Interim Report

Review Visit to Dunmurry Manor, 2A Hazel Avenue, Dunmurry, Belfast

28th and 29th May 2018

Introduction

1. Appendix A is a report of a review visit to the Dunmurry Manor (DMCH) as an underpinning aspect of a 'rapid safeguarding review[1]' commissioned by the Department of Health (DH) related to the Commissioner for Older People for Northern Ireland (COPNI) investigation into the home. The review team and DH agreed that it was important to provide independent evaluation and assurance on the current standards of care and support being provided at DMCH given the impending adverse findings from an imminent COPNI report.
2. The review visit took place between 11:00 am and 6:30 pm on Sunday 27th May and 9:00 am and 6:00 pm on Monday 28th May. It was undertaken with the consent of the responsible individual[2] for the owners Runwood Homes Ltd and involved the registered manager[3] at short notice. Their assistance in facilitating the review visit was appreciated.
3. The report is set out in sections as follows:
    - Methodology
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1 The review terms of reference are to:
- Establish the facts with regard to the safeguarding and care issues identified during the COPNI investigation
- Evaluate the actions taken by the relevant Health and Social Care Trusts in response to such issues
- Consider the communication and information sharing between the relevant bodies engaged
- Make any recommendations for improvement as may seem appropriate.

2 Group Director of Operations, Gavin O'Hare-Connolly

3 Julie McKearney

- Conclusion and recommendations

Methodology

4. To undertake the review Pat Bailey[4], a senior associate with the CPEA Ltd team:
    - Toured around the home on several occasions at different times during the days of the visit
    - Observed meal times
    - Observed medication rounds on the residential and nursing units
    - Conducted discussions with:
        - the homes manager and residential care manager
        - staff at all levels and the lead Housekeeper
        - a visiting relative
        - two residents
        - a visiting community nurse on the residential unit
    - Reviewed six computerised records, rotas, RAP record and daily allocation sheets
    - Reviewed all Regulation and Quality Improvement Authority (RQIA) inspection reports

The Review Visit to Dunmurry Manor

Background

5. Dunmurry Manor was registered in the categories of both Nursing Home and Residential Care for people with dementia in 2014. It is registered to accommodate 76 older people with nursing (40) or residential care (36) needs. It is sited on a busy residential estate with local facilities and a church nearby.
6. The residential units can accommodate 36 people and are on the ground floor of the home. There are 18 beds on each of Seymour and Cedar units. The nursing units can accommodate 40 people and are on the first floor across two units. Hill has 25 beds and Rowan 15 beds. The homes manager has divided the floors with communal areas in the central area and units to the right and left of the floors. There is a large day room but smaller ones across the units along with dining areas. The units are accessed by a lift using a security code as part of measures in place to support the resident's safety.
7. There is a Registered Homes Manager, Residential Unit Manager; each nursing unit has a Unit Manager, Registered Nurses and Care Assistants. In the residential units there is a Care Team Leader, Senior Care Staff, Care Assistants with a wide range of staff in back office and support roles. The home is supported by a wide range of staff from the organisation. The Group Director of Operations is actively involved along with trainers and human resources staff.
8. RQIA reports since 2014 show the home went through difficult times resulting in the many inspection visits from the care inspectors, pharmacy and estates. There were additionally weekly visits from professionals from commissioning Health Trusts who carried out audits.

[4] A short profile of Pat Bailey is included at the end of this appendix

9. There has been a high turnover of managers. A consequence was that the home experienced difficulties in maintaining standards and compliance. A new manager was appointed and started work in May 2017 and was registered by RQIA in August 2017. She immediately focused on the areas of non-compliance and developed a good working relationship with the lead inspector (RQIA). Further inspection visits followed in May, June and July 2017 by which time the home was compliant and had met all outstanding issues. A condition placed on the home in April 2017 restricting the admission of new residents was lifted in July 2017 and a new registration certificate was issued. There was a further inspection in January 2018 by RQIA which identified full compliance with one area of improvement about the recording of information relating to catheter care and specifically the serial code/batch number of any new catheter used.
10. It is well evidenced in the RQIA inspection reports and from comments made during the visit by staff, visitors and residents that the home has been consistently improving since the new manager has been in post. The manager has developed a strong team of senior staff with a residential care manager and a senior nurse who act as a deputy in the managers absence.
11. During the visit the staff, without exception, discussed the style and leadership from the manager and how her inclusive approach has achieved compliance at the home. However, whilst the improvements were being addressed, the managers described how there was still considerable pressure on the home relating to the role of the Trusts.
12. The home currently has 71 residents. There are five vacancies, two on residential and three on the nursing units. The home started to admit new people in August 2017 and are pleased with the number of enquiries and referrals made during the past few months.

