Name of Facility/Service……Dunmurry Manor……Completed by Jacqui Lowry / [redacted]

Date……25th June 2018……

Methodology:

- Meeting with Dunmurry Manor Registered Manager-
- Observation of care delivery in Residential and Nursing Units
- Discussion with Senior Carer and Care staff within Residential Unit
- Discussion with Nursing staff on 1st Floor
- Discussion with Agency staff and Care staff on first floor
- Discussion with [redacted] families regarding current care in Dunmurry Manor
- Discussion with residents on Residential and Nursing units
- Sample of 5 Resident care files undertaken
- Observation of MARS charts and Pharmacy Stock

Early Indicators

1. ***Positive physical environment-***comment on evidence.	The Home presented as clean and well maintained, with no evidence of odour in any of the units. Residents appeared comfortable despite the warm weather and drinks were available in all of the living rooms. The furniture appears to be appropriate and well maintained. One resident's carpet was observed due to previous identification of spillage and odour from enteral feeds. The carpet had been freshly cleansed over the weekend and there was no evidence of malodour. Bedrooms visited were personalised to the resident's interests and bed linens were fresh and clean.

	Residents were noted in the residential unit to be supported by the activity co-ordinator who was applying sun cream and sun hats as a story teller was attending and due to the weather would be outside in the garden. The garden was observed to have evidence of previous activities from golf and gardening and residents participate in the care and feeding of chickens kept in the garden. There is evidence of clear signage across all units
2. ***Adequate staffing levels, behaviours and attitudes that support person centred practice*** comment on evidence.	At the entrance there is clear documentation outlining staff on duty in all units. There is evidence of 4 agency staff on duty across the home. At present there is 11 care staff due to commence within the home, however 3 have withdrawn the offer of employment due to recent Media attention following COPNI report. All agency are block booked and evidence was available, [redacted] member of staff upstairs in the 25 bedded Nursing unit was on [redacted] first day and appeared unsure regarding [redacted] role. This was reported to the manager. There was evidence of good staffing levels across all floors. The manager advised that the 25 bedded unit upstairs were a staff member short this morning, this was reflected in breakfast running late and residents am medication being completed at 11.50am, this was again reported to the manager and assurance given that the residents within that unit, no one required lunchtime medication therefore there was no overlap in administration. This will be communicated to the CReST Practitioner and particular attention made on monitoring within this unit. Each nursing unit has 1 trained member of staff on each shift with 4 care staff to support. On observation this appears to currently meet resident's needs. All units appeared settled with no evidence of distressed behaviours and all residents engaging. It was noted that [redacted] n receipt of 1:1 this was noted to currently be in use with good effect, the [redacted] n question [redacted] had no further episodes of challenging behaviour or falls.
3. ***Positive person Centred Care*** - comment on evidence.	All staff appeared pleasant and showed good and appropriate interaction with residents. One gentleman approached the senior carer in the

	residential unit and greeted her good morning with a kiss on the cheek. Staff observed appeared familiar with residents and of their needs. All residents with SALT recommendations have place mat in dining room with personalised recommendations as prompt for all staff. No evidence of restrictive practice in relation to one resident that CReST are currently working with staff to manage challenging behaviours. Care Plans reviewed showed evidence of regular updating; whilst some were repetitive they did reflect the needs of residents.
4. ***Open culture*** **-** comment on evidence.	Whilst visiting the home there was evidence of many visitors who called to the home. Those spoken to were complementary of the care and spoke of how happy their relatives were living in Dunmurry Manor. They expressed concern regarding the negative impact the recent COPNI report had attracted to the home and the impact upon staff. They were keen to point out that this was historic and did not reflect the home today. RQIA facilitated a residents meeting within the home on 21st June which appears to have been well attended. Staff spoke of the level of training that they received in relation to SALT bespoke, to the needs of the residents, with staff being given the opportunity to experience the sensation being fed and given different types and consistencies of food. Staff are encouraged to fortify meals and drinks throughout the day. The SET Dietician visits monthly and engages well with staff. There is evidence to show engagement with local PSNI Community Officers following disruption shown against the home and staff. The manager reports that bottles have been thrown at staff and death threats made since publishing of the COPNI report. Staff are welcoming and engaging and advised that they were grateful of the BHSCT extending their support by visiting.
5. ***Competent, safe care*** **-** comment on evidence.	Whilst visiting it was evident that dementia management strategies were in place and deployed by staff. They demonstrated an understanding of individualised needs. The introduction of the 1:1 for [redacted] had reduced [redacted] falls from 25 to 0 since introduced. The carer facilitates the [redacted] in her desire to mobilise around the unit; she sings and reads with her. A further resident was observed in bed where the bed was positioned at

	the lowest point and a crash mat was in place, this ladies risks had been appropriately identified and actions taken to reduce risk. There was evidence that the ladies family had been appropriately communicated with. Care plans observed were appropriate and reflected the needs of residents. Weights are recorded regularly and in keeping with Dietician recommendations. Accurate recording of fluid intake was noted. In the 15 bedded nursing unit we discussed and observed medication management. There was evidence of staff checking daily, weekly and monthly the management and safety of clinical equipment.
6. ***Effective management and leadership–*** comment on evidence.	On visiting today unannounced the home manager was onsite with senior staff within the residential unit and one member of nursing staff in charge of each of the nursing units. Staffing appears to be stable across the management team. All staff spoken to were complementary regarding the leadership of the manager and describes her as vocal with senior management should the home require any additional support. Whilst there were no negative comments regarding the previous senior management of the organisation each member of staff reflected the difference since senior management changes occurred. There appears to be no restrictions or challenges in ordering equipment and evidence in place of new medicine management with a change to pharmacy who undertake audits within the home, last one completed 31/5/18. All unit staff appear knowledgeable in relation to the residents under their care. The manager is confident and able to clearly describe the most challenging residents care needs. She was able to report the challenges within the home and staffing levels on the morning of the visit.
7. ***Culture of Strong supervision/governance*** - comment on evidence.	Good evidence observed in relation to staff handovers and communication at all levels. Staff spoken to are aware of their requirements to notify the Trust regarding Adverse Incidents and APG referrals. Staff reported that they will not allow for the home to deteriorate and know how to escalate concerns to senior management, RQIA and the Trust. Records are available and in keeping with Data Protection Policies.

8. ***Good service design/ placement planning & commissioning.***-comment on evidence.	Staffing levels appear to currently meet the needs of residents within the home. All required equipment is in place and records reflect that it is monitored. There are no concerns regarding the current residents require an alternative category of care. Since the division of the 2 nursing units upstairs staff report that it is more manageable, however there is no deprivation of residents liberty due to the closure of the unit. It appears more homely and in keeping with best practice guidelines for dementia care.