



# Unannounced Care Inspection Report 13 June 2019



## Dunmurry Manor Residential Home

Type of Service: Residential Care Home  
Address: 2A Hazel Avenue, Dunmurry, Belfast BT17 9QU  
Tel no: 028 9061 0435  
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 registered residential care home which provides care for up to 51 residents in two suites located on the ground floor of the building and one suite on the first floor. The residential home is located in the same building as Dunmurry Manor Nursing Home.

### 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> Michelle Montgomery 15 March 2019
<b>Person in charge at the time of inspection:</b> Michelle Montgomery	<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 13 June 2019 from 09.35 to 20.45.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found good practice in relation to staffing, staff recruitment, induction and training, adult safeguarding, risk management, care planning and assessing risk. The culture of the home was seen to be one where staff were attentive to the privacy and dignity of residents. We also found there was a focus on quality improvement and there were good working relationships between management and staff.

Areas requiring improvement were identified. These were in relation to notifications to RQIA, records for the residential home being held separately to the nursing home and calibration of the weighing scales.

Residents described living in the home in positive terms. We saw residents relaxed and comfortable in the home and courteous interactions with between them and staff.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, registered manager and Caron McKay, Regional Operations Director. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 7 March 2019

No further actions were required to be taken following the most recent care and premises inspections on 7 March 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous findings from care, estates and pharmacy inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Four questionnaires were returned by residents or their relatives and five questionnaires were returned by staff within the agreed timescale of two weeks from the date of the inspection; all respondents indicated that they were satisfied or very satisfied with all aspects of care provided in the home.

A lay assessor was present during this inspection. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments given to the lay assessor and inspectors are included within this report. The lay assessor observed that there was 'good interaction between staff and residents' and that staff were 'friendly, fun, kind and patient'.

During the inspection a sample of records was examined which included:

- staff duty rotas from 9 June 2019 to 22 June 2019
- staff training schedule and training records
- two staff recruitment files
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from April 2019 to May 2019
- reports of visits by the registered provider from March 2019 to May 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

## 6.0 The inspection

### 6.1 Inspection findings

There were no areas for improvement identified as a result of the last care inspection.

### 6.2 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing levels were safe and kept under review. There was care staff, an activities co-ordinator, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

#### **Staffing and recruitment**

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

#### **Staff registrations with their professional body**

All care staff in the home are expected to be registered with their professional body, the Northern Ireland Social Care Council (NISCC). This procedure is necessary to ensure that social care adhere to NISCC standards of conduct and practice. The registered manager described how she checks staff registrations each month. The staff who we spoke with told us that they were registered with NISCC.

## **Staff induction, supervision, appraisal and competency**

We spoke with staff who told us that they had a good induction to working in the home. A member of staff described the induction as 'brilliant' and another told us that the induction was very comprehensive.

Staff told us that they got regular supervision and this happened more often when they were new to the home. We looked at the staff supervision schedule and saw that many staff received supervision more often than the minimum standards say they should. This is good practice. We saw that there were arrangements in place to provide all staff with an annual appraisal.

The manager told us that all senior care staff had an assessment of their competency and capability completed by her to ensure that they can take charge of the home when she is not on duty. The manager reviewed this every year to ensure that it was always current. She would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is good practice.

## **Staff training**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. There were also weekly unplanned fire drills; this was a way to make sure that all staff were trained in what to do in the event of a fire.

## **Safeguarding residents from harm**

The manager described the arrangements for protecting residents in the home from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The organisation had a safeguarding champion.

The manager was familiar with the referral process to trusts, the correct documents to be completed and how staff should co-operate and assist in any investigations.

We looked at records and saw that the arrangements were working well; the manager made sure that all safeguarding issues were followed up with the trusts.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

## **Environment**

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. All bedrooms were spacious and had an en-suite bathroom. Bedrooms and

bathrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There were communal lounges and dining rooms for the use of residents on the ground and first floors. There was also a café on the ground floor which was used by residents and their visitors. There were assisted bathrooms and toilets along corridors. We found that furniture in bedrooms and communal areas was in good repair and that all equipment was clean and well maintained.

### Restrictions

The registered manager told us that she makes sure that residents living in Dunmurry Manor enjoyed as much freedom as possible whilst remaining safe, although some restrictions were necessary to achieve this. We looked at care records for residents and saw that any restrictions were discussed and agreed with residents and their relatives, kept under review and removed when they were no longer needed.

### Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

The manager told us how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

We saw that many of the records (staff supervision, appraisal, training, fire drills, complaints and compliments, audits) were kept along with the records for the nursing home. We asked that these records are held separately for the residential home to meet the standards.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

## **Management of risks relating to residents**

The manager described a robust assessment and admissions process before residents could be admitted to Dunmurry Manor. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident may be at risk of falling, this might include the use of a pressure alarm mat to alert staff if residents leave their bed. The manager described how there was good working relationships between professionals and staff in the home and how joint working was used for the benefit of residents.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. We saw that there had been a significant reduction in falls in the home over the past months. The manager attributed this, to some degree, in the recent separation of the ground floor into two different units where staff could provide more constant supervision to residents without significantly reducing the freedom of residents to enjoy the facilities in the home.

Staff told us how they could get professional advice from medical or trust staff and how the management of falls in the home had improved. The registered manager completed an audit of accidents or incidents in the home each month which included falls. This looked for any patterns or trends and considered actions to reduce the likelihood of further falls happening.

The registered manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

## **Care records**

The care records for residents were kept on an electronic system with effective security to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

We looked at the records for residents and saw that there was a detailed care plan in place along with appropriate risk assessments and that these were reviewed regularly; staff kept detailed daily notes of the care provided. We saw that there was liaison with health care professionals and that a care review was completed with the resident, their family, care staff and staff from the Trust each year. We saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

We saw in one care record that a resident's weight had shown a significant increase in a very short time. Staff told us that although the calibration mechanism on the scales had recently been replaced, there may still be potential for inaccurate readings. We asked that action is taken to meet the standards with regard to the use of the scales.

## **Communication**

Staff told us about the systems in place to make sure that there was good communication between all levels of staff and how this was used for the benefit of residents. There was a staff handover at each shift change and all care staff coming on duty attended this. There was an allocation sheet which set out the tasks for each member of care staff; this helped to ensure a well organised approach to meeting the care needs of each resident.

Staff described how the recent introduction of a communication book was useful as it reduced the risk of important information not being passed to key staff. There were also short 'flash' meetings each morning led by the manager and attended by the heads of departments (care, catering, domestic, maintenance staff); this helped to ensure that important information was shared across all staff in the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and assessing risk, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

One area was identified for improvement. This was in relation to the calibration of the weighing scales.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home and residents appeared relaxed, content and confident with staff. Residents said: "The staff are kind and helpful," and, "I am very happy to be here. I feel safe and secure. It is much better than at home. The staff are excellent."

We saw that staff were attentive to the needs of residents, even when some residents could not verbally express their needs. This tells us that staff know the residents well as they are able to anticipate or interpret their needs, and that they have good insight into dementia care. We saw that when a resident became distressed, staff were able to offer appropriate comfort and support. We saw too how staff interacted well with residents who needed additional reassurance.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

### Activities

Staff told us about the range of activities available and how the activity co-ordinator worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were engaged in armchair exercises. There was a sing-along later in the day. A programme of available activities was displayed.

The manager told us how the provision of activities was being further improved through the development of a Wellbeing Lead post. This would allow dedicated staff to work closely with the organisation's Wellbeing and Dementia Team and to take a lead role in engagement, inclusion and a whole-home approach to meaningful activity tailored to individual resident need. The selection process for this was to begin within the next two weeks.

The manager described also how there was a meeting planned with the South Eastern HSC Trust's Care Citizens Hub to agree a wide range of community engagement events in the home on a regular basis: these events include a story teller, a Knit and Natter group and a mobile lending library provided through the local library service; monthly tea parties and baking with trainee chefs from a local education college; beauty and pamper sessions; a gardening project with the training builders and joiners to help residents and families revamp the garden, build planters and plant vegetables and plants; intergenerational choir; a digital age project.

### **Resident and relatives' involvement**

Staff told us about how they made sure that residents and their relatives were kept central to the planning and delivery of person centred care and how they were kept informed about life in the home. Staff told us that the manager made herself available for residents and relatives to ask questions or discuss care. We saw this on the day of the inspection.

We saw that new notice boards were placed in the home so that residents and their relatives could see photographs of who worked in the home and in what capacity. There was also visual information about which staff wore differently coloured uniforms to denote their role.

