The Regulation and Quality Improvement Authority

Inspection Report

12 April 2022

Millcroft

Type of service: Nursing Home (NH)
Address: 66 Mill Street Enniskillen, BT74 6DW
Telephone number: 028 6632 4000

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Carewell Homes Ltd **Responsible Individual:** Mrs Carol Kelly	**Registered Manager:** Mrs Carmen Leonard – registration pending
Person in charge at the time of inspection: Mrs Carmen Leonard	**Number of registered places:** 64 The home is also approved to provide care on a day basis for 2 persons. There shall be a maximum of 19 patients receiving care in Category NH-DE and 45 patients in the remaining categories.
Categories of care: Nursing Home (NH) DE – Dementia. 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:** 51 Lavender suite – 14 Nightingale suite – 18 Riverside suite – 19.
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 64 patients. The home is divided into three units over two floors; Lavender suite provides dementia nursing care; Nightingale suite and Riverside suite provides nursing care for all other categories of care listed above. Patient bedrooms and living areas are located over two floors and all bedrooms are single occupancy with an en-suite. Patients have access to communal lounges, dining areas and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 12 April 2022, from 08.05 am to 6.15 pm by a care inspector.

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

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0. Three areas for improvement have been stated for a second time in relation to response to nurse call alarms within an identified unit, the recommended daily fluid targets within patient care records and dietary/fluid recording charts.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in the Millcroft and that the Manager had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included "I have everything I need. The people here are very good", "Everyone is very nice", "More than happy here" and "The staff do anything for you".

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "The Manager is great" and a further staff member said "Love working here". There was no feedback from the staff online survey.

One relative and a visiting professional were consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included "The patients are well cared for here", "Very happy with my ….. care", "The named nurse …….. is outstanding", "Great home" and "Staff are very friendly and supportive".

Five questionnaires were returned, three from patients and two from relatives. The respondents were either satisfied or very satisfied with the overall service provision.

5.0 The inspection

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

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 28 July 2021</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for Improvement 1

Ref: Regulation 18 (2) (a)

Stated: First time</td><td>The registered person shall ensure that the current nurse call system within the identified unit is reviewed to ensure that nurse call alarms are responded to in a timely manner.</td><td rowspan="2">Not met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
Observation of the environment and discussion with the Manager evidenced that this area for improvement had not been met and has been stated for a second time.

This is discussed further in section 5.2.2.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</th><th>Validation of compliance</th></tr>
</table>

Area for improvement 1 **Ref: Standard 4.8** **Stated: First time**	The registered person shall ensure that where a patient is at risk of dehydration the recommended daily fluid target is recorded within the patients' dietary/fluid intake chart and care plan. With the action to be taken, and at what stage, if the recommended target is not met, clearly documented within the care plan.	**Partially met**
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the Manager evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 2 **Ref: Standard 4** **Stated: First time**	The registered person shall ensure that dietary/fluid intake charts and care records include: • the patients recommended dietary type and fluid consistency as per SALT using IDSSI terminology • the total amount of fluid intake over 24 hours is recorded within the recording chart and reflected within the patients daily progress notes.	**Partially met**
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the Manager evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of employee recruitment records evidenced that systems were in place to ensure that patients are protected.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern

Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and face to face to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that some topics were below the desired percentage of staff having completed and/or updated their mandatory training. The Manager confirmed that face to face training had not been included in the overall training statistics and agreed to incorporate this going forward. The Manager also confirmed that relevant action had been taken to address any deficits in training with specific staff and was being monitored closely by management to ensure full compliance.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients but that staffing levels can be affected with occasional short notice absenteeism. Staff said that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector reviewed five staff competency and capability assessments for the nurse in charge in the absence of the Manager and found these to be completed.

A record of staff supervision and appraisals was maintained by the Manager who said that there was a delay in completing these due to the COVID-19 pandemic but discussed plans to recommence these.

Patients said that they felt well looked after and that staff were attentive. One patient commented “the best staff I have ever met” and another patient referred to the staff as “very friendly.”

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they meet at the beginning of each shift to discuss any changes in the needs of the patients and that handovers provided them with detailed information. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Two staff were observed entering patients bedrooms on a number of occasions throughout the inspection to assist with

repositioning and hygiene needs. Care records relating to repositioning were mostly well maintained.

It was identified that not all wheelchairs and/or specialised chairs for transporting patients had footrests. The potential risk to patients was discussed with staff who said that footrests were not always available and that a number of patients specialised wheelchairs did not have a footrest resulting in staff having to support the patient's legs during transfer. It was also identified that wheelchair lap belts were not being used during transfers as directed within patient care plans. Details were discussed with the Manager who removed a number of wheelchairs during the inspection to have footrests installed and an area for improvement was identified.

Following the inspection the Manager provided written confirmation that all wheelchairs or specialist chairs had footrests fitted to them and that staff had received supervisions on the correct use of patient equipment. The Manager confirmed that a system had been implemented to ensure that footrests remain in place with ongoing monitoring by management.

Two staff were observed transferring a patient using a stand aid hoist without applying the brake to the patient's chair and/or the hoist. This was discussed with the relevant staff and later with the Manager as an area for improvement.

The nurse call alarm was heard sounding for a significant period of time on a number of occasions. Staff explained that the nurse call alarm panel for the identified unit was on the ground floor resulting in staff having to leave the first floor to review the panel. This had previously been discussed with the management team during a care inspection in July 2021 as an area for improvement which has been stated for a second time. The management team said there had been a delay in ordering the relevant equipment due to the COVID-19 pandemic and provided verbal confirmation prior to the completion of the inspection that relevant equipment has now been ordered.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. A menu was not displayed within the main dining room and the pictorial menu within the dementia unit was not reflective of the meals served. This was discussed with the Manager and an area for improvement was identified.

