



Unannounced Follow-up Care Inspection Report 5 February 2019



Dunmurry Manor Residential Care Home

Type of Service: Residential Care Home
Address: 2A Hazel Avenue, Dunmurry, Belfast
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Tel No: 028 9061 0435
Inspectors: Kate Maguire and Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 36 beds that provides care for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Michelle Montgomery – Registration Pending
Person in charge at the time of inspection: Michelle Montgomery	Date manager registered: 26 November 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: A maximum of 36 residents in category RC-DE to be accommodated on the Ground Floor.

4.0 Inspection summary

An unannounced inspection took place on 5 February 2019 from 07.45 to 11.05.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

RQIA was contacted by another body to advise that they had received information from a source relating to a variety of issues in the home. The source did not wish to be identified to RQIA. RQIA met with representatives of the South Eastern HSC Trust to share the information received and to agree a plan of action.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- morning medicines round
- staffing – including recruitment and deployment
- the home's environment
- availability of personal protection equipment, gloves, aprons etc.
- availability of equipment for moving and handling
- dining experience at breakfast
- care practices

Residents said that they received good care and that staff treated them very well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Michelle Montgomery, manager and Michael Doolin, Director of Operations, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

During the inspection the inspector met with the Manager and the Director of Operations; four residents; two Care Team Managers, one from the night shift and another from the day shift; and one visiting professional.

The following records were examined during the inspection:

- records of daily staff allocation of care tasks
- records of daily staff handovers
- residents' care records

6.0 The inspection

The purpose of the inspection was to follow up on information received regarding care practices in Dunmurry Manor. Two inspectors from RQIA attended the inspection and found the home to be operating in a safe, effective and compassionate manner.

6.1 Inspection findings

On arrival at the home it was warm, clean, fresh and tidy. Dining tables were set and well presented for breakfast. There were four residents up, washed and dressed in keeping with their choice to rise early. Staff were bringing cups of tea or coffee to others or assisting people with their morning routine or personal care needs.

All residents looked very well with clean, fresh clothing and were well-groomed. A hairdresser was in the home to provide haircuts and styling, if desired.

Inspectors joined residents for breakfast, one in each of the dining rooms, and took the opportunity to speak with residents. The atmosphere was relaxed, friendly and good humoured. The residents said that they liked the food, there was plenty of it and that they were offered a range of choices. These included cereal, porridge, juice, toast, tea and coffee and cold drinks. Two residents opted for boiled eggs and these were served. This relaxed approach to breakfast ensured there was sufficient staff to meet the residents' needs and offer assistance where required.

Throughout the duration of the inspection it was noted that call bells were answered in a timely manner. The call bells were left within easy reach of residents.

The inspectors spoke with residents about living in Dunmurry Manor. Some comments included:

- “I love this place; I have my own room and bathroom. I have a wee friend in here. I’m just waiting for her now for breakfast. It’s great because you can mix with other people but go back to your room when you want, if you just want a bit of time on your own.”
- “This place is 100 per cent. The girls (staff) are great, they couldn’t do enough. They make sure I’m well looked after. I can call them any time I need anything. I know I can use my bell, but I prefer to do as much as I can for myself.”
- “The staff are absolutely great, they take good care of us all.”
- “It’s lovely here.”

A visiting professional said “The staff are lovely with the residents and they show residents warmth and affection. There’s lots of staff around. The home is kept clean and tidy and the residents that I attend are always well presented and seem to be happy and content.”

The residents commented on how good the staff were, and it was apparent in watching interactions between staff and residents that these were warm and friendly and staff had established a good rapport with the residents.

An example of this was staff being greeted by a hug and kiss on the cheek from a resident. This was accepted and returned by staff. There was also appropriate contact used by staff, for example, on the shoulder or taking a resident who was disorientated gently by the hand.

The staff member who was giving out medications displayed support and encouragement to residents, clearly explaining about the tablets and ensuring that liquids were available to help with swallowing. Medications were given to residents by staff from the pre-prepared pods supplied by the pharmacy.

The inspectors spoke with staff who demonstrated a high level of knowledge relating to the particular care needs of each resident such as wound care, mobility, privacy and dignity and meal times. An example of this was when a care assistant was asked how they managed the wound care of a resident currently in the home. The care assistant recalled with precision how the wounds were to be cared for, including elevated feet, no socks and wearing slippers rather than shoes should the resident want to walk. At the morning handover from night to day staff information was shared in a succinct but meaningful manner and day staff were clear in relation to the shift ahead and what was required of them.

