



Unannounced Care Inspection Report 7 January 2021



Mullaghboy

Type of Service: Nursing Home (NH)
Address: 86 Warren Road, Donaghadee, BT21 0PQ
Tel No: 028 9188 3596
Inspector: Linda Parkes

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 nursing home registered to provide nursing care for up to 32 persons.

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: 26

4.0 Inspection summary

An unannounced care inspection took place on 7 January 2021 from 11.55 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

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

The following areas were examined during the inspection:

- the environment/Infection Prevention and Control
- staffing and care delivery
- patients' records
- governance and management.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	*3

*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Robert Duncan, responsible individual, post inspection, and Anne Dugan, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with five patients individually, small groups of patients in the lounge and four staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received within the timescale specified.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 28 December 2020 to 10 January 2021
- 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
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- two patients' reposition charts
- three patients' fluid intake charts
- three patients' nutritional intake charts
- two patients' monthly weight records
- three patients' care records
- RQIA registration certificate.

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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall risk assess all individual radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: The manager advised that all individual radiators/hot surfaces have been risk assessed in accordance with current safety guidelines. Observation of the environment evidenced that radiators have been fitted with safety guards. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was discussed with the responsible person and the manager. On review by the estates inspector, it was decided that this area for improvement will be carried forward for review at the next care inspection. See section 6.2.1 for details.	

<p>Area for improvement 2</p> <p>Ref: Standard 43 (6)</p> <p>Stated: First time</p>	<p>The registered person shall put in place sufficient signage to identify individual patients' bedrooms.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of the environment evidenced that sufficient signage to identify individual patients' bedrooms was in place. The inspector observed new bedroom signage that the manager had purchased and was advised the current signage will be replaced in February 2021. This area for improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 11 (12)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the genre of music played is in keeping with the patients' age group and tastes.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of the environment evidenced that the genre of music played was in keeping with the patients' age group and tastes. This area for improvement has been met.</p>		

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

An inspection of the home's environment was undertaken which included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. The cleaner's store was observed to be locked appropriately.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. 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.

Observation of two identified bathrooms evidenced that a spray bottle of cleaning product in each bathroom could be easily accessed. Two bottles of cleaning products were also noted to be attached to the side rail of the medicine trolley on the ground floor. The safe storage of chemicals was discussed with the manager and an area of improvement under regulation was identified.

Correspondence from the manager on 13 January 2021 advised that staff have been reminded to return cleaning products to the relevant locked area in order to adhere to Control of Substances Hazardous to Health (COSHH).

Pull cords in bathrooms throughout the home were seen to be uncovered and could not be easily cleaned in order to adhere to infection prevention and control best practice. This was discussed with the manager and an area for improvement was identified.

Correspondence from the manager on 13 January 2021 advised that plastic sleeves for pull cords have been ordered.

On inspection it was noted that the treatment door was unlocked and the registered nurse was not in the area. It was concerning that the medication fridge and cupboards containing medication and food supplements were unlocked and easily accessible. Oxygen cylinders were also stored in the treatment room. Observation of the medicine trolley on the ground floor and the first floor evidenced that both were secure and locked appropriately. It was noted that a container with a selection of ointments and topical creams had been placed on top of both trolleys and were unattended. The safe storage of medication was discussed with the manager and an area of improvement under regulation was identified.

A high voltage electric cupboard on the ground floor that housed the fire alarm system and three junction boxes with electric cables leading to trip switches, was seen to be unlocked and easily accessed. This was discussed with the manager as it could cause potential harm to patients' health and welfare and an area for improvement was identified.

Correspondence from the manager on 3 February 2021 advised that the electric cupboard has been secured and is locked appropriately.

It was noted during the inspection that one of the communal lounges was being used extensively for the storage of wheelchairs and hoists, due to limited storage space currently available within the home. Subsequent to the inspection this was discussed with the estates inspector for the home who agreed to pursue this concern. The estates inspector discussed this issue with the home's proprietor who recognised there was a problem with storage in the home. They confirmed that this issue was planned to be addressed by an extension to the premises. As part of this extension, dedicated storage for wheelchairs and hoists would be provided, allowing both communal lounges in the home to be safely used by the patients. The estates inspector was advised that the proprietor will actively seek planning approval for this extension and a variation detailing the scope of this work will be submitted to RQIA for approval in the coming days. This area for improvement has been carried forward for review at the next care inspection, in order to give the home the opportunity to make the necessary improvements to provide patients with a comfortable environment to relax.

Information displayed on notice boards throughout the home was generally observed to be laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice. However, three notices were observed not to be laminated. This was discussed with the manager who addressed the issue immediately. Correspondence from the manager on 13 January 2021 advised that all information posters on display have been laminated.

The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 28 December 2020 to 10 January 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

We observed the serving of the lunchtime meal. The food appeared nutritious and appetising and was covered on transfer whilst being taken to patients' rooms. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. 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. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Mullaghboy. We also sought the opinion of patients and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Two patients commented:

- "All's ok. The staff look after me well and I've no concerns."
- "I'm ok. I know Anne (manager) well and would go to her if I was concerned about anything. I don't have any concerns. The staff are good and so is the food. I've put on weight since I came here."

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks were received by the home. Some of the comments recorded included:

- "I would like to thank you so much for everything you do for my father every day but especially through 2020 from Covid 19 has come upon us. You keep him safe and in a good place mentally."

6.2.3 Patient records

Review of one patient's care record evidenced that care plans regarding mobility 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.

Care plans and risk assessments in relation to the use of a pressure relieving mattress for two patients were unavailable to view. It was noted that the pressure relieving mattress for one patient was not set in accordance of the patients' weight. This was discussed with the manager and the registered nurse on duty, who addressed the matter immediately. An area for improvement was identified.

Six patients' supplementary charts in relation to fluids and nutritional intake were reviewed and were observed to be well maintained.

Review of two patients' reposition charts evidenced that the patients' assessed reposition regime had been adhered to and was well documented.

Two patients' monthly weight charts were checked and a system was observed to be in place to monitor patients' weight loss and weight gain.

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.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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).

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 2020 evidenced that staff had attended training regarding coronavirus awareness, moving and handling, infection prevention and control (IPC) and fire safety.

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, care plans, infection prevention and control (IPC) practices, including hand hygiene, and the environment.

We reviewed accidents/incidents records from 11 October 2020 to 12 December 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records from 9 September 2020 to 2 November 2020 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

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.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding adult safeguarding, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

Five new areas requiring improvement were identified in relation to Control of Substances Hazardous to Health (COSHH), the safe and secure storage of medication, health and welfare of patients, Infection Prevention and Control (IPC) and care records regarding pressure relieving devices.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep patients, staff and visitors safe in line with the Department of health and the Public Health Agency guidelines.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Robert Duncan, responsible individual, post inspection, and Anne Dugan, 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 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	<p>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.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been advised as to their responsibility RE: COSHH to ensure the safe storage of materials.</p>
Area for improvement 2 Ref: Regulation 13 Stated: First time To be completed: Immediate action required	<p>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.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A keypad lock has been fitted to the treatment room door.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A replacement lock has been fitted to the Electrical Cupboard.</p>
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	<p>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.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was discussed with the responsible person and the manager. On review by the estates inspector, it was decided that this area for improvement will be carried forward for review at the next care inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The pull cords have been replaced throughout the home.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans and risk assessments for use of pressure relieving mattresses are in place.</p>

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



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