

Unannounced Care Inspection Report 22 November 2016



Mullaghboy

Type of Service: Nursing Home
Address: 86 Warren Road, Donaghadee, BT21 0PQ
Tel no: 028 91 883596

Inspectors: Sharon McKnight and Dermot Walsh

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mullaghboy took place on 22 November 2016 from 10:10 to 15:35 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

On the day of the inspection patients, relatives and staff spoken with commented positively in regard to the care in the home. A review of records, discussion with the registered manager and staff and observations of care delivery evidenced that the requirements and recommendations made as a result of the previous inspection had been complied with.

The inspection outcomes found one area of concern with regard to the security of cleaning chemicals and the signage when oxygen is stored in a bedroom; a requirement was made. One area for improvement was identified with regard to the recording of risk assessments. The details of the requirement and recommendation are set out in the Quality Improvement Plan (QIP) within this report. Compliance with the requirement and recommendation made will further enhance the quality of care provided.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Robert Duncan, registered person and 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 May 2016. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection.

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

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Mullaghboy Limited Robert Maxwell Duncan	Registered manager: Anne Dugan
Person in charge of the home at the time of inspection: Anne Dugan	Date manager registered: 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 32

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with 10 patients individually and with others in small groups, one registered nurse, four care staff, two domestic staff and five patient's visitors/representative. Ten questionnaires were provided to relatives and staff and a request made that they were returned within one week of the inspection date.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

The following information was examined during the inspection:

- staff duty roster for the week commencing 21 November 2016
- three patient care records
- staff training records
- staff induction records
- staff recruitment records
- records of staff NMC/NISCC registration
- complaints and compliments records
- records of audit
- reports of monthly quality monitoring visits.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 12 May 2016.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 26 April 2016.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21(1)(a)(b) Stated: First time	The registered person must ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.	Met
	Action taken as confirmed during the inspection: A review of the recruitment files of two staff employed since the previous inspection evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. This requirement has been met.	
Requirement 2 Ref: Regulation 20(1)(a) Stated: First time	The registered person must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses and care staff have, and maintain, a live registration with their professional body must be implemented	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that robust systems for monitoring the registration status of nursing and care staff were appropriately managed. This requirement has been met.	

<p>Requirement 3</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that staff receive mandatory training and other training appropriate to the work they are to perform. Effective systems to monitor staff attendance at mandatory training must be implemented.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that there had been good compliance with training achieved since the previous inspection. A training matrix was in place to enable the registered manager to monitor who had attended which training. Observations confirmed that the registered manager used the training matrix to alert staff to who was required to attend forthcoming training sessions.</p> <p>Staff confirmed that a range of training was provided and were knowledgeable of their responsibility to attend.</p> <p>The registered manager confirmed that further training would be arranged to ensure all mandatory training was provided as required.</p> <p>This requirement has been met.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The registered persons must seek advice from relevant healthcare professionals and ensure that the decontamination process and storage of commode pots is in keeping with best practice in infection prevention and control.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that advice had been sought from public health regarding the decontamination process and storage of commode pots. Staff spoken with were knowledgeable regarding the decontamination process and we observed that racks and draining trays had been provided to allow the commode pots to air dry. This requirement has been met.</p>		

<p>Requirement 5</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that there is proper provision for the nursing, health and welfare of patients. Equipment required to meet patient need must be available.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We observed that a wide variety of equipment was available throughout the home. Staff spoken with were knowledgeable regarding patient need and the use of equipment. Staff identified two patients who had expressed personal preferences with regard to the type of equipment used to transport them. A review of the patients' care records evidenced that a care plan was in place which detailed the patients' preference. The care plans were evaluated regularly. This requirement has been met.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p>	<p>The registered person must ensure that copies of reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are maintained in the home and made available on request.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We observed that the reports of the visits undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from May 2016 to October 2016 were available in the home. This requirement has been met.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	<p>It is recommended that formal training is provided for the registered manager and any staff who are involved in the selection and recruitment of staff.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The registered person and registered manager confirmed that they had been unable to source training specific to the recruitment of staff in nursing homes and the requirements within The Nursing Homes Regulations (Northern Ireland) 2005. We were informed that, in the absence of training, they had reviewed the regulations and the records required to be maintained for the recruitment of staff. We observed that they had created a checklist for the recruitment process as a quality assurance system to ensure that all records were obtained prior to the candidate commencing employment. Whilst formal training was not attended we were assured that by implementing quality assurance systems for recruitment the registered person and registered manager had gained personal development in this area. This recommendation has been met.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p>	<p>It is recommended that the registered manager sign in the induction process to confirm that the process had been satisfactorily completed and that they were satisfied that the staff member was competent. The timescales for completion of the induction process should be reviewed to ensure that are meaningful and in keeping with DHSSPS Care standards for Nursing Homes 2015.</p> <p>Action taken as confirmed during the inspection:</p> <p>We reviewed two induction programmes; one completed and one in progress. The completed induction programme had been signed by the registered manager to confirm that the induction process had been satisfactorily completed.</p> <p>We discussed the induction process with the registered manager who confirmed that the timescales for completion of the induction process had been reviewed and a six week timescale agreed. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>It is recommended that the record of Access NI checks is further developed to include the date that the certificate is viewed; this would evidence that the registered manager has checked the certificate prior to the candidate commencing employment.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The record maintained of Access NI checks was reviewed and evidenced that from August 2016 records included the date the certificate was checked by the home which evidenced that the outcome of the Access NI checks were confirmed prior to the candidate commencing employment. This recommendation has been met.</p>	
<p>Recommendation 4 Ref: Standard 16.11 Stated: First time</p>	<p>Records should be kept of all complaints and these include details of all communications; the result of any investigation; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.</p> <p>Action taken as confirmed during the inspection: We observed that a complaints record was in place. There were no recorded complaints and the registered manager confirmed that no complaints had been received since the previous inspection. We were assured that the registered manager was aware of the importance of ensuring complaints were recorded appropriately. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5 Ref: Standard 35.4 Stated: First time</p>	<p>It is recommended that areas for improvement identified during audit should be re-audited to ensure the required improvements are made and compliance with best practice is achieved.</p> <p>The registered manager should have oversight of the audits completed.</p> <p>Action taken as confirmed during the inspection: A review of the audit records evidenced that where areas for improvement were identified these were shared with the relevant staff to be addressed. The areas were then re-audited to check that the required improvements had been made. This recommendation has been met.</p> <p>It is recommended that the current provision of registered nurses is reviewed to ensure that the registered manager has sufficient time to undertake the day to day operational</p>	<p>Met</p>

