

# Inspection Report

## 23 September 2021



## Harold McCauley House

**Type of Service: Nursing Home**  
**Address: 7 Camowen Terrace, Omagh BT79 0AX**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness	<b>Registered Manager:</b> Ms. Michelle Murray
<b>Responsible Individual(s):</b> Mr. Lindsay Conway	<b>Date registered:</b> registration pending
<b>Person in charge at the time of inspection:</b> Mrs. Janet Clements staff nurse	<b>Number of registered places:</b> 32
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 32 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, dining rooms and a garden.	

## 2.0 Inspection summary

This unannounced inspection took place on 23 September 2021, from 9.10am to 1.55pm by a care inspector.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy, well ventilated and free from malodour.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Patients were seen to be well cared for. There was clear evidence of attention to personal care and dressing and assistance with meals and fluids where seen to be attended to by staff in a prompt and compassionate manner.

One area of improvement was identified in respect of availability of monitoring visit reports.

Feedback from patients confirmed that they were satisfied with the care and service provided for in Harold McCauley House.

RQIA were satisfied that the delivery of care provided for in Harold McCauley House was safe, effective, compassionate and well-led.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Patients told us that felt safe and that they were satisfied with the care delivery in the home. They described staff as "very kind and caring" and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that patients' needs were met.

Staff spoke positively about the provision of care, the teamwork, provision of training and managerial support.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 September 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39(9) <b>Stated:</b> First time	The registered person shall address the deficits in the mandatory training matrix, particularly in relation to updates in fire safety, moving and handling and first aid training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These deficits in training have been fully addressed..	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing levels begin at the point of recruitment. A sample of a staff member's recruitment file was reviewed. This was found to be in accordance with legislation.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff spoke positively about the provision of training and said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period.

The manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of patients in the home.

Patients told us that they were satisfied with the delivery of care and the kindness and support received from staff. Two patients made the following comments; “I can’t praise this home enough. The staff are simply wonderful and very kind. There is a lovely atmosphere here.” and “They (the staff) are very good here in every way. I have no complaints.”

Staff said that the manager was very supportive.

Staff were seen to attend to patients’ needs in a timely manner and to maintain patients’ dignity by offering personal care discreetly and ensuring resident privacy during personal interventions. Patients were offered choices throughout the day, for example, from where and how they wished to spend their time and with nutrition.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff on duty were knowledgeable of patients’ needs, their daily routines, their likes and dislikes and social interests.

Staff were observed to be prompt in recognising patients’ needs and any early signs of request for assistance, such as with comfort. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Staff interactions with patients were observed to be warm, friendly, polite and supportive. Staff were seen to seek patients’ consent when delivering personal care with statements such as: “Can I help you with...” or “Would you like to...” and knocking of bedroom doors to seek permission of entry.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs. These include any advice or directions by other healthcare professionals.

Care records were maintained securely as to ensure confidentiality.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in use, where deemed necessary. Patient areas were free from clutter, and staff were seen to support or supervise patients with limited mobility. Those patients who were at risk from falls had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust’s falls prevention team. Following a fall, relevant persons such as the patient’s next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and portions were generous. There was also a variety of drinks available. This resulted in the dinnertime meal being a pleasant and unhurried experience for the patients. Two patients made the following comments; "I enjoy the food here and the staff know what I like to eat." and "The food is delicious and there is always a choice."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that it was well maintained. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's fire safety risk assessment was scheduled for 27 October 2021.

Recommendations from the previous assessment had been addressed.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Patients said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls to their loved ones. One patient talked about how they were facilitated with this with contact with their relatives in Australia and how pleasurable this was. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music and choice of television programmes played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home. Daily newspapers were available for which several residents enjoyed reading.

Activities were delivered to patients in a person centred manner, either individually or small groups. A planned programme of activities was in place with patients enjoying singing and a quiz.

### **5.2.5 Management and Governance Arrangements**

Ms Michelle Murray has been appointed the manager of the home and the application to become registered manager is being processed by RQIA. She was on night duty during this inspection but choose to come into the home for a period of time to assist with the inspection process.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

The home was visited each month by the responsible individual/ a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Reports of these visits are then completed and where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. At the time of this inspection a number of these reports were not available for inspection, despite evidence of monitoring visits having taken place. An area of improvement has been made in this regard. Assurances were received from the responsible individual following this inspection that this would be put in place.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.



An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

There were systems to monitor all aspects of the running of the home. There was a clear organisational structure and staff were aware of their roles within the structure.

## 6.0 Conclusion

Patients were seen to be well cared for and gave positive feedback on all aspects of their life in the home. Care duties and tasks were unhurried and organised. There was a nice rapport between staff and patients and interactions were kind and supportive.

The environment was comfortable and well maintained.

Staff spoke positively about the managerial support in the home, their workload, teamwork and morale.

One area of improvement was identified during this inspection. This was in relation to the availability of the monitoring visit reports. Details can be found in the Quality Improvement Plan included.

RQIA were satisfied that the delivery of care provided for in Harold McCauley House was safe, effective, compassionate and well-led.

## 7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement have been identified were action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Michelle Murray, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29(5)(a) <b>Stated:</b> First time <b>To be completed by:</b> 24 September 2021	<p>The registered person shall ensure the availability of monitoring visit reports.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has forwarded the monthly monitoring visit reports that were outstanding. The registered person will ensure that future reports are received by the home manager in a timely manner.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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