

Inspection Report

1 February 2022



Mullaghboy

Type of service: Nursing Home (NH)
Address: 86 Warren Road, Donaghadee, BT21 0PQ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mullaghboy Limited Responsible Individual Mr Robert Maxwell Duncan	Registered Manager: Mrs Anne Dugan Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Anne Dugan	Number of registered places: 32
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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 32 patients. Patients' bedrooms are located over two floors. Patients have access to a communal lounge, the dining room and the garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 February 2022 from 10.35 am to 4.55 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 maintaining good working relationships.

Five areas for improvement have been identified in relation to the management and reporting of falls, staff recruitment and the duty rota.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, a visiting professional and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Mrs Anne Dugan, manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with two patients individually, small groups of patients in the lounge, a visiting professional and four staff. Visitors were unavailable to consult with. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection, no questionnaire responses were received from patients, their representatives or staff within the timescale specified.

A staff member spoken with commented:

“I enjoy working at Mullaghboy. It’s a good home to work in and the staff are nice. The manager is approachable and sorts out any concerns appropriately.”

A visiting professional spoken with commented:

“I visit the home every eight weeks and find the staff brilliant here. They are aware that conditions can get worse and will contact me if they have any concerns.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“I wanted to express my sincere thanks for the care and attention ... received at Mullaghboy. He was shown a level of care, dignity and respect that was above our expectations. The staff were all friendly and excellent at sharing information and keeping us informed.”

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 7 January 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) (c) Stated: First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: Observation of store rooms throughout the home evidenced that all chemicals were securely stored to comply with Control of Substances Hazardous to Health (COSHH) and that key pads were activated in the areas identified to maintain a safe environment within the home to ensure that patients are protected from hazards to their health.	
Area for Improvement 2 Ref: Regulation 13 Stated: First time	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients.	Met
	Action taken as confirmed during the inspection: Observation of the treatment room evidenced that the key pad was activated and the door was securely locked.	
Area for Improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: Observation of the electrical cupboard evidenced that the door was securely locked.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 44 (3) Stated: First time	The registered person shall review the inappropriate storage in the identified communal lounge so that the room is made comfortable and optimal for patients to avail of.	Met
	Action taken as confirmed during the inspection: The manager advised that patients no longer avail of the identified communal lounge and prefer to spend time in the larger main lounge. The smaller communal lounge will be used on a temporary basis to store equipment while plans are being drawn up to address the storage issues. An application regarding this was received by RQIA on 4 February 2022.	
Area for Improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.	Met
	Action taken as confirmed during the inspection: Observations of pull cords throughout the home evidenced they are fitted with washable covers in order to adhere to infection prevention and control best practice.	
Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure that care plans and risk assessments are in place for the use of pressure relieving mattresses and that mattresses are set in accordance of the patients' weight.	Met
	Action taken as confirmed during the inspection: Review of care plans and risk assessments evidenced that they have been completed for patients who require the use of a pressure relieving mattress and that the mattress are set in accordance of the patients' weight.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, a physical health declaration for was unavailable to view. This was discussed with the manager and an area for improvement was identified.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2021 evidenced that staff had attended training regarding moving and handling, first aid, infection prevention and control and fire safety.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded. Review of the staff duty rota evidenced that the records were altered using white adhesive paper. This does not adhere to record keeping best practice guidance. An area for improvement was identified.

Staff told us that the patient's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. Staff told us they were confident that they could report concerns about patient's safety and poor practice.

Patients spoken with commented that staff are attentive and they were happy in the home. They were complimentary regarding staff and the manner in which they cared for them.

5.2.2 Care Delivery and Record Keeping

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.

Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Patients' individual likes and preferences were reflected throughout the records.

Review of care records regarding mobility, risk of falls, use of pressure relieving mattresses and bedrails evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for four patients who had unwitnessed falls were reviewed. It was noted that they were not recorded for a period of twenty-four hours in line with post fall protocol and current best practice. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

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 Authority (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.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of their time in their room and staff were observed supporting patients to make these choices.

The manager advised that arrangements were in place to meet patients' social, religious and spiritual needs within the home. However, group activities had been paused on a temporary basis due to risk management of the spread of infection by ensuring that guidelines regarding the current COVID-19 pandemic were adhered to. The manager advised that staff facilitate a singalong with small groups of patients before mealtimes and that planned group activities would hopefully resume again soon. The provision of activities will be reviewed at the next inspection.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Mrs Anne Dugan has been the manager of the home from 1 April 2005.

Discussion with staff, patients and their representatives evidenced that the 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 manager.

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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the 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 falls and infection prevention and control (IPC) practices, including hand hygiene.

A review of the records of accidents and incidents which had occurred in the home, regarding unwitnessed falls that resulted in head injury, found that these were not managed in keeping with best practice. For a number of residents who had fallen and sustained a possible head injury, there was no evidence of appropriate onward referral as a result of the post fall review to their General Practitioner (GP). An area for improvement was identified.

Generally notifications were sent to RQIA in a timely manner however, review of four patients' records regarding a possible head injury after an unwitnessed fall, evidenced this was not the case. This was discussed with the manager who confirmed that these notifications had not been submitted to RQIA. An area of improvement under regulation was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Mrs Anne Dugan was identified as the appointed safeguarding champion for the home.

The home was visited each month by a representative of the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Staff commented positively about the manager and described her as supportive, approachable and commented that concerns raised were addressed promptly.

6.0 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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Anne Dugan, registered manager, 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 13 (1) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are completed for 24 hours as per post fall protocol.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Appropriate action required and best practice has been discussed with Nursing staff.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure to promote and make proper provision for the health and welfare of patients. This relates specifically to the management of falls within the home and the appropriate reporting to the patients' General Practitioner regarding a head injury or a suspected head injury.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Nursing staff updated as to the appropriate reporting procedure.</p>
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that appropriate notifications are submitted to RQIA without delay. This relates specifically to falls within the home resulting in injury including head injury.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Actioned by the Nurse Manager.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that records regarding recruitment of staff are at all times available for inspection in the home by any person authorised by the RQIA. This relates specifically to pre-employment health assessment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Medical History/Health Declaration questionnaire added to employment application form.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that staff duty rotas are not altered using white adhesive paper in order that the previous records can be read in accordance with best practice in record keeping.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: As explained on the day of inspection, the off duty rota is made out by the Manager and is handwritten. Sticky dots (which can easily be removed to view the original entry) had been placed over changes to the rota which had to be made to cover staff sickness. This is to ensure that the rota is clear and legible.</p>
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