



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 January 2020



Mullaghboy

Type of Service: Nursing Home
Address: 86 Warren Road, Donaghadee, BT21 0PQ
Tel No: 028 9188 3596
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 32 patients.

3.0 Service details

Organisation/Registered Provider: Mullaghboy Limited Responsible Individual: Robert Maxwell Duncan	Registered Manager and date registered: Anne Dugan 1 April 2005
Person in charge at the time of inspection: 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: 28

4.0 Inspection summary

This unannounced inspection took place on 7 January 2020 from 10.00 to 14.45 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the good working atmosphere in the home and how patients were cared for in an unhurried, caring, kind manner. Good practice was also found in relation to recruitment, training, maintenance of care records and audits.

Areas requiring improvement were identified in relation to inappropriate storage in a communal lounge, signage to bedroom doors, risk assessing hot surfaces and genre of music played.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. Some of the comments made included statements such as: "I am cared for very well" and "Everything is A1. No complaints".

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Anne Dugan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 March 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 March 2019. Other than one action detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including the pharmacy inspection, registration information, and any other written or verbal information received, such as notifiable reports.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- two patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits / records

- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection on 25 June 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the trolley stored in the visitors bathroom is: <ul style="list-style-type: none"> • effectively decontaminated prior to each use • all items are cleared from the trolley after use • a record of decontamination is appropriately maintained • laminated signage is available to guide staff on the appropriate procedure to be followed 	Met
	Action taken as confirmed during the inspection: This trolley has been removed from storage in this bathroom.	

Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that barrier creams and food thickeners should only be used by those for whom they are prescribed / labelled.	Met
	Action taken as confirmed during the inspection: Staff were informed of this and no evidence was found to indicate that these creams or thickening agents were shared.	

Areas for improvement from the last medicines management inspection on 5 March 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that the temperature range of the medicines refrigerator is accurately monitored to ensure it is maintained within the recommended limits of 2°C and 8°C.	Met
	Action taken as confirmed during the inspection: The medicines refrigerator has been repositioned so that optimal desired temperatures are maintained and these temperatures are closely monitored.	

6.2 Inspection findings

6.3 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Throughout this inspection patients advised that they felt safe in the home and that they were well cared for. Patients also advised that staff attended to their needs in a kind, caring manner.

The atmosphere in the home was considered warm, friendly with staff assisting and conversing with patients in a polite and respectful manner.

Staffing and recruitment

General observations of care practices found that there was sufficient staff in place to meet the needs of patients. This was reflected in the duty rota. The duty rota identified the person in charge in the absence of the manager and an inspection of a sample of a competency and capability assessment found that this was appropriately in place.

The manager explained that the staffing levels were safe and appropriate to meet the number and dependency levels of patients and that staffing numbers would be adjusted when needed. No concerns were raised by patients, visitors or staff regarding staffing levels in the home. Staff said that their roles and workload was busy but manageable and that they would have no difficulty in raising this with management should this be a concern.

Ancillary staff were in place to support catering, housekeeping and laundry duties.

Two staff members' recruitment records were inspected. Both these records were in accordance with regulations and standards.

Staff advised that they completed an induction relevant to their roles and responsibilities. Two records of induction were inspected and were appropriately in place.

The manager explained that nursing and care staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). An inspection of these records confirmed that these registrations are audited on a monthly basis.

Staff supervision, appraisal and training

Discussion with staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and issues would be managed in a professional manner.

The manager had a system in place for managing staff supervision and appraisal in accordance with requirements.

An inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training was in place which identified when staff last received their mandatory training and when up-date training was required. This is good practice.

Safeguarding patients from harm

Staff had good knowledge regarding how they would use reporting mechanisms to raise concerns about patient care or about a colleague's practice. Staff were able to describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home. They advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contact details were readily available.

The manager was able to describe how safeguarding referrals would be made to the Trust. Staff training in adult safeguarding was included within the mandatory training records. An inspection of these records confirmed staff training in this area was maintained in an up-to-date basis.

Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Communal lounges were pleasantly furnished with comfortable seating. One lounge was not in optimal use due excess storage of hoists and wheelchairs. This has been identified as an area of improvement to make good.

Patients' bedrooms were nicely facilitated and personalised. Signage to the bedroom doors was considered insufficient in the rooms in the first floor. This has been identified as an area of improvement to make good.

Bathrooms and toilet facilities were clean and hygienic.

Infection prevention and control aids and equipment were readily accessible.

The laundry department is under renovation to accommodate the workload involved. Interim measures in place were discussed with the manager and laundress and these seemed to be working well.

The kitchen appeared tidy and well organised.

A portable electric heater was in one patient's bedroom. The temperature of this heater was excessive and posed a risk if a patient were to fall and lie against this surface. An area of improvement was made for this and any other hot surfaces in the home to be risk assess in accordance with current safety guidelines with subsequent appropriate action.

There were no other obvious health and safety risks observed in the environment at the time of this inspection.

Fire safety

The home's most recent fire safety risk assessment was dated 11 December 2019. An inspection of this assessment found that there were 14 recommendations made as a result. The manager advised that the responsible individual had evidence of what was done in response to these recommendations. This evidence wasn't readily available at the time of this inspection. It was also advised that this assessment was scheduled for review on 10 January 2020. The manager agreed to submit details of the outcome of this assessment to the home's aligned estates inspector.