General overview of the home

13. Dunmurry Manor is purpose built and this shows with the wide corridors and spacious bedrooms that are en-suite with showers and toilet. The home is very light with lots of windows that oversee the streets, road and people attending the church. The reception area is accessed through the front door, it is welcoming and has relevant information about the home. There is a signing in book for all visitors and then a secured door with a code. Regular visitors to the residents have the code and, after signing in, can freely enter the home. These safety measures are to support the home with the monitoring of visitors and enable residents to safely move around the home without being able to leave the home on their own which may pose individual risks.
14. There were very good standards seen within the home such as cleanliness, appropriate décor and pictures that creates a feeling of homeliness and comfort for the residents. Bedrooms were viewed from the door and reflect personalisation and staff say families can bring items into the bedrooms for residents. Some rooms had lots of photographs and smaller items which staff say people bring with them.
15. The large ground floor sitting room has many armchairs in rows, a television and access to an outdoor area. Staff say residents appear comfortable with this arrangement and move around the units as they wish to. Several residents were seen in smaller sitting rooms/areas. There

is a tea room that is used by everyone and visitors and this room seems very popular. It is light and airy, comfortable and well furnished. One family visitor was sitting with her mum and supporting her to have her lunch. A visitor was seen with his partner (resident) supporting her with a drink. He was highly satisfied with the standards of care and support. He said: ***I am always made very welcome, my wife always looks lovely and nicely dressed, this home has made a huge difference to both of our lives at this time and I am very satisfied with everything. The staff work very hard and I see them - how they do their job - patient and kind, I have no worries about my wife being here. I know they will contact me if she is ill.*** **He talked about:** ***it is very difficult with this dementia, but I trust the staff, they always ask about how I am, I come here most days and have no concerns.***

Approach to Care

16. Generally, there was a relaxed and calm atmosphere, residents were seen interacting with each other, some were walking about the units and some people were in their bedrooms. Staff were seen interacting with the residents in a respectful, sensitive and appropriate way. They were observed enjoying 'banter' with them and welcoming the residents visitors in a very warm way. Residents were appropriately dressed and looked well cared for. Call bells were answered promptly and were not sounding for long periods.
17. On the residential units both staff and two residents told me about the hens in the garden area and how interesting they are. Information gathered from the residents was about 'meaningful days'. Both said there are a wide range of activities available in addition to watching television or listening to music and chatting with the staff
18. It was pleasing to see that residents are not 'nursed or live out their lives in their bed'. It is important to recognise that people continuously in bed can see 'their world shrink' and become disengaged. In discussion with staff it was reassuring to hear comments such as: *we would always try to get people up and sitting in their room dressed in day clothes/people only stay in bed if they are unwell or make a choice, but it is different every day/if people are very ill and need end of life care then we visit and sit with them/we do regular checking visits/we leave radios or television on.*
19. At the time of the visits there were two residents currently in bed for long periods. One person was described as 'end of life' and having many visitors. The other person was very frail and has periods of the day in bed. There was one resident who has mobility difficulties who is 'in and out of bed' and at times can present with difficulties. This person has been referred to the Trust for more one to one support, but this is not forthcoming yet. The staff have good information and know how to react and respond but are rightly concerned.
20. The residents have varying degrees of cognitive difficulties, associated with their conditions, and how this presents can vary with each person. Staff told how they support residents to make choices in their daily lives, such as clothes they wish to wear if they want to stay in bed for a 'lie in' and if they want to walk about the unit and their choice of meals. It was evident that the staff seen know the residents well but there was still conversations and choices offered. Residents were walking around the home and staff were keeping '*an eye on them'*.

