

Unannounced Follow-up Care Inspection Report 21 November 2019



Millcroft

Type of Service: Nursing Home (NH)
Address: 66 Mill Street, Enniskillen BT74 6DW
Tel No: 028 6632 4000
Inspector: Jane Laird

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 70 patients.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Carol Kelly	Registered Manager and date registered: Carmen Leonard - acting
Person in charge at the time of inspection: Carmen Leonard	Number of registered places: 70 A maximum of 1 named patient in category NH-DE. The home is also approved to provide care on a day basis for 2 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 59

4.0 Inspection summary

An unannounced inspection took place on 21 November 2019 from 10.50 to 16.20.

The inspection assessed progress with all areas for improvement identified in the home since the last care and finance inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

During this inspection we identified evidence of good practice in relation to care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

It was positive to note that all areas for improvement identified at the previous care and finance inspections have been met and there were no new areas for improvement identified during this inspection.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Carmen Leonard, manager, Carol Kelly, Responsible Person and Wendy Shannon, Quality Governance Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 29 August 2019 which resulted in a serious concerns meeting with the home's management team, who acknowledged the failings identified and provided RQIA with actions to be taken to address the issues raised.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care and finance inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous record of care and finance inspection

The following records were examined during the inspection:

- duty rota for all staff from 11 November 2019 to 24 November 2019
- four patient care records
- a sample of care charts including food and fluid intake and repositioning charts
- one staff recruitment and induction files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff supervision and appraisal matrix
- a sample of governance audits/records
- a sample of monthly monitoring reports for October 2019 and November 2019
- a sample of income, expenditure and reconciliation records
- a sample of patients' personal property records
- a sample of patients' individual written agreements
- a sample of hairdressing and podiatry treatment records

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 Schedule 4 (10) Stated: First time	The registered person shall ensure that each patient has a record of the property which they have brought to their room (these records should be reconciled and signed and dated by two people at least quarterly).	Met
	Action taken as confirmed during the inspection: Review of a sample of patient property records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: Review of the environment and quality governance audits evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: The Inspector confirmed that cleaning chemicals were suitably labelled and stored in accordance with COSHH regulations during the inspection.	

Area for improvement 4 Ref: Regulation 27 (4)(b) Stated: First time	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p> <p>Action taken as confirmed during the inspection: The Inspector confirmed that fire doors were not propped open during the inspection.</p>	Met
Area for improvement 5 Ref: Regulation 27 (2) (t) Stated: First time	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none">• window blinds and curtain tie backs• storage of food thickening agents, denture cleaning tablets and toiletries including razors. <p>Action taken as confirmed during the inspection: Review of the environment evidenced that this area for improvement had been met.</p>	Met
Area for improvement 6 Ref: Regulation 13 (1) (a) Stated: First time	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none">• Care plans must be person centred and relevant to the patients current care needs. <p>Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been met.</p>	Met

Area for improvement 7 Ref: Regulation 30 Stated: First time	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event which adversely affects the wellbeing or safety of any patient.</p> <p>Action taken as confirmed during the inspection: The Inspector confirmed that notifications had been appropriately submitted to RQIA and this area for improvement had been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 29 October 2019	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none">• Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned.• Governance audits in respect of care records should be improved to ensure care plans are maintained as required. <p>Action taken as confirmed during the inspection: Review of quality governance audits evidenced that this area for improvement had been met.</p>	Met
Area for improvement 2 Ref: Standard 14.10 Stated: First time		
	<p>The registered person shall ensure that income and expenditure records reflect the amount of any money withdrawn for expenditure and the return of any change from the purchase.</p> <p>Action taken as confirmed during the inspection: Review of finance records evidenced that this area for improvement had been met.</p>	Met

Area for improvement 3 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.	Met
	Action taken as confirmed during the inspection: Review of finance records evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Standard 14.20 Stated: First time	The registered person shall ensure that the appointee details for the identified patient are reflected in their individual agreement with the home.	Met
	Action taken as confirmed during the inspection: Review of finance records evidenced that this area for improvement had been met.	
Area for improvement 5 Ref: Standard 2.5 Stated: First time	The registered person shall ensure that the individual written agreement for the identified patient is shared with their representative for review and signature.	Met
	Action taken as confirmed during the inspection: Review of finance records evidenced that this area for improvement had been met.	
Area for improvement 6 Ref: Standard 40.2 Stated: First time	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.	Met
	Action taken as confirmed during the inspection: Review of supervision and appraisal records evidenced that this area for improvement had been met.	

