

## **Unannounced Secondary Care Inspection**

<b>Name of Establishment:</b>	<b>Millcroft</b>
<b>Establishment ID No:</b>	<b>1209</b>
<b>Date of Inspection:</b>	<b>29 May 2014</b>
<b>Inspector's Name:</b>	<b>Teresa Ryan</b>
<b>Inspection ID</b>	<b>17228</b>

**The Regulation And Quality Improvement Authority**  
**Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

**General Information**

<b>Name of Home:</b>	Millcroft
<b>Address:</b>	66 Mill Street Enniskillen Co Fermanagh BT74 6DW
<b>Telephone Number:</b>	028 6632 4000
<b>E mail Address:</b>	julesmccaffrey@aol.com
<b>Registered Organisation/ Registered Provider:</b>	Mrs Carol Kelly, Carewell Homes Ltd
<b>Registered Manager:</b>	Mrs Carmen Leonard
<b>Person in Charge of the Home at the Time of Inspection:</b>	Senior Registered Nurse Elaine McLoughlin
<b>Categories of Care:</b>	NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)
<b>Number of Registered Places:</b>	92: 82 – Nursing 10 – Residential
<b>Number of Patients/Residents Accommodated on Day of Inspection:</b>	73 65 Nursing 8 Residential
<b>Scale of Charges (per week):</b>	£581.00 Nursing £461.00 Residential
<b>Date and Type of Previous Inspection:</b>	02 and 03 January 2014 Primary Announced
<b>Date and Time of Inspection:</b>	29 May 2014 09.00 hours-16.00 hours
<b>Name of Lead Inspector:</b>	Teresa Ryan

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### 1.2 Method/Process

Specific methods/processes used in this inspection include the following:

- Discussion with Mr and Mrs McCaffery (Joint Owners of the home)
- Discussion with Mrs C Kelly, Registered Provider
- Discussion with two senior registered nurses
- Discussion with registered nurses
- Discussion with staff
- Discussion with patients and residents individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of the minutes of staff meetings
- Review of a sample of registered nurses competency and capability assessments
- Review of a sample of patients'/residents' care records
- Review of a sample of reports of unannounced visits undertaken under Regulation 29
- Observation during a tour of the premises
- Evaluation and feedback

### **3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

#### **STANDARD 30 - STAFFING**

**The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

Millcroft is situated in its own grounds off Mill Street, a short distance from the centre of Enniskillen. The home is owned by Mr and Mrs McCaffery. The registered provider is Mrs C Kelly.

The home is divided into two units;

The Riverside Suite is a three storey accommodation with access to each floor via a through floor lift and stairs. Bedroom accommodation is provided over three floors.

Nightingale House is a two-storey accommodation with access to the first floor via a through floor lift and stairs. Bedroom accommodation is provided over two floors

The Riverside Suite and Nightingale House were re-registered on the 25 October 2013 as one home to provide care for 82 patients and 10 residents.

There are a number of sitting areas, dining rooms, laundry, hairdressing room, kitchen, and community sanitary facilities provided throughout the home.

The grounds around the home are beautifully landscaped and are well maintained. Adequate car parking facilities are provided in the grounds of the home.

The home is registered to provide care under the following categories:

### Nursing Care

NH-I	Old age not falling into any other category
NH-PH	Physical disability other than sensory impairment
NH-PH(E)	Physical disability other than sensory impairment - over 65 years

### Residential Care

RC-I	Old age not falling into any other category
RC-PH	Physical disability other than sensory impairment
RC-PH(E)	Physical disability other than sensory impairment - over 65 years

## 3.0 Summary

This summary provides an overview of the service during a secondary unannounced inspection to Millcroft on Thursday 29 May 2014. The inspection was undertaken by Teresa Ryan and commenced at 09.00 hours and concluded at 16.00 hours.

The main focus of the inspection was to examine Standard 30 of the DHSSPS Nursing Homes Minimum Standards - Staffing.

The requirements and recommendations made as a result of the previous inspection were also examined. Three requirements were fully addressed and one was assessed by the inspector as being moving towards compliance. This requirement is restated. The four recommendations were fully addressed. During the course of the inspection the inspector met with a number of patients and residents individually and with others in groups. The inspector also met with a number of staff.