Staff said it was important to support people with mobility and this demonstrated staff were not risk averse in this area, although there was an awareness of the balance regarding consequences of falls. One staff was supporting a resident to the toilet and this was done very discreetly with no fuss, unhurried and whilst walking to the toilet there was a conversation between the two of them.

21. Staff discussed the training they receive in relation to understanding the approach to care for people with dementia. They work with residents and families to compile information about 'A Life Worth Living and a Story Worth Telling'. This information supports a personalised approach and provides staff with information about the individual. Several residents were seen clearing tables and in the tea room one person was washing up the dishes and staff were actively supporting this approach. Two residents were seen holding dolls and, from discussions, it is suggested that staff may be unsure of some of the benefits with this approach. Underlying the approach was the importance of treating everyone with dignity always. This was successful and observed in the relationships between staff and the residents.
22. An area discussed with staff was the management of people who may be come agitated or restless. They referred to the dementia training they received and the 'distressed reactions'. Many staff knew about redirection and changing the subject to ease the agitation. However, it was unclear how staff would manage if the situation escalated. In some of the records it was seen that X had a distressed reaction today. It is important that staff describe the actual behaviours and presentation. There was little information about how to manage a resident presenting more complex behaviours that may lead to physical behaviours. Staff were uncertain, and it is advised that training in managing physical difficulties supported by a clear management behaviour plan and risk assessment could be helpful.

Safeguarding

23. Keeping people safe is a fundamental part of good care and it is important that this is seen completely and not a 'standalone' part of a care provision. Observations throughout the visits showed staff related to residents in an appropriate way that demonstrated their values in respecting and caring about the individual residents. This approach was confirmed by the visitors and residents with expressions such as: ***I trust the staff and I feel safe here***. The care practice and relationships that staff have with the residents and each other provide a solid base and are aspirational for each resident. However, it should be remembered that group living can bring about difficulties between residents which have the potential for unsafe practice.
24. It is therefore important that staff are supported with effective training and early reporting of issues of concern, particularly the management of difficult behaviours. There is confidence amongst the staff and everyone spoken to say they will report their concerns about care practice and now have trust in the management of the home to act upon it. The staff all spoke of how they have received training on safeguarding and are familiar with the processes and know what they need to do if they have any concerns about the standard of care. They were

familiar with what they had to do according to their roles and responsibilities. The manager has started to share learning from safeguarding issues at the staff meetings.

25. The leadership at the home supported an open and honest culture from staff that is about minimising risks and not taking control away from people. When mistakes are made, they are discussed in an open way and a learning approach is used to further create safe services. The daily flash meetings and detailed handovers and audits provide for early recognition of issues with good follow up action.
26. The managers report they are notifying all incidents and concerns and acting within the services - both in a timely way. The physical aspects of keeping people safe such as security within the home is in place. Staff have received training in working with people with dementia with early recognition and redirection and they seek support from senior staff if they need to. Senior staff say they observe practice and use role modelling, coaching and professional challenge increasingly as part of their approach.
27. During the visit there was no evidence or concerns about the practice of the staff in working with the residents. There was awareness of the security and codes of the lifts and external doors and the reasons why. There was a 'protectiveness' shown but at the same time as one staff said: you *cannot wrap people up in cotton wool*. Staff were familiar with risk assessments and how to use them, but more work can be done to establish the positive benefits of taking risks that could lead to enhanced quality of life.
28. The residential care manager provides supervision to all the staff in the residential units and covers issues such as safe care in these meetings. At times, some issues of safeguarding can happen without prior knowledge, the senior staff then need to demonstrate how the situation is managed and dealt with in a timely way; with support provided to the resident and action taken with timely reporting. There is an increase in monitoring and support when it is needed if a resident is particularly agitated or is unwell. Additional aids have been put in place such as the use of alarm mats and closing some bedroom doors to minimise and prevent some situations.
29. During the visits Dunmurry Manor was assessed as being a safe place for people to live quality lives. The leadership and management of the service are fully aware of what they need to do to strengthen and continually improve this across all areas of care and support. The staff discussed how they feel supported and increasingly feel listened to. The continued approach to care such as good and safe standards of the environment, appropriate staffing levels, dignity being a key part of the care **(one staff said: *we see the residents as people with a story to tell about their lives* and *not just people with dementia*)** provide a good value base and will continue to support the residents to be safe.

