

Inspection Report

Name of Service: The Peninsula Care Home

Provider: Dunluce Healthcare Newtownards Ltd

Date of Inspection: 17 September 2024

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

1.0 Service information

Registered Provider:	Dunluce Healthcare Newtownards Ltd
Responsible Individual	Mr Ryan Smith
Registered Manager:	Mrs Emma Kerrigan
Service Profile	
<p>This home is a registered nursing home which provides nursing care for up to 40 patients. The home is divided in two units: the Willow Suite which provides care for up to 20 patients living with dementia; and the Starling Suite which provides general nursing care for up to 20 patients under and over 65 years of age.</p> <p>Patients' bedrooms are located on the ground floor. Patients also have access to communal lounges and dining areas within each unit and a centralised garden area with access to seating.</p> <p>There is a separate registered residential care home which occupies the same building; this service is managed by a different registered manager.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 September 2024 from 9.20 am to 6.40 pm by two care inspectors.

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 since it was first registered in May 2024.

Most 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. More detail on patients' views can be found in Section 3.2.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery. As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns meeting was held on 26 September 2024. RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action. Details can be found throughout the body of the report and 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 patient'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

Most patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful, polite and friendly. Patients' comments included: "I am very happy here" and "Everyone is very kind".

However, one patient did raise concerns regarding the late timing of their breakfast and that it wasn't served until "nearly 12 midday", and two other patients raised concerns about staff responsiveness to their call bells. Details of these concerns were shared with the manager who agreed to follow them up.

Patients told us that staff offered choices to patients throughout the day which included what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Three relatives commented positively about the overall provision of care within the home. Comments included: "I am very happy with the care", "The young people working here are lovely", and "I've no concerns with the care my relative is getting."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

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 patients.

Review of staff recruitment files evidenced that gaps in the employment history of staff were not explored and recorded, while some staff did not have appropriate references. There was evidence that staff with limited care experience had completed inductions in one shift and there was no evidence of managerial oversight of the induction process. Areas for improvement were identified.

Discussion with staff and review of training records confirmed that infection prevention and control (IPC) training was not provided before staff commenced working directly with patients. An area for improvement were identified.

Most patients said that there was enough staff on duty to help them although as mentioned in section 3.2 some patients expressed concerns about how responsive staff were to their buzzers. Observation confirmed that call bells were not always responded to promptly; but that staff responded to requests for assistance in a caring and compassionate manner.

It was noted that a number of inexperienced staff were working together without appropriate supervision and direction; this impacted on the timely delivery of patient care. It was noted that one patient did not receive their breakfast until close to midday and that some patients had still to receive their morning medicines at 11:50 am. This was discussed with the manager who agreed to meet with registered nursing staff and review the morning routine. An area for improvement was identified.

Staff said there was good team work and that while they were generally satisfied with the staffing levels some staff said, "It can be busy and sometimes we don't get on our break."

Comments received from patients and staff were discussed with the manager who agreed to meet with staff following the inspection and to monitor call bell response times.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

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. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients 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 patients and to manage this aspect of care.

Concerns regarding the health and welfare of patients were identified following observation of staff manual handling practices. Two staff were observed to perform an 'under arm drag lift' of a patient from an armchair to a wheelchair which placed the resident at risk of harm. As a result of this observation RQIA requested the manager make a referral to the Adult Protection Gateway team in South Eastern Trust. An area for improvement was identified.

Review of two patients' care plans in relation to falls, identified that risk assessments and care plans were not consistently updated post fall by nursing staff and there was an inconsistent approach by nursing staff to the recording of clinical observations and the patient's status following the fall. An area for improvement was identified.

Patients may require special attention to their skin care. These patients, were required, may need to be assisted by staff to change their position regularly. Review of a sample of patient records evidenced that the delivery of pressure area care and the management of patients' skin integrity required to be improved. For example, repositioning records evidenced gaps in the recording of position changes of up to 25 hours; not all patients who required one had a skin integrity care plan in place, and care plans did not include the type of pressure relieving equipment in place or the frequency of repositioning. Areas for improvement were identified.

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 and their diet modified.

A menu was on display in the home's dining rooms. However, the menu in the Willow Suite which is for patients living with dementia had not been adapted to meet the needs of some of the patients. In addition, the menu displayed did not accurately reflect the meals on offer. An area for improvement was identified.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. Observation of the mealtime experience evidenced that patients were not always appropriately supervised. For example, one patient who required the assistance/supervision of one member of staff at mealtimes was observed eating their meal without any supervision. In discussion with nursing staff it was evident that they relied solely on the information about dietary needs provided at handover and processes such as a pre-meal safety pause were not in use to provide additional assurances for those patients who were at risk of choking due to swallowing difficulties. When this was brought to the attention of the manager they provided assurances that additional staff training would be provided. An area for improvement was identified.

Most patients commented positively about the food provided although some patients commented negatively. This was discussed with the manager who did confirm that they had received some complaints recently and that these were addressed.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs.