Review of a sample of care records evidenced inconsistencies in the recording of the recommended daily fluid target within dietary/fluid intake charts and care plans. It was further

identified that the care plans did not specify at what stage the General Practitioner (GP) should be contacted if the fluid target has not been achieved. This was discussed in detail with the Manager and an area for improvement has been stated for a second time.

There were inconsistencies identified in the recording of recommendations made by the Speech and Language Therapist (SALT) and use of the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology within patients' care records. It was further identified that the total amount of fluids over 24 hours was not being consistently totalled or recorded within patient's daily progress notes or dietary/fluid intake charts. This was discussed with the Manager and an area for improvement has been stated for a second time.

Not all staff were familiar with the IDDSI terminology but said they were made aware of patients' nutritional needs to ensure that recommendations made by SALT were adhered to for example; pureed, soft and bite sized. Whilst discussion with staff evidenced that they were providing the correct diet as recommended by SALT, one member of staff provided inaccurate information regarding an identified patient's fluid consistency. Details were discussed with the Manger who agreed to review staff training needs where necessary.

Review of four patient care records evidenced that they were reviewed regularly. However, two patients care records did not contain relevant care plans for current medical history. This was discussed in detail with the Manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. One fire door was observed held open with a chair. This was discussed with the Manager and the door remained closed for the remainder of the inspection. The Manager agreed to continue to monitor this type of practice during daily walk arounds.

There was evidence that a number of areas throughout the home had recently been painted and the home was warm, clean and comfortable. The management team confirmed that refurbishment works were ongoing including the replacement of bedding and curtains, identified furniture and two floor coverings to ensure the home is well maintained.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The garden and outdoor spaces were well maintained with areas for patients to sit and rest.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including the appropriate wearing of face masks, donning and doffing of personal protective equipment (PPE) and hand hygiene. A number of light pull cords were stained and uncovered and emergency pull cords also required a cover to aid effective cleaning. Patient equipment was inappropriately stored within a number of en-suites and a communal bathroom. Details were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Patients commented positively about the food provided within the home with comments such as; “Food is very good” and “The food is nice.”

During the inspection patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

The management team said that formal activities within an identified unit of the home had not been taking place on a regular basis due to the COVID-19 pandemic but that these were due to commence again. Following the inspection the Manager provided written confirmation that a formal schedule of activities had been reinstated.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Responsible Individual and the organisation.

There was evidence that the Manager had an effective system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	5*

* The total number of areas for improvement includes one regulation and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carmen Leonard, Manager and Carol Kelly, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 18 (2) (a) **Stated:** Second time **To be completed by:** 12 May 2022	The registered person shall ensure that the current nurse call system within the identified unit is reviewed to ensure that nurse call alarms are responded to in a timely manner. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Electrical contractors have been sourcing additional call bell alert boards and plan to commence work on 9/6/22.
Area for improvement 2 **Ref:** Regulation 27 (2) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that equipment provided at the nursing home for use by patients or persons who work at the home is in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose it is to be used. Specific reference to ensuring that wheelchairs/specialist chairs have footrests and a lap belt in place during transfers in accordance with the patients assessed needs. Ref: 5.2.2
	Response by registered person detailing the actions taken: All wheelchairs and specialist chairs have been checked and foot pedals / footplates put in place for those that required them.. Wheelchairs all have lap belts, waiting parts for some specialist chairs.

Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff spoken to and reminded of correct IPC measures and use of PPE. Increased audits underway. Additional training sessions undertaken.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4.8 **Stated:** Second time **To be completed by:** 12 May 2022	The registered person shall ensure that where a patient is at risk of dehydration the recommended daily fluid target is recorded within the patients' dietary/fluid intake chart and care plan. With the action to be taken, and at what stage, if the recommended target is not met, clearly documented within the care plan. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All documentation reviewed for residents identified. daily fluid target recorded and care plans updated to reflect what action required and when action to be taken if recommended target not met. Several residents reviewed with GP .
Area for improvement 2 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 12 May 2022	The registered person shall ensure that dietary/fluid intake charts and care records include: • the patients recommended dietary type and fluid consistency as per SALT using IDSSI terminology • the total amount of fluid intake over 24 hours is recorded within the recording chart and reflected within the patients daily progress notes. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: IDSSI levels documented on diet / fluid charts and care plans. Increased checks of documentation taken to monitor compliance. All RNs and care staff advised.
Area for improvement 3 **Ref:** Standard 47.3 **Stated:** First time	The registered person shall ensure that safe moving and handling training is embedded into practice. Ref: 5.2.2

To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** All staff spoken to to ensure correct moving and handling procedures adhered to at all times. Direct observation and supervision undertaken.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 12 May 2022	The registered person shall ensure that a daily menu is displayed in a suitable format/location and is reflective of the meals being served. Ref: 5.2.2 **Response by registered person detailing the actions taken:** Daily menu displayed in written form and picture form where appropriate.Staff reminded to update this daily to reflect menu.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 12 May 2022	The registered person shall ensure that were necessary care plans are implemented to manage patients' current medical history. Ref: 5.2.2 **Response by registered person detailing the actions taken:** All named nurses have been advised of this. Included in care plan audit process. Update of care plans to manage medical history ongoing.

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care