Mealtimes

30. There are dining rooms in each of the units with groups of people eating together. Some residents choose to have meals in their bedrooms and staff provide this. The meals are served from a heated trolley. Staff were observed wearing coloured aprons and showing two meals to residents from which they could make a choice. On one of the lunch time meals there was

a choice between pork and turkey with the same vegetables. These meals looked the same and would be difficult for some residents to make a real choice. At other times the meals shown to residents were different. The room was calm, staff were sitting supporting residents and residents were seen to be chatting to each other. There were drinks available and it was a calm and leisurely experience. Residents were not sitting too long waiting for their meals.

31. There were no menus available and it would be helpful for residents and staff to know what the meals are in advance. Comments about the quality of food from visitors, residents and staff all talked about the high standards of the food provided and there were always choices offered and plenty of snacks and drinks available. The home has a tea room where visitors and families can make drinks and have a meal with their relative. This was a very relaxed and comfortable setting. It has views to the church and the roads and there felt a connection with outside life. It was pleasing to note the breakfasts were very leisurely and unhurried and residents were coming in and out of the dining room. **One resident said: *we can get up when we want to and there is always drinks and breakfast available, my partner is here and they look after us so well, nothing is too much trouble for the staff.***

Administration of medicines

32. Two medicine rounds were observed in the nursing and residential units. The morning round starts at 10.00am. Most medicines are in a multi-dosage system, the staff were observed to be administering and immediately recording. There appears an expectation that all tablets in the original packaging are balance checked on each administration round and this took a lot of time. The medicine rounds appeared to take a long time, staff kept a list of order in which medicines were administered to ensure no-one was missed.

Observations of the records

33. The resident's records are computerised, and staff report how this has helped with the standards. The daily entries are made by the nurses and care team managers. It appears care staff do not make the daily entries but report them to the senior staff. The entries viewed were all appropriately written and informative but generally were tasks or health focussed. The nurses and senior staff carry out monthly reviews of all the care plan. Many of these entries were similar or the same and staff commented on the problems with the frequency as there may have been no changes. Some of the layout of the plans were from a 'dropped down boxes' and phrases used were the same. There was clear evidence of follow up actions and timely requests for visits from GPs and allied health professionals. Whilst the care plans were compliant and, in many areas satisfactory, at times they did not always reflect the personalised approach that was so evident in practice.
34. Some records were in paper format such as fluid and food charts, weights and observations. The format for these appeared very 'busy' as they were all on one page with no specified target for fluids, food and weight. This information was on the computerised records but not always transferred to the paper copy. It may be beneficial to review some aspects of these records.

35. A discussion took place with a visiting community nurse on the residential unit. She had been visiting the home for some time but did not visit every day. She was happy to talk and said the home is very good, the care of residents is seen in their appearances and their demeanours and she had never seen any poor practice or issues of concern. Staff were always available and the equipment she needed was always available. She had no concerns and felt the staff and management were visible and always approachable.

Summary of the visit

36. The general observations over the two days showed a staff team who worked in a caring and supportive way with the residents. There was evidence of kindness and thoughtfulness with the interactions between staff and residents along with laughter and exchanges about the day and the weather. There was a consistency in the approach noted over the two days and **staff repeatedly said the residents: *have to come first*.** There was no evidence or observations from this visit that residents are unsafe or at risk, no unacceptable practices were seen, and residents appeared contented, well cared for and comfortable. There were timely requests made to the GP and others health professionals and regular contact with families.
37. The communication with residents was appropriate and the support for residents who were becoming noisy was calm with the staff remaining composed was successful. Caring for people with varying levels of dementia can at times be difficult and it may help the staff to receive further training in managing the more difficult aspects of behaviours.
38. The management of records, both computerised and paper, may need to be kept under review to ensure the practice of care is fully reflected in a personalised way. The daily entries could be more balanced and reflect what kind of day the resident had and not just the tasks completed.
39. Information provided by visiting nurse, relatives, residents and staff all demonstrate a service that is working very well for the residents and is providing a good standard of care and support and providing residents with a good quality of life.