Area for improvement 7 Ref: Standard 44 Stated: First time	The registered person shall ensure that a review of the storage arrangements in the home is carried out and that equipment/items are stored appropriately and safely at all times.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that this area for improvement had been met.	
Area for improvement 8 Ref: Standard 39 Stated: First time	The registered person shall ensure: <ul style="list-style-type: none"> • that a record of all training is kept within the home and available during inspection. • the effect of training on practice and procedures is evaluated as part of quality improvement. 	Met
	Action taken as confirmed during the inspection: Review of training records evidenced that this area for improvement had been met.	
Area for improvement 9 Ref: Standard 23 Stated: First time	The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage. With specific reference to ensuring: <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. 	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been met.	

6.2 Inspection findings

6.2.1 Patient health and welfare

On arrival to the home at 10.50 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. Staff

interactions with patients were observed to be compassionate, caring and timely and patients were afforded choice, privacy, dignity and respect.

The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events where staff facilitated the patient's favourite music or television programme.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity persons were very enthusiastic in their role and patients appeared to enjoy the interaction between the staff and each other. This was commended by the inspector.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display within the dining areas and offered a choice of two main meals. The dining rooms were well presented with condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals and patients appeared to enjoy the mealtime experience.

A range of drinks was offered to patients at various intervals throughout the inspection and staff were knowledgeable regarding how to modify fluids and how to care for patients during the administration of fluids.

Consultation with 11 patients individually, and with others in small groups, confirmed that living in the Millcroft was a positive experience.

Patient comments:

- "I enjoy living here."
- "Never take too long to answer my alarm."
- "Staff are brilliant."
- "Staff are great here."
- "Really good people here."
- "Food is lovely."
- "Very happy here."

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Staffing provision

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 11 November 2019 and 18 November 2019 were reviewed and evidenced that the planned staffing levels were adhered to on most occasions.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Comments included:

- “Great place to work.”
- “The manager is a gem.”
- “Great team work.”
- “Really enjoy working here.”
- “Very supported. Lots of training.”
- “Manager is brilliant.”

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Millcroft.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the nurse in charge.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients’ weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals and care plans identified as no longer relevant had been archived appropriately to avoid confusion.

We reviewed a sample of repositioning records which were well maintained. There was evidence within the repositioning charts that patients had been repositioned as per the recommended frequency which was reflected within the patients care plan and the condition of the patient’s skin was documented on each repositioning intervention.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

As discussed in 6.2.1 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction and the home was found to be warm and comfortable throughout. Refurbishment was ongoing with improvements noted to identified areas within the home following the previous inspection.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and governance arrangements

Since the last inspection there has been a change in management with Carmen Leonard as the acting manager. The manager's hours were clearly documented within the duty rota and the capacity in which these hours were worked.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

6.2.6 Finance

A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection; these included a copy of an identified patient's written agreement, patients' income and expenditure records, records of patients' personal property and records of payments to the hairdresser and podiatrist.

A review of one patient's individual written agreement evidenced that the appointee details were reflected in the patient's agreement and was shared with their representative for review and signature. This area for improvement has been suitably addressed.

Records of income and expenditure were available for patients, including supporting documents e.g. a lodgement receipt or an expenditure receipt. A sample of transactions was chosen to ascertain whether the supporting documents were available within the records, and for the sample chosen, these were found to be in place. This area for improvement has been suitably addressed.

A sample of patients' property records was reviewed which evidenced that a record of personal property was being maintained and reconciled on a quarterly basis by a member of staff and countersigned by a senior member of staff. This area for improvement has been suitably addressed.

Hairdressing and chiropody treatments were being facilitated within the home and a sample of these treatment records were reviewed. The treatment records evidenced that these were consistently signed by the person providing the treatment and by a representative of the home to evidence that the person had received the treatment. This was an area for improvement identified at the previous finance inspection which has been suitably addressed.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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