

**DYMPNA HOUSE**  
**ANNOUNCED INSPECTION**  
**11 NOVEMBER 2008**



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT**  
**AUTHORITY**

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**DYMPNA HOUSE VOLUNTARY  
RESIDENTIAL HOME**

**ANNOUNCED INSPECTION REPORT**

**11 NOVEMBER 2008**

## 1.0 GENERAL INFORMATION

Name/Type of Home:	Dympna House
Address:	143a Glen Road Belfast BT11 8BS
Telephone Number:	(028) 90 617837
Registered Organisation/Registered Provider:	St John of God Association
Registered Manager:	Mr Cormac Coyle
Person in Charge of the Home at the Time of Inspection:	Mr Cormac Coyle
Categories of Care:	Residential Care (RC) Learning Disability (LD) Learning Disability Elderly LD (E)
Number of Registered Places:	23
Number of Residents Accommodated on Day of Inspection:	23
Scale of Charges (per week):	£405 per week
Date and Time of Inspection:	4 November 2008 9.45 am - 5.45 pm
Date of Previous Inspection:	30 April 2008
Name of Lead Inspector:	Mrs Marie Marley

## **2.0 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 Residential Care Homes. A minimum of two inspections per year are required and these may be announced or unannounced and may be undertaken at any time of the day or night.

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

## **3.0 AIMS OF THE INSPECTION**

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of care in the home, and to determine and assess the Home's implementation of the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- The Residential Care Homes Regulations (Northern Ireland) 2005.
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards.

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

The methods/process used in this inspection included the following:

- Examination of records
- Observation of practice
- Analysis of pre-inspection information
- Assessment of the environment
- Discussion with the Registered Manager
- Consultation with stakeholders
- Evaluation and feedback

## 5.0 CONSULTATION PROCESS

### Stakeholder Participation

Stakeholders	How Many
Residents	10
Staff	3
Relatives	0
Visiting Professional	3

### Questionnaires

Issued To	Number Issued	Number Returned
Residents	5	3
Staff	5	0
Relatives	5	0
Visiting Professional	4	0

## 6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection.

### Standards inspected:

Standard 1	Residents' involvement
Standard 16	Protection of vulnerable adults
Standard 19	Recruitment of staff
Standard 23	Staff training and development
Standard 24	Staff supervision and appraisal
Standard 25	Staffing

## 7.0 PROFILE OF HOME

Dympna House was initially registered in January 1980. The St John of God Association is the Organisation in Control and Mr Cormac Coyle is the Registered Manager.

The accommodation is a two storey building with a basement and comprises of twenty three single bedrooms which are situated on the first floor.

There are two lounges, dining room and kitchen activity and a smoking room.

The home is registered to accommodate not more than twenty three residents with a learning disability; three of these places are designated for residents with associated physical disablement. The home maintains one bed for rotating respite.

Community Services provided by this Home:

- |   |                      |     |
|---|----------------------|-----|
| • | Day Care Occasional  | Yes |
| • | Domiciliary Care     | No  |
| • | Other – Respite Care | Yes |

## **8.0 FOLLOW-UP ON PREVIOUS ISSUES**

### **8.1 Issues Arising During Previous Inspection**

#### **8.1.1 Summary of Requirements and Outcomes**

The Inspector reviewed the three requirements arising from the previous inspection undertaken in April 2008 and the Registered Manager confirmed the requirements were fully addressed as follows:

- Care plans are work in progress and there was evidence of improvements in those care plans reviewed.
- The kitchen and dining room had been deep cleaned.
- The missing tiles in the dining room were replaced and the room was redecorated and chairs replaced.

#### **8.1.2 Summary of Recommendations and Outcomes**

The Inspector reviewed the recommendation arising from the previous inspection undertaken in April 2008 and the Registered Manager confirmed it was addressed as follows;

- The staff duty rosters are prepared in advance.