Management and Leadership

40. It is widely acknowledged in the residential care sector that the role played by registered managers and their style of leadership is an important variable in the standards of care provided. Many staff said that the previous problems at the home came about because there were too many managers with different styles and many did not stay very long.
41. **The overwhelming message received from staff and a relative was that the style and approach of the current homes manager and residential care manager was positive, and the manager is: *making a difference, knows the residents and the staff, is very approachable, walks around the units and helps out if needed.* Other comments from staff were about feeling supported in the work, listened to if they make suggestions and overall everyone spoken with said the home: *is and has made the improvements needed and continues to improve together*.**
42. When staff were asked what had made the difference, comments were:

- *Separating the floors into smaller units,*
- *Improved staffing levels with more permanent staff,*
- *Managers visible on the floors,*
- *Learning from mistakes is shared and improved communications throughout the staff team.*

43. There was realism in the comments from staff who had worked at the home for some time such as: *the need for home to continuously improve and changing to meet personalised and individual needs of the residents.*
44. The management style expected from all in a supervisory role is being developed as a coaching and role modelling the care to be provided.
45. The changes discussed involved setting up new systems such as improving the handovers that provide detailed information about the residents. The RAP record (Report, Action, Plan) is about reporting changes in residents needs, acting on them promptly and them making the plans that need to be in place. It was reported to be working very well and supported by a form called Actions/Events during the shift and actions to be carried forward. This includes issues of personal care, safeguarding, complaints, GP and MDT visits. It is comprehensive, and staff report it is not too arduous to use. The home may need to use bedroom numbers instead of names regarding safety of personal information. The allocation sheet used in the residential unit sets out duties in fifteen minutes slots and demonstrates routines of the day and evening. Whilst this sheet may be helpful for core routines it may need to be reviewed to ensure it does not become too task and time focused.
46. The managers discussed the difficulties experienced over the past fourteen months and the pressure from the external visits. They consider that information requests from the commissioning Trusts have necessitated senior staff undertake photocopying and document organisation which has taken time and space away from residents.
47. The managers are fully aware of where they are at with the improvement programme and talked about how they prioritised the emphasis on the 'cultures' within the home and providing clarity on their roles. It was felt by staff and new managers that the approach had become a '*blame culture'* and at times staff say they did not feel supported. There is good evidence this has changed and the approach for everyone at the home is: *being part of a team and working in a responsible and accountable way with the home now having a learning culture.*
48. The two managers and senior managers on the units are satisfied with the recruitment of staff and the deployment of staff, saying workforce issues are always reviewed actively.
49. There has been an improvement in the communication with staff and this is achieved with daily 'Flash meetings' for the management team. These meeting ensure all are up to date with what is happening on a daily and weekly basis. The unit leaders and the CMT manage the daily handovers and unit care staff meetings. The routine approach from the managers of 'managing by walking about' and being visible on the units and working on the units if required, supports the coaching model. There has been a focus on regular supervision for all staff and making best use of the information from the audits.

Summary

50. In the fourteen months the current manager has been in post there is ample evidence of continuous improvement. She has worked with her senior staff team with support from the organisation to make the changes necessary to ensure the outcomes for residents and their families in all areas is meeting their personal needs. They have and are reviewing the infrastructure of the home, records, attention to workforce issues, communication and working relationships with families and other agencies. All comments from staff, residents and visitors are very supportive of the approach and this confirmed the improvements across the home. These changes have led to the home being compliant with the regulations and standards, all previous regulatory actions have been met. However, the manager is aware there is: *always more to do* and her focus is to *remain compliant and continuously improve the home, work with staff on culture and ensure staff are skilled and trained to do the job and involve residents and families in all we do.*

