

Unannounced Care Inspection Report

15 June 2017



Millcroft

Type of Service: Nursing Home
Address: 66 Mill Street, Enniskillen, BT74 6DW
Tel no: 028 6632 4000
Inspector: Sharon Loane

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 70 persons.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Carol Kelly	Registered Manager: Carmen Leonard
Person in charge at the time of inspection: Carmen Leonard	Date manager registered: 19 January 2012
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. Residential Care (RC) 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 registered places: 70 comprising: 62 Nursing 8 Residential.

4.0 Inspection summary

An unannounced inspection took place on 15 June 2017 from 10.30 to 16.45 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to recruitment procedures; staff training and development; monitoring staff registration status with professional bodies, adult safeguarding and notifications of incidents, and engagement with patients /patients representatives. There was evidence that the home was delivering safe, effective and compassionate care and the service was well led.

Patients said they were satisfied with the care and services provided and described living in the home, in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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, Registered 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 30 May 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection assessment audit

During the inspection the inspector met with ten patients, three registered nurses, five care staff, the activities co-ordinator and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for registered nurses and care staff from 5 to 18 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- PEEP register
- complaints record
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 30 May 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 – 14 April 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 46 Criteria 2</p> <p>Stated: First time</p>	<p>The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the home. Matters as detailed below should be addressed with immediate effect;</p> <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • gloves and patient single use wipes should not be stored uncovered in bathrooms • chairs, over bed tables and bedframes with surface damage should be repaired or replaced to ensure effective cleaning • posters for display should be laminated or placed in a protective coating which permits effective decontamination • notices/posters should not be displayed using adhesive tape 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the homes environment evidenced that in the majority this requirement was met in relation to the areas outlined above. Some chairs and bed tables were damaged however; an environmental audit completed 31 May 2017 had identified these and others areas for improvement within an action plan.</p> <p>This requirement has been met.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 35 Criteria 16</p> <p>Stated: First time</p>	<p>The registered person should display a poster on the notice board to advise to patients, patient representatives, staff and stakeholders that the monthly monitoring report is available.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A notice was displayed in the main foyer of the home in relation to same.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from the 5 to 18 June 2017 evidenced that the planned staffing levels were adhered to in the majority of occasions. The registered manager advised that the home had been experiencing some staff shortages due to staff absence and other operational issues. This was evident on the day of inspection when the home had to obtain cover for registered nurses that morning due to staff absenteeism. A review of duty rotas evidenced that cover had been obtained for the majority of shifts where a shortfall had arisen including the day of the inspection. Senior management staff including the responsible person had provided cover for some shifts to ensure continuity of care and promote effective teamwork. This is commended.

Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. Staff spoken with were satisfied that there were sufficient staff on duty to meet the needs of the patients however indicated that it can be difficult to meet patients' needs in a timely manner when planned staffing levels are not adhered to. Staff did recognise efforts made by management to obtain cover and spoke positively about senior management's commitment to the home by working on the floor.

Observation of the delivery of care at the time of inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of information pertaining to staff recruitment for one staff member evidenced that records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of information evidenced that the registered manager carried out a supervision session with the staff member, at the completion of the induction process to ensure staff competency and identify any additional training needs.

Review of the training matrix/schedule for 2016/17 indicated that the majority of staff had completed their mandatory training requirements. Discussion with the registered manager and review of training records evidenced that a robust system was in place to ensure staff attended mandatory training. For example; the registered manager had identified those staff that had not completed some areas of training for this period and had made arrangements to ensure that they completed same at the beginning of 2017/2018. Observation of the delivery of care for example; moving and handling evidenced that training had been embedded into practice.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the homes policy had been updated. The content of the policy was not reviewed at this inspection. A discussion with the adult safeguarding champion demonstrated that they were knowledgeable and understood the role and responsibilities associated with same.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, reasonably tidy, fresh smelling and clean throughout. As previously discussed in section 6.2 an environmental audit completed 31 May 2017 had resulted in an action plan which included areas for re-decoration and refurbishment. Patients and their representatives spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment observed was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans reviewed were personalised to meet the individual needs of the patients and had been reviewed regularly.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioner's (GP), speech and language therapist (SALT), dietician, tissue viability nurse (TVN). Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

A review of one care record pertaining to pressure care and wound management evidenced that care delivered was effective. The care plan contained details of the specific care and treatment required and a review of information evidenced that the care delivered was consistent with the plan of care in place. Wound care records were maintained in accordance with best practice guidelines.

Supplementary care charts such as personal care and repositioning records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's changes condition and any changes noted.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained to evidence the staff who attended, the issues discussed and actions agreed. The last staff meeting had been held 8 June 2017.

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 their line manager and /or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in the home was a positive experience. Staff were observed engaging with patients during care interventions. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients stated that they were involved in decisions about their own care. Staff were observed consulting patients regarding their meal choices and their personal appearances. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The most recent survey was completed November 2016 and a report had been generated to reflect the information obtained which included an action plan for areas of improvement identified.

Patients and their representatives confirmed that when they raised a concern or query, they were addressed appropriately.

The serving of the lunch was observed in the main dining room. Patients were seated appropriately and tables were presented to a satisfactory standard providing a selection of condiments. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. The food appeared nutritious and appetising. The mealtime was well supervised. Staff provided encouragement to patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore appropriate aprons when serving or assisting with meals and patients wore clothing protectors as per their individual choice. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed on inspection. The registered manager and one member of activities staff advised that a brochure of the activities to be held each week is placed in each patient's bedroom as well as other locations in the home. Activities included; bingo; music; card games and boccia. On the day of the inspection the home had organised a garden party which was held within the home due to weather conditions. The majority of patients and a number of relatives attended same. Music was provided and children from a local school performed a rendition of dance and musical instruments. Some staff members also participated by singing a song. It was evident that those attending enjoyed the event and there was a great sense of community spirit in the home.

Three registered nurses, five care staff, two ancillary staff members and one activities staff member were consulted to ascertain their views of life in Millcroft.

Some comments included:

"We work well as a team, but sometimes we are under pressure."

"Millcroft is the best place to work."

"Good support from management."

As previously discussed questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three questionnaires were returned within the timeframe specified for inclusion within this report. All respondents indicated that they were either 'very satisfied' or 'satisfied' across all four domains.

Eight patient and ten patient representative questionnaires were also left in the home for distribution. At time of writing this report no questionnaires had been returned within the specified timeframe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager was always available and had a very visible presence in the home. It was very evident that the registered manager knew the patients well and their needs. It was also apparent from interactions observed that the patients and their representatives knew her well.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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