

GENERAL INFORMATION

Name/Type of Home: Dympna House

Address: 143A Glen Road
Belfast
BT11 8 BS

Telephone Number: 028 9061 7837

**Registered Organisation-:
in-control** St John of God Association

Registered Manager: Mr Cormac Coyle (Acting)

Categories of Care: Mental Handicap. Associated physical
disablement – 3 places

Scale of Charges: £345 per week

Number of Registered Places 23

**Number of residents on day of
Inspection:** 20

Type of Inspection: Unannounced

Date and time of Inspection: 10th July 2006 (1.45 pm - 6.00 pm)

Date and time of last inspections: 6 December 2005 (2.00pm – 6.00 pm)
7 December 2005 (1.45pm – 6.00 pm)

Inspector: Mrs Maire Marley

INTRODUCTION

The Regulation and Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulations (Northern Ireland) Order 2003 to inspect Nursing Homes and Residential Care Homes. A minimum of 2 inspections per year are required and these may be announced or unannounced and may be undertaken at any time of the day or night.

The aim of the inspection is to measure the services being provided against current standards, which together reflect the quality of life of the people living in the home.

EACH SECTION OF THE INSPECTION FORMAT IS MEASURED AGAINST A SPECIFIC STANDARD. THESE STANDARDS ARE AS FOLLOWS -

1. **Quality of Care** - All care for residents is tailored to meet the residents' individual needs and wishes.
2. **Quality of Life** - Residents regard the home as a good place to live, where their preferred way of life is accommodated in accordance with the core values of rights, independence, choice, privacy, dignity and fulfilment.
3. **Quality of Management** - Managers have the resources to fulfil their managerial responsibilities particularly in relation to the quality of life of the residents within the home.
4. **Quality of the Environment** - The person registered shall, having regard to the size of the home and the number, age, sex and condition of the residents, provide an adequate physical environment which is clean, comfortable, homely, safe and which maintains independence in so far as is possible.
5. **Handling and Administration of Medicines** - Residents can be assured that the person registered has made adequate arrangements for the recording, safekeeping, handling and disposal of medicines, in accordance with the legislative requirements and guidelines issued by the registering authority.
6. **Finances** – Residents pay accommodation fees as required by the home's Scale of Charges and have the opportunity to look after their own personal monies. Any arrangements for the administration of personal finances are to the satisfaction of the residents, relatives or advocates and a complete record of transactions is maintained.

This report details the extent to which these standards have been met. Requirements/recommendations are made as a result of any deficits and to promote best practice. These are followed up during subsequent inspections.

FRAMEWORK FOR INSPECTION

A. Standards

Standard Sources referenced include:

- Homes are for Living In - HMSO
- Creating a Home from Home - A Guide to Standards Residential Forum
- Guidance on Standards for Residential Homes for Elderly People
- Guidance on Standards for Residential Homes for People with a Physical Disability
- Guidance on Standards for the Residential Care Needs of People with Learning Disabilities/Mental Handicap
- Guide to Good Practice
- Nursing Midwifery Council Standards
- EHSSB Medicine Guidelines
- HTM 84

B. Methods/Process

The Unannounced Inspection to Dympna House Residential Home took place on the 10th July 2006.

During the inspection process, the following documentation was reviewed:

- Accidents /Untoward Incidents
- Complaints
- Care records
- Care Plans

A walk around the home included a review of the following:

- The communal areas used by residents
- A sample of residents bedrooms
- The environment, including the kitchen and laundry areas
- Direct and discreet observation of care practices

The inspector had discussions with the following:

- Brother Finnian - Chairman of St John of God's Association
- Mr Cormac Coyle (Acting Manager)
- Nine residents
- Staff on duty

PEN PROFILE

Dympna House is a two storey building with a basement located on the Glen Road in West Belfast.

The accommodation comprises of twenty three single bedrooms which are situated on the first floor.

There are two lounges and an activity/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

PREVIOUS INSPECTION

A. Summary of Requirements and Outcomes

The Acting Manager confirmed the action taken with regard to the requirements made at the Annual Announced Inspection on 6th and 7th of December 2006.