Workforce Structure and Issues

51. The staffing establishment:

Homes Manager	
Residential Care Manager	works 12 hours on the floor and 36 hours supernumery
Nurse Unit Managers	with one being the Deputy Manager, they work 24 hours on the floor and 24 hours supernumery
Registered Nurses	
Care Team Managers	
Senior care staff	
Care Assistants	
Activities	two staff employed for 55 hours
Housekeeper	49 hours over 7 days
Domestics	147 hours over 7 days shifts between 8.00am-6.30pm
Laundry	70 hours over 7 days shifts 8.00am – 6.00pm
Chef	66.5 hours over 7 days
Catering Staff	2 staff work 66.5 hours
Administration	40 hours week
Receptionist	5 hours a day over 5 days
Maintenance	40 hours over 5 days but will attend in an emergency

52. The deployment of the care staff has changed with staff being allocated to the floors and then to the units. This ensures there are regular staff on the units who the residents and families know and who know the residents. The domestics are similarly allocated to the units.

53. The nurses and care staff shift patterns are generally 8.00am – 8.00pm with staff working on a rota basis. Staff were generally satisfied with the long days as it provides continuity for the residents and staff stated: *we can follow things through on a long day.* There are currently 83 people employed at the home with 3 vacancies and 2 nurse vacancies. The different levels of staff such as the Care Team Managers and senior care post create a career structure for staff to progress to which assists with the retention of staff. There are opportunities for staff to become 'champions' for Dignity and Dementia and this reflects that providing a quality service is everyone business whatever your role in the home is.
54. The staffing levels for the nursing units are:

Unit	Numbers	Purpose	AM	PM	Night Duty
Hill Unit	25	Dementia Nursing	1 registered nurse 5 care assistants	1 registered nurse 4 care assistants	1 registered nurse 2 care assistants
Rowan Suite	15	Dementia Nursing	1 registered nurse 3 care assistants	1 registered nurse 2 care assistants 1 care assistant twilight shift 7pm-11pm	1 registered nurse 1 care assistant
Cedar and Seymour Suite	36	Residential	2 care team managers 4 care assistants	2 care team managers	1 care team manager 2 care assistants

55. The recruitment of new staff is robust and follows all the expected standards. References are appropriately followed up and all necessary checks are made.
56. There has been a significant reduction in the use of agency staff but realisation that they still may be needed. There is a 'bank staff' at the home and work is offered to these staff first.
57. The relationship with the agencies supplying staff is a good standard and they request the same people to be allocated to the home and at times they may block book the same people. There is an awareness of the need to have some continuity for the residents and other staff and it is reported this approach has been helpful. All agency staff have a profile and have an induction in the home. Some staff said that before an agency staff is arranged approval must be given by the regional or group director.
58. The organisation focuses on induction training and supervision for new staff. Following the initial induction training, new staff have regular supervision meetings for the first six months

(probationary period). The residential care manager felt that this support in the first months helps with retention of staff and conveys the standards expected of staff. All staff have supervision approximately two/three monthly as a minimum. There is an annual appraisal meeting. All staff must register with the Northern Ireland Social Care Council and follow their standards.

59. Information about the completion of training modules completed is at 92% of the staff team. This is kept under review and the manager is looking at the areas of training needed for the staff team. All the workforce indicators are satisfactory, and staff confirmed they feel supported, provided with a wide range of training and enjoy some of the roles of 'Champions'

Summary

60. Staff report a high turnover of staff since the home opened but in recent months that has changed and there are more staff employed and the deployment of the staff is working very well for the residents. It is a busy job, but staff confirmed the changes and improvements such as the separation of the units and smaller groups of people to care and support works very well for the residents and the staff. A couple of longstanding staff stated *the home is the best it has ever been for residents and staff.* They feel increasingly they can raise issues and suggestions to the unit managers and home manager. They feel a listened to but as always there is still more to do, there is a strong feeling of trying to improve the daily lives and routines for the residents and some of the activities such as the hens and other initiatives is meeting some of these ideas.