### **8.2 Issues Arising Since Previous Inspection**

#### **8.2.1 Summary of Requirements and Outcomes**

An investigation regarding thefts within the home is ongoing; although the Health and Social Care Trust are involved in the investigation the incidents had not been reported to RQIA. Management are reminded that in accordance with Regulation 30 of the Residential Care Homes Regulations (Northern Ireland) 2005 all incidents are required to be notified to the RQIA without delay.

## **9.0 SUMMARY**

This summary provides an overview of life in the home at the time of inspection.

The findings of this inspection confirm that the Registered Manager and his staff team had responded positively to the issues raised at the previous Unannounced Care Inspection. However there are outstanding issues pertaining to the environment from the estates inspection that require urgent attention and separate correspondence has been send to the home, concerning this.

All residents spoken to stated that they were well cared for in Dympna House and that the staff team were dedicated and helpful.

This inspection focused on the following standards which are contained within the Department of Health, Social Services and Public Safety Minimum standards for Residential Homes:

- Resident Involvement (Standard No 1)
- Protection of Vulnerable Adults (Standard No16)
- Recruitment of staff (Standard No 19 )
- Staffing (Standard No 25 )
- Staff training and development (Standard No 23)
- Staff supervision and appraisal (Standard No 24)

Standards 1 and 16 were examined and found to be fully achieved. There was several areas identified in the remaining standards that require attention and subsequently requirements and recommendations are made in the relevant sections of this report.

The review of duty rosters indicated the staffing complement in Dympna House is diminished and the home are currently utilising agency staff. The Inspector was informed of ongoing issues staff had raised regarding their terms and conditions with Senior Management and therefore requested management advise the RQIA of the outcome of action taken.

The Inspector acknowledges the full co-operation of the management, staff team and residents throughout the inspection.

Attention is drawn to the Quality Improvement Plan which indicates the action to be taken in respect of the requirement and recommendations arising from this report.

## **10.0 INSPECTION FINDINGS**

### **10.1 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

#### **Findings:**

Residents' views are sought informally and formally and have a direct impact on life within the home. There are regular resident meetings every two to three months and additionally a residents committee had recently been formed.

A spokesperson from the resident's committee spoke to the Inspector and related work the committee had undertaken; this included negotiating successfully with management with regard to the replacement of dining room furniture and ascertaining all residents' views on activities that would improve their social networks.

A variety of activities both internally and externally is provided and appropriate records are maintained.

There was evidence that residents and their representatives are encouraged to attend the resident's annual care management review.

Those residents consulted indicated they are encouraged to make decisions with regard to their preferred lifestyles within the home. The Organisation are currently working jointly with a statutory day centre to improve the communication systems for those residents with communication difficulties. This is commended.

There was evidence of improvement in care plan documentation and of ongoing review. The introduction of Personal Outcome Measures will further strengthen the systems in place and ensure residents are central to the process.

Residents confirmed that their views were sought in relation to their nutritional likes and dislikes. There was a general consensus of opinion that the food provided was lovely. The lunch and evening was observed and all residents consulted stated they enjoyed their meal. Staff assisted those who needed help appropriately and quietly.

Regular contact continues with the relatives of Dympna House and is an excellent forum for relatives to raise issues and contribute to development proposals.

Records examined included:

- Minutes of residents meetings

- Statement of Purpose
- Resident Guide
- Minutes of Care Management review meetings
- Care Records

Considering the comments from the discussions held with staff and residents and evidence collated from the review of records the Inspector was able to confirm this standard was achieved.

**Evidenced by:**

Observation of practice

Observation of interaction between residents and staff

Assessment of care records

Review of questionnaires submitted from residents and relatives

Discussion with residents, relatives and staff

Review of activity records

Review of minutes of resident/relative committee

Review of complaints records

## **10.2 Standard 16: Residents are protected from abuse.**

### **Findings**

The Manager related the Organisation is currently reviewing their policies and procedures for the protection of vulnerable adults. A draft copy was available and consideration was offered to relevant legislation, regional guidelines and local Trust procedures.

