



The Regulation and  
Quality Improvement  
Authority

# Unannounced Follow-up Care Inspection Report 4 and 6 October 2019



## Dunmurry Manor Residential Home

**Type of Service: Residential Care Home**

**Address: 2A Hazel Avenue, Dunmurry, Belfast BT17 9QU**

**Tel no: 028 9061 0435**

**Senior RQIA Staff: Theresa Nixon and Dermot Parsons**

**Inspector: Alice McTavish**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 51 beds which provides care to people who have dementia. The home is also currently registered to provide care to older people. An application has been submitted to change this category of care to allow the home to provide dementia care only.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare Connolly	<b>Registered Manager and date registered:</b> Stephanie Shannon, registration pending
<b>Person in charge at the time of inspection on 6 October 2019:</b> Stephanie Shannon	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 33

### 4.0 Inspection summary

An unannounced inspection took place on 4 October 2019 from 20.30 to 22.00 and on 6 October 2019 from 11.30 to 16.00.

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

The inspection was undertaken following receipt of intelligence from the adult safeguarding team from South Eastern Health and Social Care Trust (SET).

Theresa Nixon (Director of Assurance) and Dermot Parsons (Deputy Director of Assurance) made an unannounced visit to the home at 20.30 on 4 October. The inspection on 6 October 2019 was conducted by Alice McTavish.

It is not the remit of RQIA to investigate 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:

- The allegation that staff had isolated a resident
- The allegation that a resident had the potential to harm peers

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*6	*3

\*The total number of areas for improvement includes one regulation which has been stated for a second time and two which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Stephanie Shannon, acting manager and Caron McKay, Regional Operations Director as part of the inspection process. The timescales for completion commence from the date of inspection.

An intention meeting resulted from the findings of this inspection; however, no notices were served.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent inspection dated 13 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the report of the most recent care inspection, notifications of accidents and incidents received by RQIA and any other written or verbal information received.

During the inspection on 4 October 2019, RQIA staff met with the Responsible Individual, a member of care staff and two residents. On 6 October 2019, the inspector met with the acting manager and the Regional Operations Director.

The records of accidents were examined during the inspection on 4 October 2019. The following records were examined during the inspection on 6 October 2019:

- Pre-admission records
- Residents' daily reports
- Records of liaison with professionals
- Accident book
- Observation checklist

- Record of written staff handover

Additional records and information were requested by RQIA and later submitted. These included:

- Written evidence of liaison between management and SET
- Notifications of events, accidents and incidents
- Residents' daily reports
- Records of liaison with professionals
- Reports of visits by the registered provider for July to September 2019
- A root cause analysis and action plan relating to events in the home
- The staff duty rota for September 2019

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 13 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 1 <b>Stated:</b> First time	The registered person shall ensure that RQIA is notified of all incidents, as set out in current guidance. This should include the following: <ul style="list-style-type: none"> <li>• unplanned activations of the fire alarm</li> <li>• accidents which occur in the home involving residents where medical intervention needs to be sought</li> </ul>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the incident records held in the home cross referenced with those notifications submitted to RQIA established that RQIA was not notified of all incidents.  This area is therefore stated for the second time.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2019	The registered person shall ensure that the following records are held separately for the residential home: <ul style="list-style-type: none"> <li>• staff supervision</li> <li>• appraisal</li> <li>• training</li> <li>• fire drills</li> <li>• complaints and compliments</li> <li>• governance audits</li> </ul> Ref: 6.3	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 34.2  <b>Stated:</b> First time  <b>To be completed by:</b> 28 June 2019	The registered person shall ensure that calibration checks are completed each time the scales are used and that this is recorded so that staff can identify if the scales are not measuring accurately.  Ref: 6.4	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

## 6.2 Inspection findings

### The allegation that staff had isolated a resident

When senior RQIA staff arrived in the home on 4 October 2019, they were met by Gavin O'Hare-Connolly (Responsible Individual) who advised of his initial enquiries. It was established that doors in the home could not be locked to prevent residents from leaving their rooms.

Mr O'Hare-Connolly advised that he had interviewed staff and identified that earlier in the week one staff member (not currently on duty) had locked a bedroom door in a manner that would have prevented another person going into the bedroom but would not have prevented anyone

from leaving. This practice was contrary to the home's policy and Mr O'Hare-Connolly had suspended this staff member from duty.

The RQIA senior team met with the two residents concerned. Both were in their respective rooms and appeared content. A member of care staff was dedicated to one to one observation of the male resident and was carrying out 15 minute observations to ensure he was settled.

RQIA was satisfied that the home had made arrangements for the provision of ongoing one to one supervision of the male resident as a safeguard to other residents.

An investigation carried out by the senior management established that the member of staff had locked only one door and this had occurred on two occasions. The member of staff had been correctly challenged about this practice by other staff. There was no evidence that staff had escalated any concerns to management; it was unclear if this was a system or a practice failure.

RQIA later received written confirmation that a disciplinary process had been instigated against the member of staff who had locked the door. The investigation concluded that there was no evidence this practice was common in the home.

### **The allegation that a resident had the potential to harm peers**

On 4 October 2019 the senior RQIA team examined records of any incidents that involved one identified male resident since 22 September 2019. The team found that information available was not complete and it was not possible to determine if the full range of required notifications had been made, as some records were locked in the manager's office.