However, review of records evidenced that planned activities had only taken place for four days the previous week and no activities had been planned for the current week in the absence of the activity co-ordinator. An area for improvement was identified.

3.3.3 Management of Care Records

Patients' needs should be assessed by a nurse at the time of their admission to the home and care plans developed to direct staff on how to manage their care needs. However, review of patient records evidenced that a patient's care plan had not been developed and other records were not updated to reflect changes in their care needs from their admission in mid-August. 2024. An area for improvement was identified.

Patients care records were held confidentially.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily evaluation records for the day shift evidenced that these had been completed prior to midday and no further entries had been made to reflect on the care delivered after midday. In addition, some evaluations of care were not person-centred and contained repetitive statements. An area for improvement was identified.

Food and fluid intake records were not contemporaneously recorded in the Starling Suite. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well-maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A small number of shortfalls relating to the cleaning of the environment were identified. For example, stains were observed on lounge furniture and some wheelchairs were not clean. The manager agreed to meet with housekeeping staff and to monitor cleanliness through their daily walk around.

Concerns were identified regarding the management and oversight of risks to the health and safety of patients within the home's environment. For example, cleaning chemicals were stored in an unlocked sluice in the general nursing unit; food and fluid thickening agent and food supplements were also accessible to patients. A box of sweets was observed in a patient's bedroom who required a modified diet due to their high risk of choking. These matters were discussed with staff who took immediate action to reduce the risks. An area for improvement were identified.

Observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, staff were not bare below the elbow and were wearing jewellery and gel nails; staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Emma Kerrigan has been the manager in this home since it was registered on 3 May 2024.

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 or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements. An area for improvement was identified.

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	9	8

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Kerrigan, Registered Manager, and Mr Ryan Smith, Responsible Individual, 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)(a)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall review the provision, deployment and skill mix of staff on duty to ensure that the needs of the patients are met in a timely manner.</p> <p>Ref 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: A review of all staffing levels was completed internally. The Home has appointed a new Home Manager and a New Deputy Manager. Thus moving forwards the Management Team will be comprised of the Home Manager, Two Deputy Home Managers, and Two Clinical Leads. Both clinical leads will be assigned to Willow and Starling Units respectively. The current Deputy has been promoted to Acting Home Manager, until the new Home Manager commences employment in March 2025. The Home has also appointed Senior Care Assistants to help provide further staffing structures within the care assistant teams. Three Registered Nurses are now allocated to provision of nursing care during the day care shifts with Two Registered Nurses providing care within the night time shifts.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall make arrangements, by training staff or by other measures, to prevent patients from being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>This area for improvement is made with specific reference to ensuring that staff training in manual handling practices is embedded into practice.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have completed mandatory training in Manual Handling procedures. This has been delivered using both an online platform Evolve and face-to-face training. An internal review of provision of such training content and delivery has also been completed. The Home has also implemented observational assessments, both participatory and non-participatory, within practice for all staff members within their formal induction periods and within their probationary period.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that staff manage falls in keeping with best practice and the homes' own policies and procedures.</p> <p>Ref: 3.3.2</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>Response by registered person detailing the actions taken: The Home has completed additional training for all staff on the Emergency Skills Management of Falls and Post-Falls Management. The Trust has provided significant positive input into the training of all staff on the management of falls. The management of falls and post-falls reviews are completed monthly as part of the Home Manager's responsibilities.</p> <p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. Care plans must include the frequency of repositioning and the type of equipment used.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A full review and in-depth analysis of all care plans has been completed to ensure that these are specifically responsive to identified individualistic needs for all patients. Emphasis has been placed on a cyclic process of checking and verification by the Senior Management Team and Home Manager using the Key Check Results on the computerised records systems. All assessment criteria sets for patients is fully completed and reviewed monthly using the Gold Crest Computerised Records system.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that patients who are identified as being at risk of choking are appropriately supervised at mealtimes in keeping with their assessed needs and plan of care.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: A full review of Mealtime Matters was completed within the Home. The Home has now revised and implemented in both units a robust Meal Time Safety Pause Audit Tool. The Home has also ensured that all mealtimes are fully supervised and a Meal Time Coordinator is appointed for each meal time experience. The SLT for the Trust has assisted the Home with additional training and audit reviews in this area. The Home Manager reviews all Meal Time Safety Pause Audit Tools for compliance. Additional teaching and learning sessions have been provided to all staff with respect to the management of Foreign Body Obstructed Airways management and CPR. Further, mealtimes have been staggered within both units to ensure that all patients are fully supervised and assisted at mealtimes.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure detailed and person centred care plans are in place for all patients.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: All patients are assigned a Primary Nurse upon admission, and this R/N will have responsibility to ensure that these are completed in a timely manner for all patients. All care plans have been evaluated and restructured to emphasise the importance of the Roper, Logan and Tierney Model of Nursing & Person Centred care standards, as articulated by both McCormack et al and are fully inclusive of NIPEC PACE Standards. A post admissions check list has been implemented to assist with audit and review procedures of these care plans and assessments by the Home Management Team.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager has completed internal meetings with all staffing groups emphasising the importance of all aspects of Health and Safety, COSHH and their need to comply with all aspects of legislation and policy guidance in all aspects of their roles. Additionally, all staff have completed further mandatory</p>