The inspector observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

Mrs Elaine McLoughlin, Senior Registered Nurse was in charge of the home throughout the inspection. The inspection feedback was provided at the conclusion of the inspection to Mrs Carol Kelly, Registered Provider, Mrs McLoughlin and Mrs E Stanford, Senior Registered Nurses.

### **STANDARD 30 - STAFFING**

**The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.**

On the day of inspection the registered nursing and care staff, staffing levels for day and night duty were in accordance with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home. On the day of inspection the administrative and ancillary staffing levels were found to be satisfactory. Activity therapy staff were employed for 46 hours per week.

Staff had attended a variety of relevant training including mandatory since the previous inspection and this is commendable.

In discussion with the senior registered nurses they informed the inspector that registered nurses who take charge of the home in the absence of the registered manager have competency and capability assessments in place. Inspection of a sample of these assessments revealed that these require to be reviewed and a requirement is made in this regard.

**The inspector can confirm that based on the evidence reviewed, presented and observed; that the level of compliance with this standard was assessed as compliant.**

### **Patients' and Residents' Comments**

The inspector spoke to a number of patients and residents individually and to others in groups. Examples of patients' and residents' comments were as follows:

"I am very happy here everything including the food is very good"

"Food is very good"

"The staff are all very kind and would do anything for you"

"The home is always clean and tidy".

### **Relatives' Comments**

No relatives visited the home during the inspection.

### **Staff Comments**

During the inspection the inspector spoke to a number of staff. The inspector was able to speak to a number of these staff individually and in private.

Examples of staff comments were as follows;

“This is a good home we work well as a team”

“The patients and residents are all well cared for”

“I enjoy my work except we are very busy”.

### **Care Practices**

During the inspection the staff were noted to treat the patients and residents with dignity and respect.

Patients and residents were well presented with their clothing suitable for the season. The demeanour of patients and residents indicated that they were relaxed in their surroundings.

### **6.5 Environment**

The inspector undertook a tour of the home and viewed a number of bedrooms, sitting areas, dining rooms, laundry, kitchen, bathroom, toilet and hairdressing facilities. The home presented as clean, warm and comfortable. Mr McCaffery informed the inspector that arrangements were in place for the replacement of broken tiles at the entrance to the home, the replacement of the carpet in the front porch and the provision of suitable privacy screening between patients'/residents' beds in double rooms.

Taking into account the categories of care of the patients in the home, the baths in a number of the en-suites are unsuitable for use. Mr McCaffery informed the inspector that consultation will be made with the RQIA and following this consultation appropriate arrangements will be put in place to replace these baths with suitable showers on a phased basis.

A requirement is restated in regard to the reviewing of patients' care records on a monthly or more often basis.

### **Conclusion**

The inspector can confirm that at the time of inspection the delivery of care to patients and residents was evidenced to be of a good standard.

One requirement is made and one is restated. These requirements are addressed in the quality improvement plan (QIP).

The inspector would like to thank the patients, residents, joint owners of the home, registered provider, senior registered nurse in charge, senior registered nurse and staff for their assistance and co-operation throughout the inspection.

.



#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16 (1)	The registered person shall ensure that the dietician's instructions and recommendations are recorded in the patients' care plans on eating and drinking.	Review of a sample of patients' care records revealed that the dietician's instructions were incorporated into care plans on eating and drinking.	<b>Compliant</b>
2	16 (2)	The registered person shall ensure that patients' bedrail risk assessments and care plans are reviewed monthly or more often if deemed appropriate.	Review of five patients' care records revealed that one of these care records were reviewed on a monthly basis. Restated	<b>Moving towards compliance</b>
3	15 (2) (b)	The registered person shall ensure that the assessment of the patient's needs is revised at any time when it is necessary to do so having regard to the circumstances and in any case not less than annually.	Review of five patients' care records revealed that these patients' assessment of needs had been reviewed and updated.	<b>Compliant</b>