Governance and Quality Assurance systems

61. RQIA inspections show the home has been through a difficult time and this was confirmed by discussions on the visit. There will have been an impact upon the residents and staff. Undoubtedly the organisation will have reviewed the situation they found themselves in and be looking at what they could have done differently to ensure they were fully compliant from initial inspection visit concerns. It was not the remit of the visit to identify why it has taken a long time to put things straight.
62. Runwood Homes has a wide range of audits that are expected to be carried out by home managers. There is a weekly return of the audits using a database on the computer. These audits involve care issues such as number of falls, infection control along with audits of care records, accidents and incidents, complaints. There was evidence of follow up actions from the audits and overall the audits were well managed, and the outcomes actioned and used effectively.
63. The Regulation 29 visits from a senior person from the organisation were up to date and detailed. It is important the information from these visits is used in a timely way to make any necessary changes and have the evidence to show this is happening.
64. Within the home there is clear follow up and actions to the issues raised at the handovers, and managers weekly walk about. The manager carries out a monthly audit analysis and the information on the April action plan shows an increase in falls mainly relating to two residents. This had been discussed with the care manager and a request for 1-1 staffing, but no decision

had been made. The reasons for this increase were known and the information shared with the staff and preventative measures put in place: such as a review of the risk assessments and liaison with the MDT team. There is recognition of the consequences of falls for older people and there was a detailed graph showing times and places of falls and the necessary actions put in place. Staff confirmed they are advised of this information and work together to minimise accidents and falls.

Summary

65. There are effective systems and processes in place to have a good overview of all areas of the home. Where issues of concern are identified there are solutions and action plans put in place and referrals made to other agencies. The senior staff of the organisation are kept fully informed of the progress and outcomes from the audits can be seen by them remotely. Staff report the organisation is still involved in the home and has been very supportive to the managers and staff.

Working relationships with external agencies

66. It has been a difficult time for Dunmurry Manor with external agencies, who seem to have been vigorously and separately, exercising their differing levels of responsibility to ensure the care is meeting people' needs and that they are safe. The high number of inspection visits from the RQIA and the weekly monitoring visits from the Trusts, although important, appear to have led to sustained pressures. The manager is confident in her working relationship with the lead inspector from RQIA. However, some concerns were expressed about the monitoring visits from the Trusts and the content and style of some of these visits.
67. The home is in the Southern East Trust who are the 'host'. It was reported to be a positive working relationship with the lead officer. The initial plan was for staff from the four Trusts to carry out auditing visits weekly and that rotated between the Trusts. They carried out audits of care plans, environmental checks and bed and mattress checks. There was feedback, but no written reports were presented to the home.
68. In July 2017 the RQIA lifted the suspension on new admissions and confirmed the home was fully compliant. An inter - Trust meeting held in September 2017 suggested the Trusts would step down from their visits. However, following this meeting two further visits have been carried out.
69. It appears that both the RQIA and the Trusts were reviewing and auditing similar areas during the many months of the visits. It would have been helpful if a working plan could have been developed that stated the purpose of the visits, areas covered and reported on in writing to the home. This may have avoided some of the duplication of audits and at times different messages. It is unclear why a statement was made at the meeting in September that the visits would stop and yet they resumed.
70. It was not possible in this visit to establish the care manager (social workers) role and if they carried out reviews on any residents. The pattern of social work reviews is 6 weeks post admission and then either 6 monthly or annually. The use of care reviews led by social workers may have been helpful in assessing in practice if needs of the resident were being

met. The manager was unclear if the Trusts could review care records of residents who were not their responsibility. There was concern about some allied health workers visiting the home and then reporting concerns but not informing the manager. The view expressed was that the resident and the home were put in a difficult position and it would have been more helpful if this information could be shared at the time.

71. The request for 1-1 staffing for a resident was outstanding at the time of the visit. It was indicated that decisions take a long time.
72. As far as can be ascertained, from a two-day visit, the manager and staff appear to be taking the right steps to develop effective working relationships with the Trusts and other external agencies.