The manager told us how family meetings were held and how information was shared with residents and their relatives about, for instance, staff leaving to pursue nurse training or enhanced training opportunities for staff. Information about ongoing satisfaction surveys was also shared at these meetings, for example, there was consultation on the food choices and on the response times to call bells. These surveys were in addition to the larger annual satisfaction survey.

We spoke with relatives of people who live in the home. They told us that they were happy with the care provided and they spoke highly of the staff. A relative described how they had been initially concerned that having the ground floor divided into two separate areas would reduce residents' freedom of movement. They spoke with the manager and were assured of the reasons for this and the potential benefits. They said they had felt listened to, they were part of the decision and they felt they could ask questions and make suggestions.

A relative said: "I am very happy with (my relative's) care...the staff are very good to us, they are helpful and friendly. If I had any problems with them, I know I could go to the manager, but I haven't had any (problems). All is going very well."

A member of staff said: "I absolutely love it here because you get to know the residents really well through working with them so closely."

One relative raised several issues. We examined these issues on the day of the inspection and feedback was provided to the relative after the inspection. The manager provided further information which gave RQIA assurance that appropriate measures were in place to deal with these matters.

The care inspector spoke with a monitoring officer from a Trust after the inspection who reported that she had no concerns about the care provided in Dunmurry Manor. She had completed annual care reviews recently in which the relatives of residents living in the home paid compliment to the staff team and the quality of care.

Four questionnaires were returned by residents or their relatives. Some comments received were as follows:

- “The unit has come on in leaps and bounds from the last manager left. The staff appear a lot happier. I can see lots of good changes.”
- “Fantastic home and staff. My (relative) is very well looked after.”
- “There has been great changes in Dunmurry Manor. My (relative) is very well looked after and cared for. The staff are very kind and work very hard.”

Five questionnaires were returned by staff. Some comments received were as follows:

- “I have been working in Dunmurry Manor for five years and firmly believe that all staff in all departments are exceedingly kind, compassionate and have real love for their job and the residents here in Dunmurry Manor.”
- “I feel that the home has greatly improved and this is down to the new manager Michelle Montgomery with the backing from staff pulling together as a team to provide a very homely environment for the residents as we work in their home and meet their needs to a high standard. I look forward everyday coming to my place of work as I enjoy joining in with the residents and the love and care I can offer to put a smile on their faces.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture of the home set by management and supported by staff, the dignity and privacy afforded to residents, listening to and valuing residents and their relatives and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Staff in the home told us that they got good support from their manager who was supportive and approachable. The manager described the staff team as being highly dedicated, reliable with a commitment to delivering a high quality of care to residents.

## **Managerial oversight**

The manager described how she spent some time working on the floor to make sure that the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

The manager also spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, IPC, care records and looks for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs and that all of the systems are in place to ensure the safety of the home, for example, that all fire and environmental checks are completed.

## **Complaints and Compliments**

The manager deals with any complaints raised by residents or their family members. We looked at the system in place to manage complaints and found this to be satisfactory. The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

## **Accidents and incidents**

The registered manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were largely satisfactory; we found that two incidents were not notified to RQIA. We asked that RQIA is notified of all incidents, as set out in current guidance, to meet the regulations.

## **Additional training**

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in fluids and nutrition and in equality and diversity.

## **Visits by the registered provider**

The regional operations director was present for part of the inspection and described how she ensured that the home was well organised and managed. There was a clear management structure throughout the organisation.

The home was visited by a representative of the registered provider each month. We looked at the reports of the visits between March and May 2019. The reports showed how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality improvement and maintaining good working relationships between management and care staff and with professionals.

## Areas for improvement

One area was identified for improvement. This was in relation to notification of accidents and incidents to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Montgomery, registered manager and Caron McKay, Regional Operations Director. 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

<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30 1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 June 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: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered manager and deputy manager is now aware of notifying RQIA set out in the current guidance.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<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: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All records are now separated from the nursing home into files for the residential home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 34.2</p> <p><b>Stated:</b> First time</p> <p><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: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The scales were taken to S&amp;E Care Trade to be serviced and calibrated, they have now issued a certificate of completion for our records. Going forward staff will keep a record in each unit of calibration checks before use .</p>

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



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