An inspection of fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis and there were regular and up-to-date fire safety checks in the environment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Areas of improvement were identified in relation to inappropriate storage in a communal lounge, signage to bedroom doors and risk assessing hot surfaces.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

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

General observations of care practices during this inspection evidenced patients getting the right care and staff responded to patients in a kind, caring manner. Staff advised that there was good communication and teamwork between staff members for the benefit of patients.

Care records

An inspection of a sample of two patients’ care records was undertaken. These records were organised in a methodical manner and were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example falls, safe moving and handling, and nutrition, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual patients.

There was evidence that patients and their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Examples of this were found from observations of infection prevention and control practices and the overall relaxed social atmosphere in the home.

Patients could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of patients’ meals and snacks. Observations throughout the inspection confirmed that residents were treated with dignity and respect. For example, staff spoke politely with patients and sought their agreement when seeking to assist in personal care tasks.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents and staff.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations throughout this inspection confirmed that patients were treated with dignity and respect.

Compassionate care

Patients were seen to be comfortable, relaxed and at ease in their interactions with staff and in their environment.

Observations of staff during the inspection found they were reassuring to patients and acted in a caring manner. Staff interactions were seen to be polite, friendly, warm and supportive.

The genre of music played in two patients’ bedrooms was considered not in keeping with their age group and taste. This was identified as an area of improvement to make good.

Patients’ bedrooms were largely personalised to good effect in that it added to their comfort, make-up and individuality.

Patients’ views

Patients spoken with commented positively in respect of their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home. Some of the comments made by patients included:

- “Everything is very good here. They are all very kind”
- “The staff are lovely and kind. They are all very busy”
- “I am very happy and comfortable here”
- “I am being well looked after. Everything’s all right with me”
- “The food is excellent”
- “I am cared for very well”
- “Everything is A1. No complaints”

For those patients who could not clearly articulate their views, through body language and non-verbal cues they were able to indicate positive feedback on their care in the home.

Relatives’ views

Discussions with four visiting relatives found that they were very positive on the provision of care in the home and the kindness and support received from staff to their loved one(s).

Dining experience

The dining room was suitably furnished with tables which were nicely set with choice of condiments. The lunchtime meal looked appetising, wholesome and nutritional, with a provision of choice in place. Staff attended to patients’ needs in a caring, unhurried manner. A nice ambience was in place for patients to enjoy their meal. Feedback from patients on the provision of meals was all positive.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from patients, visiting relatives and general observations of care practices.

Areas for improvement

One area of improvement was identified in relation to reviewing the genre of music played to ensure it is in keeping with the patients’ age group and tastes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There was a clear management structure within the home. All staff spoken with commented positively on this provision and described management as being supportive and approachable.

Management and governance arrangements

The manager is supported in her role by a deputy manager, who was on duty at the time of this inspection. The manager confirmed that in large she has supernumerary time to undertake managerial duties. However she also undertakes regular shifts in the home which gives added oversight in terms of having a “working” knowledge of patient dependencies.

A visit by the responsible individual is undertaken each month in accordance with regulation. An inspection of the last three months reports was undertaken. These reports gave good account of governance with an action plan put in place for any issues identified.

A comprehensive range of audits were in place. These ranged from audits undertaken on a weekly, monthly, quarterly and annual basis. The audits that were inspected provided assurances that the manager monitors the quality of care and other services delivered in the home.

Management of accidents and incidents

An inspection of the last four months accident and incidents reports were inspected. These reports were clearly documented and reported to RQIA and other relevant organisations as required. A monthly audit of accidents and incidents is carried out by the manager to identify any patterns or trends. The manager advised that learning from accidents and incidents was disseminated to staff and action plans developed to improve practice.

Complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff, confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately.

Compliments received from relatives or patients were retained in the home and shared with staff. One record of compliment included the following statement:

- “We really made a good choice in choosing The Mullaghboy for Dad’s last years. Your caring for him was second to none...”

Staff views

Staff spoke positively about their roles, duties, teamwork, support and morale. Staff praised the manager and her knowledge of patients’ needs and associated support by ensuring sufficient staffing levels were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Dugan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 21 January 2020	The registered person shall risk assess all individual radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action. Ref: 6.3 Response by registered person detailing the actions taken: Referred to maintenance. All necessary hot surfaces have been risk assessed and protected as per guidelines.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44(3) Stated: First time To be completed by: 7 March 2020	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. Ref: 6.3 Response by registered person detailing the actions taken: Due to lack of storage areas we have no option but to store wheelchairs in this area however when thobis room is used for residents any equipment is screened off and does not cause obstruction.
Area for improvement 2 Ref: Standard 43(6) Stated: First time To be completed by: 7 February 2020	The registered person shall put in place sufficient signage to identify individual patients' bedrooms. Ref: 6.3 Response by registered person detailing the actions taken: At time of inspection room numbers had been removed for painting. Referred to maintenance.
Area for improvement 3 Ref: Standard 11(12) Stated: First time To be completed by: 8 January 2020	The registered person shall ensure the genre of music played is in keeping with the patients' age group and tastes. Ref: 6.5 Response by registered person detailing the actions taken: This was dealt with and staff reminded to play more suitable background music in this particular room.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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