	<p>training in these important areas. Core areas within the home are now protected with a key pad locking system. Lockable cupboards are in operation to enhance safety and to ensure that all areas are free from potential hazards.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Additional mandatory training has been provided to all staff entitled 'Back to Basics'. This training included a focus on person centred care standards and also the importance of IPC and the five moments of hand hygiene at the point of patient care. Moreover, additional audit procedures related to continuous checks on IPC practices, including an IPC walkaround audit and hand hygiene audits have been implemented within the home.</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: An initial voluntary hold was placed on new admissions to the home. The RI completed a collaborative and collegiate review with Senior Management Team and Trust representatives in all operational areas within an identified action plan as forwarded to the RQIA. A strategic training and development event was organised for all Home Managers, Deputies and Clinical Leads within Dunluce Health Care with a specific focus on Governance Procedures. This was provided by academic colleagues from Ulster University. A learning and resource folder was also developed by Dr O'Neill Senior Lecturer at Ulster University and made available post training event in all clinical areas. This has been operationalised within Dunluce Health Care to continue to drive improvements in health and social care governance standards.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that before staff commence working in the home that appropriate references are obtained and all gaps in employment are explored and recorded. Evidence of qualifications must be obtained.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All pre-employment checks, including Enhanced Access NI, References, Employment Gaps are part of the pre-employment check list procedures. The pre-employment check list is appended to all personnel files. All Registered Nurses have provided evidence of professional and academic qualifications in advance of employment and these are held within the employees files. The Monthly Regulation 29 Monitoring reviews will specifically target two employment files for audit purposes for compliance moving forwards.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions.</p>

To be completed by: 17 September 2024	Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff will be required to complete their full induction programme which will include: shadowing; satisfactory completion of all aspects of their mandatory training; NISCC Registration and compliance with the NISCC Code of Conduct for Care Workers; Initial competency based assessment of performance in a number of core care areas to include e.g. life support skills in CPR and FBOA management, manual handling, SALT Assessments; continued mentoring and support for the staff member over the remainder of their probationary period of six months; formative and summative assessment of competency in skill acquisition at both three and six monthly intervals with a mandatory extension period to probation if unsatisfactory performances are recorded.

<p>Area for improvement 3</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that mandatory training requirements in relation to infection prevention and control are met.</p> <p>Ref: 3.3.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Daily audits have been completed using the Key Check Results on the Computerised records systems to effectively monitor repositioning and pressure area care as prescribed in care plans. Additional care plan audit reviews have been completed by the Director of Nursing to monitor compliance in all care assessment areas.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that a daily menu is on display in a suitable format for patients living with dementia.</p> <p>The menu should reflect the meals served on any given day.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: This has been completed and the daily menu is inclusive of the Meal Time Matter's procedures. Picture boards are to be made available in the Dementia Nursing Unit to assist the person living with dementia with recall and recognition skills for meals.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure a programme of meaningful activities is provided for patients, including when the activity co-ordinator is on leave.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home has two full time activity coordinators in post and therefore the Home will always have one activity coordinator on duty Monday to Friday for the entire year. Where activities are organised for the weekend time period the activity coordinators will alternate to ensure someone is present and all staff are encouraged to participate actively in all activities. The Weekly planner is displayed in each unit on a notice board. Activity coordinators also provide real time updates and evaluations on participation and effectiveness of activities on the computerised records systems. The activities coordinators also rotate and review the activities within the home to determine which are more suitable for the clients' groups. Some entertainment is out sourced to promote inclusivity and connectedness with the local community and multiple Church communities.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred.</p> <p>Ref: 3.3.3</p>
<p>Area for improvement 8</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>Response by registered person detailing the actions taken: The Home has also held professional discussion meetings with all Registered Nurses incorporating the Nursing and Midwifery Reflective Template to promote and maximise on personal and professional learning. The Primary Nursing system has been internally reviewed and all Registered Nurses have been assigned patients for whom they are directly accountable and responsible for care assessments, care planning and care evaluations. The Home Manager will complete weekly key checks and audits to ensure full compliance in these areas. The Director of Nursing will also complete continuous checks on these areas within the Home.</p> <p>The registered person shall ensure that food and fluid intake records are recorded contemporaneously.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Home has implemented the Gold Crest Computerised Records system for all records. A meeting was held with all care assistants and Registered Nurses to ensure that all staff fully understand the importance of accurate recording of information, real time recording of information and updating records throughout the day. Additional competency-based training on the use of computerised records have also been provided by the software programmers and by in-house staff.</p>

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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



Web: www.rqia.org.uk



Twitter: @RQIANews