The four requirements pertaining to the Quality of Care had been addressed, this was evidenced during the inspection.

The two requirements relating to the Quality of Life had been addressed.

The requirement relating to the Quality of Management directed that a manager should be appointed. The Inspector was advised that a Manager was appointed and was commencing post on 24 July 2006.

Work remains outstanding with regard to the glass roof in the conservatory. An improvement plan incorporating timescales should be submitted to the Regulation and Quality Improvement Authority.

B. Summary of Recommendations and Outcomes

Management confirmed the three recommendations made at the Annual Announced Inspection on 6th and 7th of December 2005 had been addressed.

SUMMARY

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

The visit enabled the inspector to become acquainted with the home, meet and greet residents and staff, and to assess care practices.

Due to the holiday period, residents were at home and during the inspection it was observed that staff facilitated some residents to attend a local hairdressers and prepare another resident who was going on a planned holiday with residents.

Residents consulted related they enjoyed attending their various centres and were content with the arrangements for socialising in the community. Several residents related they had enjoyed their holiday the previous week and outlined contact with their relatives and friends.

Information and advice was provided by the inspector on some practices which was observed. There were areas in identified care records which require further development, these issues are addressed in the main body of the report.

The review of staff duty rosters indicated that in the main, Dymrna House maintained the minimum staffing levels.

It was acknowledged that work to ensure compliance with regulatory requirements is ongoing and management agreed to further develop the Statement of Purpose and Resident Guide.

Improvements are required with regard to the cleaning and maintenance of the home and suggestions to further develop cleaning schedules were made.

The Inspector wishes to thank everyone for their warm welcome and open discussion throughout the inspection.

1.0 MANAGEMENT

STANDARD STATEMENT

Management have the resources to fulfil the managerial responsibilities particularly in relation to the quality of life of residents within the home.

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GENERAL:

Staff are not required to carry out excessive household duties to the detriment of residents care

STAFFING:

There are adequate numbers of competent staff with appropriate qualifications on duty.

TRAINING AND DEVELOPMENT:

The person in charge has received adequate induction and is aware of his/her responsibilities.

All staff receive the required regulatory training.

RECORDS:

Documentation required by the Residential Home Regulations (NI) 2005 is available and maintained in accordance with Regulation and Quality Improvement Authority standards.

Comments:

Mr Coyle continues in the position of Acting Manager, the inspector was advised that a manager had recently been appointed and was commencing duty on 24 July 2006.

The staff duty rosters for a four week period was inspected and indicated that the home was meeting the required minimum staffing standards. However, it was noted there was a shortage of care staff on the 15 July 2006 and the inspector was advised agency staff facilitate staff absences. Generally staff from the agency are familiar with the home and the routines.

It is required that a record confirming that the duty roster was actually worked is maintained by the home and changes made to the duty roster are recorded.

The inspector spoke to a care assistant employed by an agency. This member of staff was familiar with the protocols in the home and was knowledgeable in regard to residents' needs.

On the afternoon of inspection, management were involved in interviews therefore regulatory documentation pertaining to staff was not examined.

Perusal of accident records revealed the last recorded accident occurred on the 1 July 2006 and these records were deemed satisfactory. There were no recorded incidents since 9 November 2004.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Review of duty rotas.

Review of arrangements for cover in the event of staff absence.

Discussion with staff on duty.

Review of documentation as required.

2.0 CARE

STANDARD STATEMENT

All care inclusive of palliative care where relevant provided for residents is tailored to meet the residents' individual needs and wishes.

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CARE RECORDS/PLANS:

All records are retained in a safe and confidential manner.

All records are legible and readable on photocopies if required for litigation.

There is no use of snowpake/tippex.

Records are factual, consistent and accurate.

There is no use of abbreviations or jargon.

Records are accurately dated, timed and signed with the full legible signature of the person completing the record.

There are individual care records for each resident.

Planned care is specific to meet identified need and takes into account the physical, emotional, psychological, social and spiritual needs of the resident.

Planned care incorporates appropriate risk assessments which include

- Skin care
- Manual handling
- Fall risk
- Nutritional care
- Continence care

There is a daily statement (nursing homes), regular statement (residential homes) of the residents state of health and general condition and response to nursing/care interventions.

All accidents and incidents are recorded in care records.

All dates and times of contacts and visits made by medical staff or other professionals are recorded and outcomes noted (this includes a record of refusal to visit).

Evaluations are carried out as detailed in the nursing/care interventions and summarise the residents' overall response to care.

Planned care is revised as a result of re-assessment/evaluations/reviews in accordance with residents' changing needs.

Comments:

All residents have individual care plans which are retained in a safe and confidential manner. Four were selected at random for inspection and the names of residents whose records were reviewed identified to the Senior Care Assistant responsible for the home on the afternoon of inspection.

Care documentation incorporated assessments based on the activities of daily living which is deemed a nursing model. The Inspector was informed these systems are currently being reviewed.

The following improvement recommendations pertaining to identified care records are made;

- Residential care assessments and care plans should reflect a person centred approach
- Resident's daily routines should be included in care documentation
- One identified care plan should be reviewed regarding a resident's toileting needs
- Resident's involvement and participation in the assessment and care plan process should be clearly evident
- Care documentation should evidence the promotion of independence

CARE PRACTICES

During the inspection staff were observed assisting residents with a variety of tasks in a discreet dignified manner. Interactions were noted to be respectful and appropriate and the inspector was satisfied residents were cared for in sensitive caring surroundings.

The inspector spoke to a community nurse attending to a resident. This nurse reported the home communicated effectively and referrals were appropriate and timely and care recommendations were completed satisfactorily.

The need for a policy on Intimate Care was discussed and agreed with staff.

PERSONAL CARE:

Personal toiletries are available for all residents.

Residents retire to bed at a time of their choice.

Residents usual rising and going to bed times are reflected in their care plans.

Residents are encouraged as far as possible to be independent.

Call bell leads are appropriately placed for residents to call for assistance.

Residents who were observed appeared to be comfortable and well cared for.

There are appropriate stocks of all necessary equipment and supplies to meet individual care needs.

PROMOTION OF CONTINENCE/MANGEMENT OF INCONTINENCE:

Continence is actively promoted and incontinence is appropriately managed.

PREVENTION AND MANAGEMENT OF WOUNDS:

There is evidence to suggest that good skin care is promoted.

RESTRAINT:

The use of restraint is appropriately managed and documented in line with the homes written policy.

INFECTION CONTROL:

There are appropriate arrangements in place for the control of infection.

Comments:

During the tour of the building it was observed aids used for incontinence were very visible. The inspector suggested these should be discreetly stored to promote residents' dignity and respect.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

- Observe the positioning of call bell leads.**
- Call bells are answered promptly.**
- Observe the location of residents and their appearance.**
- Discussion with staff.**
- Review of care records as required.**
- Review of equipment and stores.**
- Review of policies and procedures as required.**

3.0 NUTRITION

STANDARD STATEMENT

All residents' mealtimes are enjoyable, leisurely, dignified occasions. The dietary intake is nutritious, choice is available and all meals are served at an appropriate time.

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DIETARY INTAKE:

Arrangements are in place to ensure adequate fluid intake for all residents during the night.

Residents are offered a hot drink as desired.

Residents are provided with drinks and snacks throughout the evening/night as desired.

Evening meal/supper times are flexible to suit individual choice.

There is an adequate quantity and variety of foods available.

Staff supervise/assist residents appropriately.

Comments:

The inspector spoke to the cook who related she was from an agency and it was her first day in the home. The cook advised directions had been left for her regarding the meals and care staff advised of individual residents' likes or dislikes. The cook was unaware of the whereabouts of the menu or other records pertaining to the kitchen and it was recommended an induction should be provided for agency staff unfamiliar with the kitchen.

The main meal due to be served in the evening consisted of gammon, potatoes and vegetables.

Fridges and stores were observed to be amply stocked.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Review of menu

Observation of kitchen stores

Discussion with staff

Discussion with residents as appropriate

Review of care records as required

4.0 ENVIRONMENT

STANDARD STATEMENT

The person registered shall, having regard to the size of the home and the number, age, sex and condition of the residents, provide an adequate physical environment which is clean, comfortable, homely, safe and which maintains independence in so far as is possible.

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GENERAL ENVIRONMENT:

The home is adequately heated.

The home has good natural and mechanical ventilation.

The lighting is adequate.

There is an adequate supply of hot and cold water.

HOUSEKEEPING:

The home was clean, tidy and odour free.

The kitchen was tidy and well organised.

HEALTH AND SAFETY:

Fire doors are not wedged open.

Fire exits are clear.

The areas of the home inspected were free from any obvious hazards.

Comments:

It was acknowledged the Organisation responded positively to requirements made at the Annual Inspection in December with regard to the environment. Some work remains outstanding and Management are requested to submit an Improvement Plan to the Regulation and Quality Improvement Authority incorporating proposals for the completion of work.

This Improvement Plan should provide information regarding the redecoration of identified bedrooms from this inspection and of the proposed completion date of the work undertaken to repair the flooring on the first floor outside the lift.

The following areas are also summarised as requiring improvement:

- ***Cleaning schedules should be reviewed and daily cleaning tasks clearly identified and the monitoring arrangements for cleaning implemented.***
- ***Pillows in identified bedroom should be immediately replaced***
- ***Arrangements for replacing duvets and duvet covers which require daily laundering should be reviewed.***
- ***Where bathroom work was ongoing work should not be used until work has been completed***
- ***Toilets on the first floor required immediate attention to eradicate odour***
- ***Fans in toilets require cleaning***
- ***Clinical waste should be appropriately and regularly disposed of***
- ***Disabled shower requires to be deep cleaned***
- ***The kitchen floor and toaster requires to be cleaned after use***
- ***Bins should also be regularly emptied***

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Observing:

Standard of cleanliness and odour control.

Catering Facilities

Temperature of all areas inspected.

Lighting.

Fire exits.

Discussion with staff

Discussion with residents as appropriate

5.0 QUALITY OF LIFE

STANDARD STATEMENT

Residents regard the home as a good place to live, where their preferred way of life is accommodated in accordance with the core values of rights, independence, choice, privacy, dignity and fulfilment.

CRITERIA

RESIDENTS APPEARANCE:

The residents' appearance is acceptable.

Residents' clothes are changed when stains/spillages occur.

Residents wear their own clothing.

Residents' clothes are in good repair and the clothing is appropriate to the environmental temperature.

Every reasonable precaution is taken to prevent the loss of personal clothing.

Comments:

Residents were age appropriately dressed and different residents spoke of the arrangements for shopping and spoke of helping to do their own laundry.

RESIDENTS ACTIVITIES:

Residents have the opportunity to participate in evening activities if they wish.

Residents who are able to and wish to go out are enabled to do so.

Residents are encouraged to take an interest in current affairs and events.

Comments:

The inspector was introduced to the majority of residents residing in the home and observed several residents relaxing in the sitting room watching television. Other residents were in their rooms listening to music or resting. Some residents were involved in recreational activities provided by a volunteer. The inspector spoke to this volunteer who advised she was offering a range of activities to occupy residents who were at home due to the holiday period.

Several residents had enjoyed their holiday the previous week and residents outlined their contact with relatives and friends.

Staff facilitated some residents to attend a local hairdressers and prepare another resident who was going with relatives on a planned holiday. It was noted two residents were in dressing gowns and discussion centred on these practices and advice provided to staff by the Inspector. Observations and discussions with residents confirmed that they have a choice regarding their routines and some spoke of going to the local shops, day care or clubs.

An incident involving two residents was discussed with senior management and resulted in the inspector advising such an incident should be considered in keeping with the Health and Social Services Trust Policy on the Protection of Vulnerable Adults. Management should ensure strategies are implemented to minimise such incidents.

Residents spoken with confirmed they were satisfied with the care provided, were complimentary in their comments regarding staff and related they enjoyed the food provided.

RESIDENTS FACILITIES:

Newspapers, magazines are available.

There is access to radio and television and residents' programme preferences are facilitated. The television is used by arrangement with the residents.

There is access to a private telephone where residents can make and receive a call in private.

