



# Unannounced Care Inspection Report

## 23 April 2018



## Millcroft

Type of Service: Nursing Home (NH)

Address: 66 Mill Street, Enniskillen, BT74 6DW

Tel No: 028 6632 4000

Inspector: Sharon Loane

[www.rqia.org.uk](http://www.rqia.org.uk)

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is 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> Carmen Leonard
<b>Person in charge at the time of inspection:</b> Carmen Leonard	<b>Date manager registered:</b> 19 January 2012
<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:  RC-1 for one named resident The home is also approved to provide care on a day basis for 2 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 23 April 2018 from 10.30 to 17.15 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 term 'patient' is used to describe those living in Millcroft which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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 staff recruitment and training, rapport and interaction between patients and staff, care staff knowledge of patient's preferences, delivery of care and the management and leadership arrangements for the home.

Areas requiring improvement were identified in regards to the effective use of equipment for pressure management and maintenance arrangements for the home.

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 taking 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Carmen Leonard, registered 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 dated 15 June 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 15 June 2017. There were no further actions required to be taken following the most recent 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.

During the inspection we met with ten patients, 12 staff, and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to complete an online survey for those staff not consulted and/or on duty during the inspection.

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 all staff for weeks commencing 16 and 23 April 2018
- 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

- five patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 15 June 2017**

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

### **6.2 Review of areas for improvement from the last care inspection dated 15 June 2017**

There were no areas for improvement identified as a result of the last care inspection.

## **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 rotas for weeks commencing 16 and 23 April 2018 evidenced that the planned staffing levels were adhered to for the majority of shifts. 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.

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.

Staff spoken with were satisfied that staffing levels were adequate to meet the needs of the patients when planned staffing levels were in place. However, staff said that when staffing levels

were affected by short notice leave, this impacted on their ability to deliver care in a timely manner. Staff stated that it was difficult to obtain cover for short notice absenteeism however acknowledged that management offered support and assistance to the best of their ability. We also sought staff opinion on staffing via the online survey. However, no responses were received.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the home. We also sought the opinion of patients on staffing via questionnaires. Ten questionnaires were returned. The respondents indicated that they were either satisfied or very satisfied with the staffing arrangements. One respondent who indicated that they were satisfied included a written comment; "There is not enough staff for care".

One relative spoken with felt that staffing levels on night duty for unit two were not adequate and stated that they had observed staff working under pressure to attend to patients needs in a timely manner. We also sought relatives' opinion on staffing via questionnaires. Four questionnaires were returned and all four relatives indicated that they were very satisfied that staff had 'enough time to care'. No additional comments were included.

As stated previously, 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. Details of comments made and also received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of a recruitment file for one staff member recently employed evidenced that the recruitment process was in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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. Some staff felt that more time to work in a supernumerary capacity would be beneficial, although were satisfied that the time given was satisfactory.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. The registered manager advised that systems and processes were in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff. This information was not reviewed.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. A review of the information evidenced that some staff had not completed mandatory training. This matter was discussed with the registered manager who provided evidence that action had been taken to ensure staff compliance. The registered manager advised further actions would be taken if staff remained non-compliant. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients; assisting with food and fluids.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into

practice. A discussion with the adult safeguarding champion confirmed that systems were in place to collate the information required for the annual adult safeguarding position report.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for a selected timeframe 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 the registered 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.

From a review of records and discussion with the registered manager and staff there was evidence of proactive management of falls.

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 and fresh smelling. Since the last inspection, the foyer of the home has been re-decorated and refurbished. Patients and staff spoken with were complimentary in respect of these improvements to the home's environment.

A review sample of bedrooms identified that some of them were in need of re-decoration and refurbishment. The paint work and furnishings in some areas appeared tired and worn. This was discussed with the registered manager who provided a copy of an environmental audit recently completed which also had identified this area of improvement. Although the improvement had been identified an action plan to progress works had yet to be developed. The registered manager agreed to discuss this matter with senior management and submit a refurbishment/re-decoration programme for the works to be completed to RQIA. The progress and the implementation of the programme will be monitored at subsequent inspections.

Fire exits and corridors were observed to be clear of clutter and obstruction. There was a designated smoke room in the home for patient use. A standard household ashtray was in place for the disposal of cigarettes. The potential risks were discussed with the registered manager who agreed to provide equipment which would reduce these risks. Post inspection, the registered manager confirmed by email to RQIA that this had been actioned. The registered manager advised that risk assessments had been completed for patients identified with smoking needs. This information was not reviewed at this inspection.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were in the majority adhered to. However some matters identified for example; storage of items in the linen store; use of adhesive tape for signage displayed; were discussed with the registered manager who gave assurances that these would be addressed promptly. Again, the registered manager confirmed by email correspondence that these matters had been addressed.

In addition, some items of equipment, for example wall sockets were observed as broken/faulty. Some of these issues had been identified through governance arrangements such as environmental audits. However, there was a lack of timely action taken to address the identified issues. An area for improvement has been made.

In addition the registered manager maintained records of the incidences of health care acquired infections (HCAIs) in line with guidance from Public Health Authority (PHA).

