

# Inspection Report

2 November 2023



## Mullaghboy

Type of Service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mullaghboy Limited	<b>Registered Manager:</b> Mrs Anne Dugan
<b>Responsible Individual</b> Mr Robert Maxwell Duncan	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Anne Dugan, Manager	<b>Number of registered places:</b> 33
<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. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 29
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 33 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 2 November 2023 from 09.50 am to 5.45 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 the patient dining experience and maintaining good working relationships.

Three areas for improvement have been identified; two in relation to the provision of activities and one in relation to pressure relief. The total number of areas for improvement includes one standard that has been stated for a second time.

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 observed 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, relatives, staff and a visiting professional 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 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

Patients, patients' relatives and staff spoken with provided positive feedback about Mullaghboy. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff told us that the manager was approachable and that they felt well supported in their role.

Patient's relatives told us they were very satisfied with the care provided by staff and the management. They confirmed that they had no issues or concerns with the staff or staffing levels and were confident any issues raised would be addressed.

Following the inspection we received two completed questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

The following comment was recorded:

'The care here is wonderful. The staff are every one of them exceptional, kind and caring and nothing is too much trouble for them.'

A visiting professional commented: "All's going well. I have no issues at all."

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

#### 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 13 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 37.5  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	The registered person shall ensure there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	The registered person shall ensure that all employed staff complete mandatory training in Mental Health Capacity – Deprivation of Liberty Safeguards (DoLS) and that a record of training is kept and closely monitored.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	The Registered Person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted in accordance with their care plan.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met.  This area for improvement is stated for a second time.  Refer to section 5.2.2 for details.	

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.	<b>Met</b>
	There was evidence that this area for improvement was met.	

## 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.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were 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 provision of mandatory training was discussed 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 the staff training and development plan for 2023 evidenced that staff had attended training regarding Deprivation of Liberty Safeguards (DoLS), adult safeguarding, first aid, moving and handling, food hygiene, infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy and respect.

### 5.2.2 Care Delivery and Record Keeping

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 patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

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.

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

Care records regarding mobility and pressure relief were reviewed and 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 patients who had unwitnessed falls were reviewed. It was noted that observations were recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

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. Care plans were in place for the management of bedrails.

Review of a selection of supplementary charts for patients who require to be assisted by staff to reposition, in order to provide pressure relief, evidenced there were gaps in the recording in accordance with their care plan. This was discussed with the manager and an area for improvement was stated for a second time.

Review of supplementary charts for patients regarding food and fluid intake evidenced they were well documented.

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.

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



Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room. The daily menu was displayed on a white board showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

Patients able to communicate indicated that they enjoyed their meal.

### **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 and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Equipment used by patients such as hoists and wheelchairs were noted to be effectively cleaned.

The treatment room, sluice room and the cleaning store were observed to be appropriately locked.

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.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

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 members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spend their day. Some patients preferred the privacy of their bedroom but enjoyed going to the dining room for meals.



It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. 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.

The provision of activities was discussed. The manager advised that patients' needs were met through a range of individual and group activities including outside entertainment that is arranged every two months. The manager confirmed that staff recognise the importance of meaningful engagement and try to accommodate daily preference and choice of activities for the patients. However, they are not always able to provide daily activities due to the need to prioritise care related tasks for patients who are more dependent. An area for improvement was identified.

An activity planner was not on display in the home to inform patients of what is scheduled. Although there was evidence of planned activities, examination of activity records confirmed that further work was required to evidence delivery of activities on a consistent basis to all patients. Examination of records showed that individual activity assessments with associated person centred activity care plans were not consistently in place and evaluations of activity delivery was not recorded in a contemporaneous manner. An area for improvement was identified.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place 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 had been no change in the management arrangements. Mrs Anne Dugan has managed the home since 1 April 2005. Discussion with staff and patients' 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 and discussion with the manager 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).

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

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 accidents/incidents and IPC practices including hand hygiene.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Review of the complaints book evidenced that systems were in place to ensure that complaints were managed appropriately. Patients' relatives said that they knew who to approach if they had a complaint.

Records reviewed evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* the total number of areas for improvement includes one standard that has been stated for a second time.

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 Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The Registered Person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted in accordance with their care plan  Ref: 5.1 & 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Recently employed staff have been advised of the need to ensure repositioning charts are completed in accordance with the care plan
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall make arrangements to ensure that staff are in such numbers to allow designated staff sufficient time to plan and deliver daily activities in order to provide structure to the patient's day. These should be developed in consultation with the patients and reviewed at least twice yearly to ensure this meets patients' changing needs.  Individual activity assessments should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered, the names of persons leading each activity and the patients who participate must be retained.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> Individual activity assessments are completed for all residents. All care staff are responsible for recording any activities for residents, either in a group setting or one to one. The activity programme is reviewed and staff are encouraged to promote new ideas. A new Activity record sheet has been devised. A notice regarding planned activities is displayed in the foyer..

<b>Area for improvement 3</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that patients know what is scheduled.  Ref: 5.2.4
<b>To be completed by:</b> Immediate action required	<b>Response by registered person detailing the actions taken:</b> As above

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



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