel so happy walking out the door knowing that they are well cared for."

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. Staff reported that there was a good staff team in the home which facilitated good communication.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. While there was evidence that a system was in place to oversee recruitment; there was no record in place to confirm that any gaps in employment were explored. This was identified as an area for improvement.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were always available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents' were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activities found staff to be reassuring and compassionate.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and there was evidence displayed in residents' bedrooms of completed activities.

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display in communal areas offering a range of individual and group activities such as sewing projects, hairdressing, arts and crafts, armchair exercise, church services and group balloon tennis. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

One resident was observed smoking in an area of the home that was not designated for smoking. It was further identified that the information within the resident's care plan was not reflective of this resident's compliance with smoking. Two areas for improvement were identified.

It was further noted that the door to the treatment room was unlocked on a number of occasions. This was identified as an area for improvement.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance. However staff were not wearing the correct personal protective equipment (PPE) when serving meals to residents. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Jennifer Willis has been the manager of this home since 1 July 2022.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer Willis, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 19 October 2024	<p>The registered person shall ensure that the management of smoking is reviewed. This should include the use of the proper designated area to smoke safely.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: A designated smoking area is available for the residential area and resident compliance with smoking solely in this area is monitored</p>
Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: 19 October 2024	<p>The registered person shall ensure that the treatment room door is secured at all times.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: During this inspection an agency nurse was on duty to cover for a Senior Carer who was on leave. This issue was raised with the nurse directly and also with the providing agency as the home takes the security of medication very seriously. A reminder notice was placed on the door to keep it locked at all times and this will be monitored by the Home Manager during her daily tours of the home and by the Senior Management team when completing monitoring visits</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (version 1.2)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 19 October 2024	<p>The registered person shall ensure that as part of the recruitment process all gaps in employment are explored.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The manager met with the identified employee post inspection and determined the reason for the gap in employment. The need to explore all gaps was emphasised with the HR team and those staff who conduct interviews.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2024</p>	<p>The registered person shall ensure that care plans in relation to the management of smoking are accurate and reflective of need.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Smoking care plans have been reviewed and updated to reflect where a resident is non-compliant with the homes smoking policy and action taken. Smoking risk assessment and smoking compliance audit continue to be completed monthly. Following discussion with one identified resident and a explanation of the risk posed by smoking in areas of the home not designated for smoking compliance has improved significantly</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2024</p>	<p>The registered person shall ensure that all staff wear appropriate PPE when serving meals to residents.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: During this inspection an agency nurse was on duty to cover for an Senior Carer who was on leave. This issue was raised with the nurse directly and also with the providing agency. Blue aprons are readily available and their use will be monitored by the Home Manager and Senior management team during visits to the residential unit.</p>

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