Records provided for examination indicated staff had received training in Protection of Vulnerable Adults.

Staff consulted demonstrated knowledge of issues pertaining to the protection of vulnerable adults and all were clear on the internal and external reporting systems in place.

**This standard was achieved.**

### **Evidenced by:**

Review of the home's policy and procedure on the protection of vulnerable adults  
Review of untoward incidents reported  
Discussion with staff, patients and relatives  
Observation of staff practice

## **10.3 Standard 19: Staff are recruited and employed in accordance with relevant statutory employment legislation.**

### **Findings**

The Inspector was provided with a copy of the Organisation's recruitment and selection procedures that are currently been reviewed and the Manager agreed to confirm these were completed on return of the QIP.

Although staff files are held by the Human Resource Department at Head Office the Manager demonstrated an awareness of the documentation required by regulations; it was agreed evidence of the recruitment processes and confirmation of staff identify and medical fitness should be maintained within the home. Documentary evidence of Pre employment vetting was provided for two staff recently employed.

The home is currently using high numbers of agency staff and management are requested to review the agency staff policy and ensure adequate processes are in place to evidence all relevant documentation has been obtained and the

agency staff member has relevant identification upon commencing work in the home.

Records examined and discussed included:

- Recruitment and Selection Policy
- Personnel files of four staff
- Staff Personnel Records Audit

This standard was not fully achieved.

**Evidenced by:**

Review of the home's policy on selection and recruitment  
Review of the content of personnel files

**10.4 Standard 23: Staff are trained for their roles and responsibilities.**

**Findings**

Three members of staff were interviewed; all are on target for mandatory training and are keen to provide a high standard of care. A number of staff are trained in NVQ Level 2 & 3 however one staff member spoke of the length of time it was taking to complete NVQ training due to staff shortages and other time constraints.

The Recruitment and Training Quality Coordinator informed the Inspector of the data base maintained to identify the renewal of staff's mandatory training. He also spoke of links being developed with local colleges and other organisations to provide a range of appropriate training.

Discussion was held on the First Aid training provided by the home and management is requested to confirm this training is in accordance with legalisation.

The following records should also be maintained;

- A record of the name and qualification of the trainer or the training agency
- Content of the training programme
- Certificates should include the date of expiry

**Induction/Start**

This standard was not fully achieved.

**Evidenced by:**

Discussion with staff members  
Discussion with residents  
Staff training records

**10.5 Standard 24: Staff are supervised and their performance appraised to promote the delivery of quality care and services.**

**Findings**

Appraisals are carried out with all staff annually and is complimented by supervision at least once a year with appropriate records being maintained. The Manager agreed to review the frequency of supervision in accordance with the minimum standards as a deputy manager has recently taken up post and will assume responsibility for the supervision for some staff.

Staff meetings are held regularly and minutes maintained.

This standard was partially achieved.

**Evidenced by:**

Discussion with Registered Manager.  
Discussion with members of staff.  
Review of training records.

**10.6 Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.**

**Findings**

The review of duty rosters and analysis of resident dependency and associated information forwarded to the Regulation and Quality Improvement Authority prior to inspection indicated the staffing complement in Dympna House is diminished and the home are currently using a high number of agency staff. Rosters examined indicated that the staffing levels were sufficient to meet the needs of the twenty three residents accommodated in the home however three residents spoke of the impact agency staff had on some residents.

As previously stated the manager related the difficulties the Organisation were experiencing recruiting staff and spoke of a recent recruitment drive held in local shopping centres that was successful. Additional pressures are experienced by the delay in the Access NI process.

Issues pertaining to staff's current terms and conditions were raised with the Inspector who requested that the RQIA be kept informed of the outcome of the staff representation to the Organisation.

Duty rosters examined detailed the staff working over a 24-hour period and the capacity in which they worked. There is a responsible person in charge of the home at all times. Time is scheduled at staff or shift changes to hand over information regarding residents and other areas of accountability.