4	27 (2) (b)	<p>The registered person shall ensure that the following environmental issues are addressed:</p> <ul style="list-style-type: none"> <li>• Refurbish the identified doors and architraves.</li> <li>• Replace the identified worn bedroom furniture.</li> <li>• Replace the stained carpet in corridor leading to bedrooms 15-18 Nightingale House</li> <li>• Repair the identified specialised chair.</li> </ul>	<p>Mr McCaffery informed the inspector that a number of doors had been repaired and repainted and arrangements were in place to refurbish all doors as required.</p> <p>The registered provider informed the inspector the bedroom furniture was being replaced on a phased basis.</p> <p>Mr McCaffery informed the inspector that arrangements were in place for this carpet to be replaced on the day following the inspection.</p> <p>The registered provider informed the inspector that a number of specialised chairs had been upholstered since the previous inspection and that this process would continue until completion.</p>	<b>Compliant</b>
---	------------	--	---	------------------

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that a pain assessment is maintained in the patients care records.	Review of five care records revealed that pain assessments were undertaken for patients.	<b>Compliant</b>
2	25.12	<p>It is recommended that details in regard to the following be addressed in reports of unannounced visits under Regulation 29:</p> <ul style="list-style-type: none"> <li>• The identification number of patients and residents spoken to.</li> <li>• The outcome of audits undertaken in the home.</li> </ul>	Review of a sample of reports of unannounced visits undertaken in the home under Regulation 29 revealed that this recommendation was being addressed.	<b>Compliant</b>
3	6.5	It is recommended that alterations in care records are dated, timed and signed appropriately.	Review of five patients' care records revealed that alterations were dated, timed and signed.	<b>Compliant</b>
4	5.3	It is recommended that the patient's and resident's activity assessments are reviewed and updated.	Review of five patients' care records revealed that activity assessments had been reviewed and updated.	<b>Compliant</b>

<b>STANDARD 30 - STAFFING</b> <b>The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.</b>	
<b>Criterion Assessed:</b> 30.1 At all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Taking into account, the categories of care, the number, dependency, complex needs and the supervision levels required to ensure the safety of the patients/residents and review of a sample of staff duty rosters, it was revealed that the registered nursing and care staff staffing levels were in line with the RQIA's recommended minimum staffing guidelines for day and night duty. Activity therapy staff were employed for 46 hours per week.	Compliant
<b>Criterion Assessed:</b> 30.2 The number and ratio of staff to patients is calculated using a method that is determined by and agreed with the Regulation and Quality Improvement Authority. Student nurses and volunteers working in the Home are not taken into account in overall staffing numbers.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Discussion with the two senior registered nurses and review of a sample of staff duty rosters revealed that the number and ratio of staff is calculated using the Regulation and Quality Improvement Authority's recommendations for minimum staffing guidelines.	Compliant
<b>Criterion Assessed:</b> 30.3 The care staff team comprises of nurses who are currently registered with NMC, and care assistants who have, as a minimum, NVQ level 2.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> During the inspection written evidence was provided by the senior registered nurses that all registered nurses including the registered manager employed in the home were on the live register of the N.M.C. The registered provider informed the inspector that care staff were registered with the N.I.S.C.C. and written evidence was held in this regard. Twenty two care staff had attained NVQ qualifications or equivalent. Five registered nurses were working in the home as care staff. Staff had attended a variety of relevant training including mandatory since the previous inspection and this is commendable.	Compliant

<b>Criterion Assessed:</b> 30.4 There is a competent and capable nurse in charge of the home at all times.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> In discussion with the senior registered nurses they informed the inspector that registered nurses who take charge of the home in the absence of the registered manager have competency and capability assessments in place. Inspection of a sample of these assessments revealed that these require to be reviewed and a requirement is made in this regard.	Moving towards compliance
<b>Criterion Assessed:</b> 30.5 Administrative and ancillary staff are employed to ensure that standards relating to food and meals, transport, laundry, cleaning and maintenance of the premises and administration are fully met.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> On the day of inspection the administrative and ancillary staffing levels were found to be satisfactory.	Compliant
<b>Criterion Assessed:</b> 30.6 Records are kept of all staff that includes name, date of birth, previous experience and qualifications, starting and leaving dates, posts held and hours of employment.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> In discussion with the registered provider and review of three staff personnel files revealed that records were held in line with this element of the standard.	Compliant
<b>Criterion Assessed:</b> 30.7 A record is kept of staff working over a 24 hour period and the capacity in which they were working.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> During the inspection it was revealed that duty rosters were available for all staff in the home. These rosters were signed on a weekly basis by the registered manager/ senior registered nurses to confirm that the hours highlighted on these rosters had been actually worked by staff.	Compliant
<b>Criterion Assessed:</b> 30.8 Time is scheduled at change of shifts for handover reports to be given on patient care and other areas of accountability.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> In discussion with the senior registered nurses and review of a sample of staff duty rosters revealed that time is scheduled at the change of shifts for handover reports to be provided.	Compliant