Conclusion and recommendations

73. In the past the home has had serious concerns raised about the quality of the service which is most likely due to the home not being well led consequent of several changes in the homes manager postholder. It is not easy to quickly resolve problems and sustain improvements in these circumstances. In May 2017 the current manager, an experienced nurse, committed to the home as it's registered manager. She has adopted a style of leadership that is about visibility in the home and inclusivity in setting achieving high standards. She has developed a management team that are consistent in their approaches and clearly put the residents at the centre of the work. These changes have brought about the required improvements and the manager and the senior team have the full support of the staff team. The home appears to be working very well and the standards observed show an approach between the staff and the residents that is personalised, kindly and respectful. The practices observed, and the interactions are very good, and all people spoken with confirmed this and speak highly of the care and the staff team.
74. The manager and her team are not complacent and wish to drive the improvements further to create the best possible outcomes for the residents. They are aware of the need to consolidate the practice and the improvements and there is clear evidence that is progressing very well. The home provides care for a group of vulnerable older people who need to feel safe and live out their lives as fully as they can be supported to do so. Currently the care approaches and practices, relationships with residents and their families is very positive and together is providing good outcomes for the residents.
75. The home has rightly been under scrutiny from the RQIA and there is an effective working relationship with the lead inspector. Now the Trusts and the manager are actively rebuilding the professional relationships which underpin resident, family and workforce confidence in a local care home. This effort needs to be reciprocated and the level of service level scrutiny visits from the Trusts needs to be reviewed. The manager and team need time, space and support to progress specific improvements for example in care planning and management.
76. Dunmurry Manor, at the time of the visit, was fully compliant with the regulations. The residents' rights and needs to live safe and comfortable lives were met, with staff who can be creative and aspirational in assisting realise people's personal wishes and dreams.

Pat Bailey is a senior associate consultant in social care with CPEA Ltd and a registered social worker with an MA in Gerontology. She retired from the Commission for Social Care Inspection (the then national regulator in England) in 2009. She had been an area manager and business relationship manager. Before moving to the arm length inspection units in 1991 she had completed 25 years in social care practice as, among other things, a manager of local authority children's and homes for older people.

For the last 8 years she has been working on various projects including improvement planning with local authorities, many significant reviews of safeguarding both for Councils, Clinical Commissioning Groups and support to Independent Providers. Of note was a commission from the National Care Forum to lead on a DH funded project on medication management in care homes involving all the Royal Colleges and leading sector stakeholders.

Her knowledge, skills and experience in care audit and reviews are in considerable demand from private and voluntary sector home owners as well as by local authorities. She has undertaken several assignments as an expert witness regarding regulatory matters, continuing health care, alleged service user abuse by staff and of alleged gross misconduct by managers and practitioners. She is familiar with the law, disciplinary and safeguarding procedures and how they operate in conjunction. Pat is a past President of the Social Care Association (SCA) having been a member for many years. Her presidential theme was the Critical Role of the Manager. She focused on supporting and valuing front line workers with an emphasis on the professional role of the manager. Pat has continued to 'champion' the role of the Registered Manager and was instrumental, with others, in developing a local network model of support in England. Promoting links between policy and frontline practice in social care is are enduring theme in everything Pat undertakes. She is a longstanding member of the Residential Forum chaired by Dame Gillian Wagner.

Vic Citarella of CPEA Ltd has provided Pat Bailey with supervisory and quality assurance support in the preparation of this report. He is a qualified social worker (Certificate of Qualification in Social Work and Diploma in Applied Social Studies) registered with the Health and Care Professions Council. His substantive practice background is in residential child care and the management of social services provision and commissioning. A former Director of Social Services, Vic worked in the personal social services for 25 years in Cardiff, London, Sussex, Bristol and Liverpool. Since leaving local government in 2000 he has built a consultancy business advising and supporting local authorities, NHS bodies and private and voluntary social care providers with improvements in standards and quality. He has been involved in many serious reviews of services where safeguarding and rights of service users have been the issues. He is a Director of the Residential Forum and contributes regularly to service developments.

CPEA Ltd is a social care, health and management consultancy that offers improvement support services across adult and children's services. It works in partnership with professional associations, sector skills bodies and service providers as well as commissioners and regulators to continually improve practice and its leadership.