The RQIA will monitor the staffing within Dympna House and the Inspector requested the duty rosters for the month of December to be submitted. Records examined and discussed included:

- Staff duty roster
- Personnel files of three staff
- Minutes of Staff Meetings

**This standard was not achieved.**

**Evidenced by:**

Observation of care practice  
Observation of environment  
Review of accident records  
Review of duty rosters

## **11.0 ADDITIONAL AREAS EXAMINED**

### **11.1 Incidents**

Records of incidents occurring within the home since the last inspection were examined and the following action required;

- All incidents are required to be notified to the RQIA without delay.
- An incident relating to theft requires to be fully and objectively investigated and the findings recorded
- Staff should receive training on investigating incidents and the recording of the events.

### **11.2 Administration of Stesolid**

Management are requested to revise their policy on the administration of stesolid and ensure directions to staff are clear and in keeping with GP advice and Trust guidance.

### **11.3 Nutrition**

The meal sampled (lunch) was nutritious and well received by the residents who confirmed to the Inspector during discussions that the standard of food provided is of a high standard and that their individual's dietary and other preferences is taken into account.

The home had recently introduced a salad bar and continues to promote healthy eating.

Food stores, freezers and fridges were well stocked and the cook confirmed that regular supplies of fresh meat, fruit and vegetables are delivered.

The menu was displayed in the dining room and management related work is in progress to ensure the menus are in a format suitable to all residents.

An overall improvement was noted in the standard of hygiene in the kitchen and dining room.

#### **11.4 Environment**

Following the previous inspection an improvement was noted in both the kitchen and dining room cleanness and the broken tiles had been replaced, the dining room had been repainted and new chairs purchased.

All communal areas and residents bedrooms were clean tidy and fresh smelling.

It was noted several areas identified in the estates inspection in June 2008 had not been addressed and separate correspondences has been send to the home.

## **12.0 QUALITY IMPROVEMENT PLAN**

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan appended to this report. The issues raised were discussed with Mr Cormac Coyle, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The Registered Provider 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:

**The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**

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**Mrs Maire Marley  
Inspector/Quality Reviewer**

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**Date**



The Regulation and  
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## **QUALITY IMPROVEMENT PLAN**

### **ANNUAL ANNOUNCED INSPECTION**

#### **DYMPNA HOUSE STATUTORY RESIDENTIAL HOME**

**11 NOVEMBER 2008**

**NOTES:**

The issue(s) identified during inspection were discussed with Mr Cormac Coyle, Registered Manager and timescales given for addressing any requirements and recommendations made as part of the inspection process. Details are appended to this report.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's Minimum Standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients and residents.

The registered provider/manager is required to detail the action taken in response to the issue(s) raised on the form attached.

The Quality Improvement Plan is to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME:  
(print)

Registered Provider

NAME:  
(print)

Registered Manager

No.	REGULATION REF.	REQUIREMENTS	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)
1	Regulation 30 Ref 11.0	Confirm all incidents/accidents are notified to the RQIA without delay.	Immediate and advice on action on return of QIP.	
2	Reg. 20 Standard. 19 Ref 10.3	Confirm evidence of the recruitment processes and confirmation of staff identify and medical fitness is maintained within the home.	Detail action taken on return of QIP	
3	19 (2) & 20 (1)	Confirm the policy on the administration of Stesolid is revised.	Immediate and ongoing	
4	Regulation 20 (1) (b)	Inform the RQIA of the outcome of the staff representation to the Organisation and submit duty rosters for the month of December 2008.	30 November 2008	
5	Regulation 14 (1) (d)	Confirm First Aid training is in accordance with legalisation and appropriate training records to be maintained.	Detail action taken on return of QIP.	

No.	MINIMUM STANDARD REF.	RECOMMENDATIONS	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)
1.	Ref 11.0	Provide confirmation staff have received training on investigations and the recording of same.	Provide details in return of QIP.	
2.	Ref 10.5 Standard 24	Confirm the frequency of supervision has been reviewed and inform RQIA of the outcome.	Provide details in return of QIP.	