<b>Criterion Assessed:</b> 30.9 Staff meetings take place on a regular basis, and at least quarterly. Records are kept which include: - <ul style="list-style-type: none"> <li>• The date of all meetings</li> <li>• The names of those attending</li> <li>• Minutes of discussions</li> <li>• Any actions agreed.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The senior registered nurses informed the inspector that staff meetings were held at least quarterly and on occasions more often if issues arise that require to be discussed.  Review of a sample of the minutes of these meetings revealed that the dates of meetings, the names of attendees, minutes of discussions and any actions agreed were recorded in the minutes of these meetings.  A policy on staff meetings was available in the home.	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **6.0 Additional Areas Examined**

### **6.1 Care Practices**

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Patients and residents were well presented with their clothing suitable for the season. The demeanour of patients and residents indicated that they were relaxed in their surroundings.

### **6.2 Patients' and Residents' Comments**

During the inspection the inspector spoke to 14 patients and residents individually and to others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home.

Examples of patients' and residents' comments were as follows:

"I am very happy here everything and the food is very good"  
 "Food is very tasty"  
 "The staff are all very kind and would do anything for you"  
 "The home is always clean and tidy"  
 "I think this home is very good it is a lot better than the one I was in before I came here"  
 "We enjoy the activities that are provided in the home"  
 "I want to stay here I do not want to go home"  
 "I love getting my hair done the home is great".

### **6.3 Relatives' Comments**

No relatives visited the home during the inspection.

### **6.4 Staff Comments**

During the inspection the inspector spoke to 28 staff. The inspector was able to speak to a number of these staff individually and in private.

Examples of staff comments were as follows;

"I am very happy working in the home. I am happy with the staffing levels except when staff report sick at short notice"  
 "This is a good home we work well as a team"  
 "The patients and residents are all well cared for"  
 "I enjoy my work except we are very busy"  
 "The staffing levels are good but in my opinion the staff member who is off at 6pm should be rostered to 8pm"  
 "The management team are approachable and listen to our views".

The staff comments were brought to the attention of the registered provider and the two senior registered nurses.

## **6.5 Environment**

The inspector undertook a tour of the home and viewed a number of bedrooms, sitting areas, dining rooms, laundry, kitchen, bathroom, toilet and hairdressing facilities.

The home presented as clean, warm and comfortable. Mr McCaffery informed the inspector that arrangements were in place for the replacement of broken tiles at the entrance to the home, the replacement of the carpet in the front porch and the provision of suitable privacy screening between patients'/residents' beds in double rooms.

Taking into account the categories of care of the patients in the home, the baths in a number of the en-suites are unsuitable for use. Mr McCaffery informed the inspector that consultation will be made with the RQIA and following this consultation appropriate arrangements will be put in place to replace these baths with suitable showers on a phased basis.



## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carol Kelly, Registered Provider, Mrs Elaine McLoughlin, Senior Registered Nurse in Charge and Mrs Eileen Stanford Senior, Registered Nurse as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Teresa Ryan**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



## Quality Improvement Plan

### Secondary Unannounced Inspection

Millcroft

29 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Carol Kelly, Registered Provider, Mrs E McLoughlin and Mrs E Stanford, Senior Registered Nurses.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	20 (3)	<p>The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>These competency and capability assessments should be kept under review.</p> <p>Ref. 30.4</p>	One	Competency and capability assessments have been completed for all nursing staff and updating and review of same is ongoing.	Two weeks
2	16 (2)	<p>The registered person shall ensure that patients' bedrail risk assessments and care plans are reviewed monthly or more often if deemed appropriate.</p> <p>Ref. Section 4</p>	Two	All named nurses have been reminded of requirement to review bedrail risk assessments and care plans monthly or more often if required.	One month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Carmen Leonard
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Carol Kelly

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	T Ryan	15/07/14
Further information requested from provider			