

Inspection Report

28 July 2021



Millcroft

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual Mrs Carol Kelly	Registered Manager: Mrs Carmen Leonard – Pending registration
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) 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: 50 Lavender suite – 9 Nightingale suite – 18 Riverside suite – 23.
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 an outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 28 July 2021, from 10.55am to 6.20pm 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.

It was positive to note that all of the areas for improvement from the previous inspection had been met. Three new areas for improvement were identified during this inspection 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 findings of the inspection RQIA were assured that the delivery of care and service provided in Millcroft was safe, effective, compassionate and that the home was well led.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with 14 patients and 14 staff during the inspection. The majority of patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. One patient was dissatisfied with an aspect of their care and agreed that this could be discussed with the manager to address.

Six questionnaires were returned, three did not indicate if they were from a patient or a relative. Whilst most of the respondents were either satisfied or very satisfied with the service provision, there was one comment received from a patient regarding the duration of time for staff to respond to their nurse call alarm. Any comments received were discussed in detail with the manager to action. Following the inspection the manager provided written confirmation that relevant action had been taken to resolve the issues raised above.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. There was no feedback from the staff online survey.

5.0 The inspection

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

Areas for improvement from the last inspection on 15 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all chemicals are appropriately labelled and securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that prescribed medicines are securely stored at all times within the home. With specific reference to: <ul style="list-style-type: none"> • food thickening agents and supplements • oxygen must be stored securely with appropriate signage. 	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the storage of patient equipment and/or furniture within en-suites and storage rooms • clean linen is covered if stored in communal areas • light pull cords are covered • a cleaning schedule is implemented for shower heads, water taps and fans • furniture with surface damage is repaired/replaced • hoist slings are stored appropriately • hand washing facilities within the laundry are maintained and accessible to staff. <p>Action taken as confirmed during the inspection: Observation of the environment, review of cleaning schedules and discussion with the manager evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • fire doors are not propped open • smoke detectors are not covered unless supervised • fire awareness training is completed at least twice yearly by all staff. <p>Action taken as confirmed during the inspection: Observation of the environment and review of staff training records evidenced that this area for improvement has been met.</p>	<p>Met</p>

Area for improvement 5 Ref: Regulation 27 (2) (t) Stated: First time	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none">• potential ligature risk from pull cords• potential ligature risk from clothes rail inside wardrobes• plugs to baths and wash hand basins• locks are installed to identified doors• radiators• chest of drawers• potential trip hazard from uneven floor surfaces.	Met
Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	<p>The registered person shall ensure the staff duty rota clearly identifies the hours worked by the manager; the person in charge of the home in the absence of the manager and the hours worked by staff in a format that differentiates between day and night duty.</p>	Met
Action taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement has been met.		
Area for improvement 2 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that a daily menu is displayed in a suitable format and in appropriate locations within the home to reflect the meals on offer.</p>	Met
Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.		

Area for improvement 3 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that care records are reflective of the recommendations of other health care professionals and updated when the assessed needs of the patient change.</p> <p>With specific reference to care plans, risk assessments and activities of daily living assessments:</p> <ul style="list-style-type: none"> • care records accurately reflect the recommended diet/fluid consistencies as per the speech and language therapist (SALT) assessment • International Dysphagia Diet Standardisation Initiative (IDDSI) terminology is consistently recorded within care records • activities of daily living assessment are updated following a change in the assessed needs of a patient. 	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with staff evidenced that this area for improvement has been met.</p>	
Area for improvement 4 Ref: Standard 23 Stated: First time	<p>The registered person shall ensure that where a wound has been assessed as requiring treatment, a care plan and risk assessment is implemented to include the grade of the wound, dressing type, frequency of dressing renewal and maintain a record of the wound measurement.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with staff evidenced that this area for improvement has been met.</p>	
Area for improvement 5 Ref: Standard 43 Stated: First time	<p>The registered person shall ensure that the environment is arranged to suit the needs of patients with dementia.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p>	

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 robust 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).

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 to enable them to carry out their roles and responsibilities effectively.

Staff said teamwork was good and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

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.

Patients said that they felt well looked after and that staff were attentive. One patient commented “staff are very good here” and a further patient referred to the staff as “friendly people”.

There were safe systems in place to ensure staffing was safe to ensure that patients’ needs were met by the number and skill mix of the staff on duty.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. 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 and evidenced that where assistance of two staff was required, relevant charts were signed by both staff.

A member of staff was observed transferring a patient without any footrest on the chair. The inspector intervened to reduce the potential risk to the patient. This was discussed with the manager who provided written confirmation following the inspection that the identified chair had been taken out of use until a footplate is installed and a record of supervision has been completed with the staff member.

The nurse call alarm was sounding for a significant period of time on two occasions during the inspection. On discussion with staff it was evident 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 was discussed with the management team who agreed to have this reviewed and an area for improvement was identified.

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 displayed within each dining room. The manager discussed plans to enhance the size of the menu display and that table menus were also in the process of being implemented.

Review of a sample of care plans for patients at risk of dehydration evidenced that a recommended daily fluid target was not recorded. It was further identified that the total amount of fluids over 24 hours was not being totalled or recorded within patient daily progress notes or dietary/fluid intake charts. This was discussed in detail with the manager and an area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT and were knowledgeable regarding the international Dysphagia Diet Standardisation Initiative (IDDSI) terminology. However, dietary/fluid intake charts did not include the patients' SALT recommendations as per IDDSI terminology to direct staff. This was discussed with the manager and an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and

included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Review of four patient care records evidenced that they were mostly well maintained and any identified care plans and/or records that were inaccurate were updated prior to the completion of the inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination 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 patient's bedroom door was observed held open at their request. This was discussed with the manager who communicated the risks with the patient 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.

The home was warm, clean and comfortable. There was evidence that a number of areas had recently been painted or had flooring replaced. Surface damage was identified to a number of over bed tables, bedroom furniture, walls and ceilings which were mostly repaired prior to the completion of the inspection. The manager confirmed that refurbishment works were ongoing including the replacement of identified furniture with surface damage to ensure the home is well maintained. A system was also in place to ensure any maintenance issues were reported and addressed in a timely way.

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).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the DOH and infection prevention and control (IPC) guidance.

Policies regarding visiting and the care partner initiative had been developed and the manager advised that these would continue to be updated to reflect the most recent guidelines.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. There was a good supply of PPE and hand sanitising gel in the home. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

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.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

It was evident that patients could choose how they spent their day and that staff supported them to make these choices.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible.

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 were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed good compliance with this training. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was 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 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Care was provided in a caring and compassionate manner. Staff treated patients with respect and kindness.

It was positive to note that all areas for improvement since the last inspection have been met. Three new areas for improvement were identified during this inspection 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.

Based on the inspection findings and discussions held it was evident that Millcroft was providing safe and effective care in a compassionate manner; and that the management team had made the necessary improvements to ensure the service is well led.

7.0 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	1	2

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: First time To be completed by: 28 August 2021	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Nurse call bell system reviewed by contractor, working on upgrade of same.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.8 Stated: First time To be completed by: 28 August 2021	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Recommended daily fluid target recorded in care plan and diet / fluid chart of those identified at risk of dehydration. Care plans updated and reviewed to include actions to be taken.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 28 August 2021	<p>The registered person shall ensure that dietary/fluid intake charts and care records include:</p> <ul style="list-style-type: none"> 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. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: SALT recommendations have been included on diet / fluid charts. Total fluid intake is recorded by RN in chart and daily progress notes at end of 24 hr period.</p>

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