Comments:

Residents spoke of the different television programmes they enjoyed watching. The majority of residents have personal televisions in their rooms and enjoy access to the television in the sitting rooms. A communal video recorder is available and there was evidence of a collection of videos. Some residents have their own music centres and the different music tastes were noted. Staff are requested to undertake a risk assessment regarding the leads of the music centres in one sitting room to ensure they do not present a health and safety risk. Residents have access to the telephone. The inspector was advised that management are developing a Resident's Guide in keeping with the Residential Care Home Regulations. It is anticipated this will be available at the next inspection.

RESIDENT EMPOWERMENT:

Residents can exercise choice and control in all aspects of daily living in as far as it is possible.

Relatives, friends, volunteers are used where possible to ensure social networks are continued.

Residents can receive visitors in private.

Resident's bedrooms are personalised.

Residents have the opportunity to worship according to their faith.

Comments:

Residents who wish may attend their place of worship on a Sunday and there are no restrictions on visitors to the home. Each resident has individualised their bedrooms, those inspected were comfortable and suitable.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Review care records if necessary.

Review laundry services if necessary.

Observe bedrooms for memorabilia etc.

Observe telephone and its location.

Observe activity in home at the time of inspection.

Observe appearance of residents.

The availability and use of papers, magazines, radio and television etc by residents.

Conversation with residents, relatives, advocates and staff.

REQUIREMENTS

REQUIREMENTS		TIMESCALE
1	<p>Confirm identified care plans are revised as detailed in report.</p> <p><i>Residential Care Homes Regulations (Northern Ireland) 2005. Regulation 16 (2) (b)</i></p>	30 September 2006
2	<p>Ensure a record of whether the duty roster was actually worked is maintained, and changes are recorded on the roster.</p> <p><i>Residential Care Homes Regulations (Northern Ireland) 2005. Regulation 19 (2) Schedule 4, 7</i></p>	30 September 2006
3	<p>Ensure incidents discussed are considered, in keeping with the Health and Personal Social Services Trust Policy on the Protection of Vulnerable Adults.</p> <p><i>Residential Care Homes Regulations (Northern Ireland) 2005. Regulations 14 (4)</i></p>	Within one week from date of inspection
4	<p>Confirm a resident guide is in place and available for inspection.</p> <p><i>Residential Care Homes Regulations (Northern Ireland) 2005. Regulation 4</i></p>	30th September 2006
5.	<p>Confirm a statement of purpose is in place and available for inspection.</p> <p><i>Residential Care Homes Regulations (Northern Ireland) 2005 Regulation 3</i></p>	30th September 2006
6.	<p>Confirm an induction programme for agency staff deployed in the kitchen is in place.</p> <p><i>Residential Care Homes Regulations (Northern Ireland) 2005. Regulation 20 (2)</i></p>	With Immediate Effect

7.	Submit an Improvement Plan detailing as highlighted in section 4 of this report proposals required to improve the environment. <i>Residential Care Homes Regulations (Northern Ireland) 2005. Regulation 27 (1)</i>	30th September 2006
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RECOMMENDATIONS

RECOMMENDATIONS		TIMESCALE
1	Ensure a policy on Intimate Care is devised and available for inspection	30 September 2006

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 Board would apply standards current at the time of that application.

After each inspection a notice will be displayed in the Home to advise that the report of the inspection is available.

Enquiries relating to this report should be addressed to:

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

Mrs M Marley
UNIT INSPECTOR

DATE

UNANNOUNCED INSPECTION

I agree with the following requirements/recommendations (e.g. numbers 1, 3, 5, 7) of the unannounced inspection undertaken on 10th July 2006 which will be implemented within the timescale set:

Requirement Numbers: _____

Recommendation Numbers: _____

Please make comments on any recommendations/requirements not listed above:

Please provide any additional comments or observations you may wish to make:

Signed: _____
Registered Manager

Signed: _____
Registered Person in Control
(or Designated Person in Control)

Name: _____
(Print)

Name: _____
(Print)

Date: _____

Date: _____

DATE RECEIVED	SIGNATURE OF INSPECTOR