

Inspection Report

3 May 2023



Moneymore

Type of service: Nursing Home
Address: Cookstown Road, Moneymore, Magherafelt
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Registered Provider: Ann's Care Homes Limited	Registered Manager: Mrs Wendy McMaster
Responsible Individual: Mrs Charmaine Hamilton	Date registered: 22 July 2022
Person in charge at the time of inspection: Mrs Wendy McMaster	Number of registered places: 41
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 41 patients. The home is divided in two units; Springhill and Carndaisy. The accommodation is on one level and the patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 May 2023, from 9.40 am to 4.40 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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 and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Moneymore Nursing Home was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 previous areas for improvement issued, 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 Wendy Mc Master, manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "There's not much to complain about in here". "All the staff are very good", "I am happy in here and the staff are good to me" and "the carers are the best!".

Ten staff were spoken with; they all commented on the support provided by the manager and they felt that she was very approachable. Staff also commented that teamwork was very good in Moneymore.

There was no response from the staff online survey and no questionnaires were returned within the allocated timeframe.

A record of compliments received about the home was kept and shared with the staff team.

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 14 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>This is in specific reference to patient care plans and care records:</p> <ul style="list-style-type: none"> • normal bowel type and frequency to be included within care plans • care plans to be implemented to reflect relevant medical history • patients daily progress notes to reflect events which have occurred • accurate recording of dates within risk assessments and care records. 	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence of accessible potentially hazardous items to patients in a communal lounge cabinet. This is further discussed in section 5.2.3.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed and a system is initiated to monitor ongoing compliance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall make the necessary arrangements to ensure that disposal of medicines records are fully maintained; and clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal, by two trained staff.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall review the management of topical medicines to ensure that medicine records are fully and accurately completed.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that daily progress notes, supplementary recording charts and the evaluation of care plans are reflective of the delivery of personal care.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

Area for improvement 4 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that patient care plans and risk assessments are completed within the required time frame following admission to the home.	Not met
	Action taken as confirmed during the inspection: Care records were not commenced timely following patient admission to the home. This area for improvement has not been met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

Review of governance records provided assurance that all nursing staff were registered with the Nursing and Midwifery Council (NMC) and that these registrations were monitored by the manager on a monthly basis. However; review of the care staff registration with Northern Ireland Social Care Council (NISCC) identified a member of staff who had not registered with NISCC within the recommended timeframe, this was discussed with the manager for her appropriate action. RQIA received written confirmation after the inspection to advise that the manager was working with NISCC to assist this staff member with their registration.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. A few staff names had been entered on the duty rota with their first name only, this was discussed with the manager and the importance of the need to enter staff full names at all times, the manager acknowledged this deficit and agreed to ensure staff full names were entered on the duty rota going forward.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments. One of these assessments was noted to be out of date, the manager advised this would be updated when the identified nurse was next on duty. Written confirmation was received 5 May 2023 that all the assessments are now up to date.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of two identified patients' care records evidenced that their care plans and risk assessments had not been developed in a timely manner. This was discussed with the manager and an area for improvement was stated for a second time.

A record was kept of what patients had to eat and drink. Patients had been assessed and prescribed a fluid target, however; there no evidence of daily oversight and ongoing management by the registered nurses when a patient had not met their 24-hour fluid target. An area for improvement was identified.

Patients who were less able to mobilise were assisted by staff to change their position. However, a review of repositioning records evidenced that patients were not always repositioned frequently and a number of patients care records did not contain a specific care plan identifying an assessed repositioning regime. An area for improvement was identified.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food. It was observed the daily menu did not reflect the meal on offer and that some menu choices were written on a plain piece of paper; this was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

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

A tub of thickener, a number of bottles of nail polish and a bottle of nail polish remover was observed stored within a dresser in a communal lounge. All these products should be securely stored when not in use. An area for improvement was stated for a second time.

A number of wheelchairs were observed in need of a better clean, this was brought to the attention of the manager and all the wheelchairs were cleaned before the end of the inspection. Continued compliance with the effective cleaning of equipment will be followed up on future inspections.

A member of staff was observed non-compliant with use of PPE and did not take the opportunity to carry out hand hygiene on a number of occasions. Furthermore, two other staff members were observed not bare below the elbow and wearing nail polish. This was brought to the manager's attention who agreed to address the observed deficits with the identified staff members. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed. Activity records were maintained which included patient engagement with the activity sessions.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that 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.

Staff commented positively about the manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2*	*6

* the total number of areas for improvement includes one Regulation and one standard that have been stated for a second time and two standards that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Wendy Mc Master, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Storage of Thickening agents and items used in providing residents with activities have been reviewed and stored appropriately. Health and safety responsibilities of all staff have been addressed in staff meetings. All staff have been advised of returning items to the correct area for safe storage. Nursing staff monitor the safe storage of items. Home Manager monitors compliance during audits</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • Patients who are assessed at risk of pressure damage and require repositioning have a care plan in place to direct the care required • Patients are repositioned in keeping with their prescribed care. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Register Nurse responsibilities regarding prescribing and supervising correct repositioning schedules has been addressed with all nurses. All residents who have an assessed risk of pressure damage and require repositioning now have a care plan in place to direct the care required. Repositioning is being carried out in keeping with their prescribed care. Nursing staff monitor the records to ensure compliance with regulation. Home Manager monitors compliance through audits and deficits are addressed in a timely manner</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: Immediate and ongoing	The registered person shall make the necessary arrangements to ensure that disposal of medicines records are fully maintained; and clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal, by two trained staff. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: Immediate and ongoing	The registered person shall review the management of topical medicines to ensure that medicine records are fully and accurately completed. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 4.1 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that patient care plans and risk assessments are completed within the required time frame following admission to the home. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The recording of risk assessments and care plans within the correct time frames has been reviewed with the registered nurses. Risk assessments and the care plans are being completed within the required time frames. This is monitored by the home manager during audit following admission and communicated to nurses on completion.

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken:</p> <p>The regular and meaningful review of resident’s daily fluid intake has been discussed with the nurses and care assistants. Fluid intake is monitored by the nursing staff throughout the day and appropriate action taken to address any deficits identified are recorded and addressed in a timely manner. Home manager audits are carried out to monitor compliance with the standard</p> <p>The registered person shall ensure that the daily menu is displayed in a suitable format.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The daily menu is displayed in both written and photographic format. This is audited by the cook and the Home manager to ensure compliance</p>
<p>Area for improvement 6</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure staff training on IPC measures and the use of PPE is embedded into practice.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The correct use of PPE and staff IPC practices have been addressed with all staff in meetings. This is supported by the Auditing and supervision of staff by both the Registered nurses and the home manager during practice and reinforcing good practice by addressing any lapses in practice with the staff at the time.</p>

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