



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Dunlarg Care Home (1484)
Date of Inspection: 12 November 2014
Inspector's Name: Heather Moore
Inspection ID: IN016525

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

GENERAL INFORMATION

Name of Home:	Dunlarg Care Home
Address:	224 Keady Road Armagh BT60 3EW
Telephone Number:	028 3753 0858
E mail Address:	dunlarg@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (Bamford) Ltd Mr James McCall
Registered Manager:	Ms Patricia Graham
Person in Charge of the home at the time of Inspection:	Ms Patricia Graham
Categories of Care:	NH-I,NH-DE,NH-PH/PH(E),NH-LD,RC-I,RC- MP(E)
Number of Registered Places:	58
Number of Patients /Residents Accommodated on Day of Inspection:	50 Patients 6 Residents
Scale of Charges (per week):	£581.00 Nursing £461.00 Residential
Date and type of previous inspection:	29 April 2014 Primary Announced
Date and time of inspection:	12 November 2014: 8.40am to 12.50pm
Name of Inspector:	Heather Moore

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

1.2 METHODS / PROCESS

Specific methods/processes used in this inspection include the following

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Dunlarg Care Home is a purpose built single storey home in close walking distance to the town centre of Keady in County Armagh.

The home can accommodate a maximum of 50 patients and eight residents in the Nursing NH-I, NH-DE, NH-PH, NH-PH (E), NH-LD, and Residential RC (I) and RC-MP(E) categories of care.

The home was re-registered on 31 October 2011. The new provider is Four Seasons Healthcare.

Ms Patricia Graham is the registered manager.

There are 58 single bedrooms, three large lounges and three dining rooms available. Bath/shower rooms and toilets are accessible to all communal and bedroom areas throughout the home.

There are adequate car parking facilities at the front of the home.

The grounds around the home are landscaped and central court yards are provided for patients and residents to relax in secure areas.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Dunlarg Care Home. The inspection was undertaken by Heather Moore on 12 November 2014 from 8.40am to 12.45pm. The inspector was welcomed into the home by Ms Patricia Graham, Registered Manager. The registered manager was also available throughout the inspection. Verbal feedback of the issues identified during the inspection were given to the registered manager and to the deputy manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and residents, staff examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 29 April 2014 five requirements and three recommendations were issued. These were reviewed during this inspection. The inspector evidenced that these requirements and recommendations had been complied with. Details can be viewed in the section immediately following this summary.

Discussion with the registered manager, a number of staff, patients and residents and review of four patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction and registered nurses had also received additional training on continence awareness on the 11 March 2014.

A continence link nurse was working in the home and was involved in the review of continence management. This is good practice and is commended.

Examination of four care records confirmed a satisfactory standard of documentation patients' and residents continence assessments and specific care plans on continence care were maintained.

Discussion with the registered manager confirmed that a number of staff were trained and assessed as competent in catheterisation including male catheterisation however examination of a sample of registered nurses revealed the absence of written evidence in this regard. A recommendation is made that this is addressed.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as compliant.

One recommendation is made. This recommendation is in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, and residents, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (d)	The registered person shall ensure that the doors and architraves throughout the home are refurbished. The identified patients' bedroom furniture should also be replaced.	During a tour of the home it was revealed that the doors and architraves throughout the home were refurbished.	Compliant
2	27 (2) (d)	The registered person shall ensure that the identified bedroom carpets are replaced.	Discussion with the registered manager and observation on the day of inspection confirmed that the identified bedroom carpets were replaced.	Compliant
3	12 (4) (a)	<p>.All patients at risk /requiring staff interventions to support food and /or food and fluid intake should have the following:</p> <ul style="list-style-type: none"> • Fluid requirements identified in care planning. • Total fluid intake calculated and recorded in daily progress notes • Effectiveness of hydration plan 	<p>Inspection of four patients care records confirmed the following:</p> <ul style="list-style-type: none"> • Fluid requirements were identified in care planning • Total fluid intake was calculated and recorded in patients daily progress notes. • Care plans on eating and drinking were reviewed monthly or more often if 	Compliant

		reviewed on daily and monthly basis.	deemed appropriate.	
4	20 (1) (a)	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This requirement is made in regard to a shortfall in a care assistant from 4 - 10pm.</p>	Inspection of a sample of two weeks duty rosters confirmed that registered nurses and care staffing levels were satisfactory and in line with RQIA's recommended staffing guidelines.	Compliant
5	13 (1) (b)	The registered person shall ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients.	On the day of inspection the evidence examined confirmed that the nursing home was conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that patients' repositioning charts are completed in full and are recorded appropriately.	Inspection of a sample of patients' repositioning charts confirmed that the charts were recorded appropriately.	Compliant
2	5.3	It is recommended that the pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention.	Inspection of four patients care records confirmed that the pressure relieving equipment in use on the patients beds and when sitting out of bed was addressed in patients care plans on pressure area care and prevention.	Compliant
3	12.3	It is recommended that the menu planner be reviewed to include choices for snacks for patients and residents on therapeutic diets.	Inspection of the menu planner confirmed that the menu planner was reviewed to include choices for snacks for patients and residents on therapeutic diets.	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

<p>Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Review of four patients’/residents’ care records revealed that bladder and bowel continence assessments were undertaken for these patients and residents. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate, skin care, fluid requirements and patients’ and the resident’s dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patient/resident and their relatives’ involvement in developing and agreeing care plans. Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management • stoma care • Catheter care. <p>The inspector can also confirm that the following guideline documents were in place;</p>	<p align="center">Compliant</p>

<ul style="list-style-type: none"> Nice Guidelines on Faecal incontinence Nice Guidelines on urinary incontinence. RCN Guidance continence care in care homes <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	
<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Not Applicable</p>	Not Applicable
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Discussion with the registered manager, deputy manager and review of the staff training records revealed that staff were trained in continence care on induction. Staff had also received training on continence care on 11 March 2014. Discussion with the registered manager revealed that the registered nurses in the home were deemed competent in female catheterisation, the management of stoma appliances and male catheterisation. However inspection of a sample of registered nurses revealed that registered nurses competency in this area of care was not recorded. A recommendation is made in this regard.</p>	Substantially Compliant

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p>Compliant</p>
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6.0 Additional Areas Examined

6.1 Care Practices

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

6.2 Patients' and Residents' Comments

During the inspection the inspector spoke to 10 patients and residents individually and to others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home.

Examples of patients' and residents' comments were as follows:

- "I am happy here."
- "Food is very good."
- "Everyone is kind."
- "I am looking forward to Christmas and the parties."

6.3 Staffing

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home.

The inspector spoke to a number of staff during the inspection.

No issues or concerns were brought to the attention of the inspect

6.4 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' and residents' bedrooms, sitting areas, dining rooms, laundry, kitchen, bathroom, and shower and toilet facilities. The home was found to be clean warm and comfortable with a friendly and relaxed ambience.

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Patricia Graham, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Patricia Graham, Registered Manager and Mrs Lena Mary Correa, Deputy Manager either during the inspection or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005



No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No Requirements were made as a result of this inspection.			

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.4	It is recommended that registered nurses competency and capability assessments be reviewed and updated to include male catheterisation. Ref:19.4	One	Currently being reviewed by quality team.	One Month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Pat Graham
Name of Responsible Person / Identified Responsible Person Approving Qip	 Jim McCall  DIRECTOR OF OPERATIONS 2-01-15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	06 January 2015
Further information requested from provider			