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence that this had been discussed with relevant persons and consent had been obtained. Care plans were in place for the management of bedrails and alarm mats etc.

Review sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. The correct mattress settings were indicated on the majority of mattress pumps, to ensure their effective use. However, some mattresses observed were not set at the correct setting as per review of patient’s weights. A discussion with staff demonstrated that they were knowledgeable regarding the use of the equipment however advised that there was no system in place to monitor same. This has been identified as an area for improvement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, adult safeguarding, infection prevention and control.

**Areas for improvement**

Areas for improvement have been made in relation to the repair/replacement of faulty/broken equipment in a timely manner and the settings of pressure mattresses to ensure they are effective for use.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Review of five 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.



We reviewed the management of nutrition, wounds, catheter care and restrictive practices. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), Speech and Language Therapists (SALT), Tissue Viability Nurses (TVN) and Dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the instructions within the care plan. Wound care records were supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines.

The use of restraint and/or restrictive practice was reviewed in three care records with specific focus on the use of bed rails and alarm mats. Risk assessments had been completed and care plans in place outlined the parameters for the use of same. Written evidence was available to confirm that the patient's representatives had been involved and participated in the process.

Records were also reviewed in relation to the management of catheterisation. Continence assessments accurately reflected the identified need and a care plan in place included the details in regards to the management of the indwelling catheter. A review of intake and output charts evidenced that these were maintained appropriately and the information was used to inform the daily progress notes.

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.

Supplementary care charts such as food and fluid intake records and repositioning charts evidenced that contemporaneous records were maintained.

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. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

The registered manager advised that relatives meetings had been held in the past, however due to nonattendance the home no longer scheduled these. The registered manager advised that there are opportunities for relatives to meet with them these included; care management reviews and on a day to day basis. The views and opinions of residents and their relatives about the running of the home are sought at least once a year as part of the Annual Quality Report process. A copy of the report for 2017/18 was available and evidenced this process of engagement.

Patient 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.

## Areas for improvement

No areas for improvement were identified during this inspection.

<b>Total number of areas for improvement</b>	0	0
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### 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.**

We arrived in the home at 10.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in 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.

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, caring and timely. Patients were afforded choice, privacy, dignity and respect. Opinions were sought via questionnaires issued for patients to complete. The following written comment was included:

"Staff are extremely caring and professional. They are hardworking, upbeat and engage thoroughly with service users. The atmosphere is jolly and interactive. I feel supported and cared for at all times".

Discussion with patients and staff and review of the activity programme available evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity programme is prepared for a full calendar month and is then distributed to patients. However, patients did not know what activities were scheduled for the day of the inspection. There was no notice displayed to remind them. The format for communicating activities was discussed with the registered manager as it was apparent that the current process was not effective. The registered manager agreed to review and take appropriate actions. Post inspection, the registered manager has confirmed the actions taken to address same.

The environment had been adapted to promote positive outcomes for the 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, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse were overseeing the mealtime. Patients advised that they were given a choice of meal and alternatives were provided. Patients spoken with advised that the food was good and indicated that they enjoyed same.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you for the dedication and exceptional care given to my mother. We are extremely grateful for all your kindness and compassion”.

“I will fondly remember your kindness, empathy and professionalism”.

“Words cannot express how much it meant to me to know that he was being cared for in such a wonderful, personal and professional manner”.

As discussed previously, systems in place to obtain the views of patients and their representatives on the running of the home. The annual quality report for 2017/18 was available for patients, their representatives and staff to access.

Consultation with ten patients individually, and with others in smaller groups, confirmed that living in Millcroft was a positive experience and that they were well looked after.

Questionnaires were distributed for patients and their representatives to complete and provide feedback across all four domains. As reported earlier, ten questionnaires were returned by patients within the timescale. All indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments were recorded as follows:

“I am very well looked after and the carers look after me well”.

“Respected and care is very good”.

Other comments received have been included throughout the report.

Representative’s comments included:

“We are very happy with ... care the staff could not do enough for us and ...”.

Staff were provided an opportunity to complete an on line survey, no responses were received within the timescale specified.

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

### **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
<b>Total number of areas for improvement</b>	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. 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's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager advised that the home did not collect any equality data on service users and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data. The registered manager advised that staff were provided with training on Diversity.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. These records were maintained appropriately and there was evidence that actions had been taken in response to any learning derived from complaints received.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, restraint and tissue viability. Action plans were developed for areas of improvement identified. However, there was some evidence that some of the actions had not been dealt with in a timely manner; these related specifically to estates/ maintenance issues. The importance of ensuring that the action plan is reviewed to ensure that actions are dealt with appropriately was discussed during inspection feedback.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a nominated individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Discussion with the registered 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmen Leonard, registered 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 nursing 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 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 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Weekly mattress audit has been devised and implemented to ensure effective use.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure that timely action is taken to repair/replace items of equipment identified as faulty.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Maintenance team have addressed any outstanding repairs and have advised they will deal with repairs required in a prompt manner when highlighted. Registered manager will monitor same.</p>

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



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