	management of the home effectively.	
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that recruitment for registered nurses was ongoing. Since the previous inspection an additional registered nurse had been recruited for the bank. A review of the duty rota for the week of the inspection evidenced that they were rostered to work two morning shifts. Discussion with the registered manager and the level of compliance achieved with this quality improvement plan indicated that the registered manager currently had sufficient time to undertake the day to day operational management of the home effectively. This recommendation has been met.</p>	Met

4.3 Inspection findings

4.3.1 Care delivery

RQIA arrived in the home at 10:15 hours. On arrival there was a calm atmosphere throughout the home and staff were observed attending to patients' needs. Morning tea was being served to the patients in the main lounge. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

We observed one patient being transported in a wheelchair with no foot rests. We discussed this with a registered nurse who was knowledgeable regarding the patients care and confirmed that, following a previous injury involving foot rests, it was deemed less of a risk to remove them than leave them in place when the patient did not use them properly. This decision making and risk management was not reflected in the patient's care records. A recommendation was made.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

"The staff are very kind to me."

"I am very happy living here."

"we're well taken care of, the chef is great."

Relatives spoken were generally satisfied with the standard of care and communication with staff. The following comment was provided:

"We are very glad ...is here. He is well fed and well looked after, the staff are great."

We also sought relative's opinion via questionnaires; four were returned in time for inclusion in this report. The relatives indicated that they were either very satisfied or satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

Staff spoken with were knowledgeable regarding patients' likes, dislikes and individual preferences. Ten questionnaires were issued to staff; three were returned. The staff members

were very satisfied or satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

4.3.2 General environment

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. We observed one sluice on the ground was unlocked; there were cleaning chemical available in the room. We also observed small, portable oxygen cylinders in a bedroom; there was no sign displayed on the exterior of the door to alert people to the fact oxygen was stored in this room. The registered person must ensure that as far as is reasonably practicable unnecessary risks to health and safety of patients are identified and so far as possible eliminated. The security of cleaning chemicals and the need for signage on the bedroom door where oxygen cylinders were available was discussed with the registered person and registered manager who agreed to review both situations with immediate effect. A requirement was made.

Areas for improvement

Where a risk is identified with the use of footrests a documented risk assessment should be completed.

Rooms where cleaning chemicals are available must be kept locked. Signs must be displayed on the door of the bedroom where oxygen cylinders were available.

Number of requirements	1	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Robert Duncan, registered person and 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2016</p>	<p>The security of cleaning chemicals and the need for signage on the bedroom door where oxygen cylinders are available must be reviewed to ensure that, as far as is reasonably practicable unnecessary risks to health and safety of patients are identified and so far as possible eliminated</p> <p>Ref 4.3.2</p>
	<p>Response by registered provider detailing the actions taken: Security of Cleaning Chemicals - Areas which have cleaning chemicals have coded locks and staff have been reminded that these locks are not to be left on the snib under any circumstances and that these areas are to be kept locked at all times. Oxygen Signage - Staff have been reminded of the policy "Use of Oxygen" which includes a section on required signage for when oxygen is in use or being stored.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.6</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2016</p>	<p>It is recommended that where a risk is identified with the use of footrests a documented risk assessment is completed.</p> <p>Ref section 4.2</p>
	<p>Response by registered provider detailing the actions taken: Staff have been made aware of the need for a documented risk assessment to be completed where a risk is identified with the use of footrests.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews