



# Unannounced Follow-up Care Inspection Report 21 February 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 provider 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 nursing home registered to provide nursing care for up to 70 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual:</b> Carol Kelly	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> William John Hayden	<b>Date manager registered:</b> William John Hayden – Registration pending
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 70 comprising:  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.

### 4.0 Inspection summary

An unannounced focused inspection took place on 21 February 2019 from 10.55 hours to 16.30 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 DHSSPS Care Standards for Nursing Homes 2015.

The purpose of this inspection was to assess progress with any areas for improvement identified during and since the last care inspection and to determine if improvements made had been sustained.

Mrs Carol Kelly, responsible individual and Wendy Shannon, clinical governance lead were present during the inspection and at feedback.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, care delivery, team work, and communication between patients, staff and other key stakeholders. 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; governance arrangements; monthly monitoring visits; and maintaining good working relationships.

An area for improvement was identified in relation to the robust governance of quality assurance audits.

Patients 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. There was evidence that the management team listened to and valued patients and their representatives, and took account of the views of patients.

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
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with William John Hayden, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection 4 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 June 2018. There were no areas of improvement as a result 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
- the registration status of the home
- 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

During the inspection the inspector met with 14 patients, three patients' representatives and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you' cards which were then to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- a selection of governance audits
- notifiable incidents to RQIA
- duty rota for all staff week commencing 11 and 18 February 2019
- three patient care records
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection 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 the most recent inspection dated 4 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 23 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that a system was in place to monitor and record the settings of pressure mattresses, to ensure their effective use. This is discussed further in 6.3.3.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that timely action is taken to repair/replace items of equipment identified as faulty.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the equipment identified at the previous care inspection had been replaced.	

## 6.3 Inspection findings

### 6.3.1 The Patient Experience

We arrived in the home at 10.55 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly in one of the lounges or their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs, and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that further refurbishment was planned.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality; however, a book with patient information was left outside a patient's bedroom and supplements with patients names on them were situated within the dining area. This was discussed with the manager who removed the book to a secure area and provided assurances that the supplements would be transferred to a suitable storage cupboard.

We observed the serving of the lunchtime meal. Lunch commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed carrying trays with food from the dining room to either a patient's bedroom or the day room without an appropriate lid to cover the food. This was discussed with the manager who agreed to review this practice immediately. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime, and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks was offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Consultation with 14 patients individually, and with others in small groups, confirmed that living in the Millcroft was a positive experience.

Patient comments:

“I’m happy here.”

“They are good here.”

“It’s ok here.”

“Food is good.”

“It’s very nice and staff are friendly.”

Representative’s comments:

“Staff friendly.”

“Staff very friendly and good layout of home.”

“Happy with everything.”

“Very homely.”

During the inspection we met with three patients’ representatives who did not raise any concerns. One relative stated that the home can be understaffed on occasions but this has improved recently. Another relative stated that the home was great and their relative is very happy living in the Millcroft. We also sought relatives’ opinion on staffing via questionnaires. Nine questionnaires were returned from patients’ representatives. The respondents were very satisfied with the service provision across all four domains.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management and were aware of who their named nurse was and knew the manager.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.2 Staffing provision

The 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 week commencing 11 February and 18 February 2019 evidenced that the planned staffing levels were adhered to on most occasions. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that where possible the management arrange suitable cover.

Staff comments included:

“I love it here.”

“Feel very supported by management”.

It was also positive to note that some of the staff have been working within the Millcroft for over 20 years. We also sought staff opinion on staffing via the online survey. There was no response in the time frame provided.

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 caring and prompt manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Millcroft. One patient did comment that they may have to wait longer for their needs to be attended to when staff are off at short notice, but that this is only occasionally, and that staffing levels have improved recently. We also sought the opinion of patients on staffing via questionnaires. Six questionnaires were returned from patients. The respondents were very satisfied with the service provision across all four domains.

Discussion with staff 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 condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, and there was evidence of regular communication with representatives within the care records. However, on review of one patients care plan regarding adult safeguarding, it was not reflective of the updated terminology related to the departmental policy and regional protocols. This was discussed with the manager who provided assurances that all patients care plans would be reviewed and amended where necessary. We also reviewed the management of nutrition, patients’ weight and management of falls. 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.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.



Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the SALT or the dietician.

An area for improvement identified at the previous care inspection in relation to ensuring that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use was reviewed. A weekly audit is carried out on all pressure relieving mattresses to ensure they are set at the correct rate for the patient; however, it was identified that one patient was not included in the weekly audit and their care plan was not reflective of the type of mattress in place. In addition, the risk assessment relating to the patient's skin integrity was contradictory to what was documented within the care plan. This was discussed with the manager who provided assurances that this would be addressed immediately. An action plan detailing the amendments were forwarded to RQIA following the inspection. This is discussed further in 6.3.5.

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.3.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout. Refurbishment works were ongoing to the home and areas that were identified as needing decorated such as doors, walls and floor coverings were on the home's agenda to address as part of their refurbishment plan. Identified equipment that was damaged were discussed with the manager who confirmed that equipment identified as beyond repair would be replaced.

We observed that two sluice room doors were unlocked. There were a number of patient toiletries evident inside which posed a potential risk to patients. This was discussed with the manager and assurances were received that both doors would be kept locked going forward and that patient's toiletries would be secured in a locked cabinet within the patient's own bedroom and in accordance with their assessed needs.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were not consistently adhered to. Identified patient equipment that was not effectively cleaned after use or damaged beyond repair was discussed with the manager who provided assurances that they would be cleaned or replaced following the inspection and that these areas would be addressed with staff and measures taken to prevent recurrence. This is discussed further in 6.3.5.

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.5 Management and Governance of the home

Since the last inspection there has been a change in management arrangements. Mr William John Hayden took up position of manager in December 2018 and is awaiting registration. A review of the duty rota evidenced that the manager's hours, and capacity in which these were worked were recorded; however, the job title of staff and the nurse in charge were not consistently recorded within the rotas. The manager discussed his plans to review the current system of recording the duty rota and to change this to a new electronic system. A copy of the amended rota was forwarded to RQIA following the inspection and was validated by the inspector. Discussion with the staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the home manager.

A number of governance audits were reviewed which were completed on a monthly basis by the manager, clinical lead or senior care assistant. Accident/incident audits were well maintained which provided a clear action plan when deficits were identified. Environmental and care record audits were also completed on a monthly basis and as previously mentioned in 6.3.3 and 6.3.4 in relation to care records and IPC, the audits did not capture the issues identified during inspection. This was discussed with the manager and an area for improvement under care standards was stated.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, review of the homes register and observations confirmed that the home was operating within the categories of care registered.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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

Whilst there was evidence to demonstrate that the home is in the main well led an area for improvement under the Care Standards is stated in regards to the robust governance of quality assurance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with William John Hayden, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 April 2019</p>	<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"> <li>• Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned</li> <li>• Governance audits in respect of care records should be improved to ensure care plans are maintained as required.</li> </ul> <p>Ref: 6.3.4 and 6.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Environmental audit has been reviewed and actioned Frequency of auditing of care records has been increased to 4/12 instead of 6/12 to ensure care plans are maintained as required</p>

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



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