The inspection on 6 October 2019 focused primarily on records held in the home relating to the management of incidents concerning a small number of residents since 22 September 2019. This resulted in the identification of a variety of issues relating to the managerial oversight and governance of the home.

It was established that a number of untoward events had not been reported to RQIA in either a consistent or timely manner. The system in place for recording incidents in the home did not consistently record the level of detail required to assess the level of potential risk or harm to residents. It could not be evidenced that appropriate referrals had been made to other agencies. There was limited evidence of how concerns, discussions or referrals to the trust were recorded.

Residents' care records did not provide consistent information regarding events which may affect their wellbeing. Access to care records by staff was not sufficiently secure to enable accurate records by staff to be made. The agreed process for handover of information between shifts was not consistently followed.

There was no evidence of suitable management arrangements in the home during a recent period of planned leave of the acting manager. There was no residential deputy manager in post despite this being stated within the organisational structure for the home. There was no evidence of additional involvement or oversight from senior management during the acting manager's leave.

Following the inspection the registered persons were required to attend a meeting on 16 October 2019 in the offices of RQIA. The meeting was held with the intention of issuing a Failure to Comply Notice in relation to the system of governance in the home.



During this meeting the registered persons provided written evidence and verbal accounts of actions taken, in progress and planned to address the issues raised during the inspection.

In light of the evidence of the actions already taken and robust assurances, it was decided that the Failure to Comply Notice would not be issued. Further inspection will be undertaken to validate that all actions outlined in the action plan have been achieved.

### Areas for improvement

Six new areas for improvement were identified. These were in relation to the recording of incidents; referrals to other agencies with appropriate recording of all liaison in regard to such referrals; residents' care records; the system of individual staff access to the electronic recording system; the arrangements to be made to cover any absence of the manager; and the system of written communication used at staff shift handovers.

	Regulations	Standards
<b>Total number of areas for improvement</b>	5	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Shannon, acting manager and Caron McKay, Regional Operations Director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 11 October 2019</p>	<p>The registered person shall ensure that RQIA is notified of all incidents, as set out in current guidance. This should include the following:</p> <ul style="list-style-type: none"> <li>• Unplanned activations of the fire alarm</li> <li>• Accidents which occur in the home involving residents where medical intervention needs to be sought</li> </ul> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> All Notifications are submitted by Home manager as set out in the current guidance. Notifications are reviewed and checked by the internal compliance during regulation 29 visits. Any unplanned fire alarm activations are reported via the portal reporting system. Where medical advice or intervention is sought for a resident a notification is submitted by the Home Manager via the portal recording system.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (1) (a) Schedule 3 3. (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2019</p>	<p>The registered person shall ensure that all incidents in the home are consistently recorded in the necessary level of detail.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> When incidents are recorded, the manager checks detail and ensures the level of detail required, is then transferred to the reg 30 form reported via the portal reporting system. Documentation session has been arranged for 10/12/19 with all staff. The Manager reviews and submits daily if required.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2019</p>	<p>The registered person shall ensure that referrals are made to other agencies as appropriate and that a written record is kept of all liaison with such agencies.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> communication with other bodies is recorded on the professional visitors records on the Gold Crest System. E mails between the other agencies are then printed off and filed for reference and proof of notification.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2019</p>	<p>The registered person shall ensure that care records of residents are completed in the degree of detail necessary to determine the level of potential risk or harm to residents.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> On admission risk assessment and care plans are completed. These are reviewed on a monthly basis or if any changes occur. Each resident is discussed in the flash meetings each morning, any changes necessary are discussed. Staff are directed to update and the Manager confirms that the necessary changes have been made by checking the system.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 2 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 October 2019</p>	<p>The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff and agency staff have now been provided with new log in details. Keypaded doors have been fitted to each CTL station for added security.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 October 2019</p>	<p>The registered person shall ensure systems are put in place for suitable management arrangements during any absences of the manager. This should include arrangements for additional involvement or oversight from senior management.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> All managers planned leave has been submitted to Senior manager for approval and deputy residential manager will cover in managers absence.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2019</p>	<p>The registered person shall ensure that the following records are held separately for the residential home:</p> <ul style="list-style-type: none"> <li>• Staff supervision</li> <li>• Appraisal</li> <li>• Training</li> <li>• Fire drills</li> <li>• Complaints and compliments</li> <li>• Governance audits</li> </ul> <p>Ref: 6.1</p>

	<p><b>Response by registered person detailing the actions taken:</b> All records are now seperated for the residential home. New Guidance for Runwoods managers governance files has been issued for January 2020.</p>
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 34.2 <b>Stated:</b> First time <b>To be completed by:</b> 28 June 2019</p>	<p>The registered person shall ensure that calibration checks are completed each time the scales are used and that this is recorded so that staff can identify if the scales are not measuring accurately.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> A file is now in place for recorded calibration checks before the scales are used.</p>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> First time <b>To be completed by:</b> 9 October 2019</p>	<p>The registered person shall ensure that a system of written communication is used in the home by staff during changes of shift.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> As Previously RAP reports are now in use for all staff to refer to during handovers.</p>

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



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