There was sufficient equipment for good Infection Prevention and Control arrangements and staff were observed washing hands and wearing gloves and aprons. There was hand sanitiser available throughout the home. There was sufficient moving and handling equipment, hoists and stedys, and staff were aware of when and how to use the equipment. One resident who was thought to have had a fractured hip actually had a dislocation and was able to mobilise independently with staff in attendance.

Inspection of the premises established that there were shower chairs in many of the en-suite bathrooms. Staff described how many residents were able to safely stand in the shower and did not need to sit. Additional shower seats had been provided.

The inspectors met with the manager. This manager had been in post for only three months. Some of the information received by RQIA was shared with the manager and she quickly identified its content and the context.

The manager discussed the challenges she faced when coming into post, particularly in relation to a number of key staff who had left around the same time as the previous manager. She also described the issues regarding the management of staff absences, particularly with regard to short notice staff sickness and advised that such absences had reduced in the period before Christmas.

The manager also described how there had been a recent dependency on agency staff or other staff from within the Runwood Homes group. This also occurred around what was an extremely busy Christmas period and staffing arrangements were impacted by staff leaving and by staff sickness. The manager reported, however, that there had been significant staff recruitment and all posts had now been filled; from this week the home would no longer be reliant on agency staff.

The manager went on to describe the internal arrangements for staff training and development for recently appointed care team managers and care staff, and how the Runwood Homes group had provided additional resources from external trainers. The manager advised that this had provided immediate benefit to care staff in the delivery of safe and effective care to residents.

There was discussion with the manager regarding whether some residents were appropriately placed in the home. The manager advised that there were several residents whose care needs had increased; these residents were in the process of being reassessed by two local trusts to determine if the residents had reached the threshold for nursing care. The home was waiting for dates for these reassessments to be completed. The inspectors were satisfied that this process was under way in line with protocol and procedures.

Inspectors discussed governance arrangements with the manager who reported she had settled well into the post and was confident that she was building a good team around her. She explained that she was receiving support from the regional manager one day per week and two days per week from the Director of Operations. In addition, senior management was always available by telephone or email and they provide a swift and supportive response. There were no limitations set on the expenditure to ensure that the home was run in a safe and effective manner. This was confirmed in discussion with the Director of Operations manager on the day of the inspection.

The manager further described how the presence of senior management in the home allowed her to devote sufficient time to ensuring that there were robust governance arrangements in the home. The manager was able to complete detailed audits of the care delivered to residents and develop any necessary improvements, for example, the times of breakfast had been changed to better meet the needs of those residents who wished to rise and take breakfast earlier.

The manager also described how it had been identified that any residents admitted to hospital did not always have a body map completed on leaving and returning to the home. There were arrangements in place to ensure that this would now be done.

A further example of the support provided by senior management was given in relation to issues raised by a member of staff providing short notice cover from another home. The manager described how a meeting with the staff member was arranged with the regional manager and the issues discussed. Any improvements identified had been addressed.

The manager discussed with the inspectors how relationships with the local community had greatly improved. A series of events had been organised over Christmas which included a Christmas fair in the car park. There was a residents' choir which sang at a local supermarket and some residents had enjoyed a limousine ride provided by a local business. Cakes, buns and other items were sent into the home from a local shop. The home also provided four Christmas meals to older people living alone in the community who otherwise wouldn't have had one.

The manager described how staff were continuing to rebuild positive relationships with the relatives group. A relatives meeting was now organised once a month there was also joint staff, relatives and residents fun nights being arranged. These would be informal and relaxed affairs designed to build rapport and improve communication.

In conclusion, it was evident that management and staff in the home had experienced some challenging issues, especially around the Christmas period. The biggest challenge for the new manager was ensuring sufficient numbers of staff were available to provide safe and effective care for the residents. This could only be achieved by high reliance on agency staff and better management of staff absences. On the day of the inspection staff delivered care using a warm and compassionate approach and there was sufficient staff to ensure that residents' needs were well met.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.

8.0 Additional follow-up visit

Another unannounced visit to the home was undertaken by two inspectors one of whom was a senior to ensure that the findings from the inspection dated 5 February 2019 had been sustained. The inspectors confirmed that the quality of care delivery within the home remained safe, effective, compassionate and well led and the findings from the previous inspection had been revalidated.



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