

Inspection Report

6 December 2023



Moneymore

Type of service: Nursing Home
Address: Cookstown Road, Moneymore, Magherafelt
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Ann's Care Homes Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Mrs Wendy McMaster 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 6 December 2023, from 9.30 am to 4.30 pm by a care inspector.

The inspection focused on all areas for improvement identified at the last care inspection on 3 May 2023, and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

It was positive to note that this inspection identified no new areas for improvement. One area for improvement was carried forward for assessment at a future care inspection and the other areas for improvement were all assessed as met.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients, staff and visitors were consulted during the inspection. Staff spoken with said that Moneymore nursing home was a good place to work. Staff described good teamwork amongst their colleagues and were satisfied with the staffing levels and the support from the Manager.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients confirmed the staff were good to them and commented "I am happy enough" and "I'm not worried about a thing", and one patient described the home as "a great place with great staff". Family members spoken with, all stated they were very content with the care their loved one received in Moneymore.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

No questionnaires were returned or no feedback was received from the staff online survey within the allocated timeframe.

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 5 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 12 (1) (a) Stated: First time	The registered person shall ensure the following in regards to the repositioning of patients: <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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.1 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.	Carried forward to the next inspection
	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 12 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 46.2 Stated: First time	The registered person shall ensure staff training on IPC measures and the use of PPE is embedded into practice.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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 system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place. Staff said that they felt well supported in their role and found the Manager approachable.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). It was observed that the NISCC spreadsheet required updating to remove the names of staff who were no longer employed in the home, the Manager provided assurance this would be actioned.

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

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. Staff spoke positively on staffing levels and teamwork in the home.

Staff also told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed. Repositioning regimes were prescribed by nursing staff where required for patients, however it was observed that this was not consistently in a skin integrity care plan but may have featured in a moving and handling care plan. This was discussed with the management team and it was agreed that any patient requiring special attention to their skin all the care required including repositioning should be detailed and included in one skin integrity care plan. This will be reviewed at a future inspection.

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.

A record was kept of what patients had to eat and drink. Patients who have been assessed and prescribed a fluid target require daily oversight of their adherence with this fluid target. A new system and aide memoire has been introduced to provide guidance for the nursing staff as to the management and oversight of these fluid targets. It was positive to note that improvement in the care documentation of daily fluids was seen. However, this guidance is quite new and the home has recently recruited new nurses; so this guidance has not been fully embedded into practice to enable appropriate validation of the area for improvement identified at the previous care inspection. The area for improvement regarding meaningful review of fluid targets has been carried forward for review at a future inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of patient bedrooms, the communal lounge, dining room, bathrooms and storage spaces. The home was found to be clean, warm, well-lit, and free from malodour. Patient's bedrooms were clean, tidy and personalised with items of interest and importance to each patient, such as family photos, furniture, books and sentimental items.

There was evidence that the home required repainting in several areas. This was discussed with the Manager who advised of an ongoing refurbishment plan. Progress with this refurbishment plan will be followed up on a future inspection.

Further review of the environment identified a number of rooms that had been secured closed with metal bars and screws that could only be opened with a drill. Furthermore, one of these rooms contained archiving records. This was immediately brought to the attention of the maintenance personnel and the Manager who removed the securing devices and cleared the room of archiving records. The potential impact of these rooms secured in this way, particularly in regard to fire risks, was discussed at length with the management team who acknowledged this oversight.

Bathroom equipment were observed in need of a better clean and a shower head requiring descaling, this was brought to the attention of the Manager and was addressed before the end of the inspection.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

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 or their bedrooms 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 planned schedule of activities was displayed. Activity records were maintained which included patient engagement with the activity sessions.

5.2.5 Management and Governance Arrangements

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

It was established that the Manager had a system in place to monitor accidents and incident 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 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/or **the Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

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

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

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</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: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The meaningful and regular review of daily fluid records has been further discussed with staff under supervision. Staff are embedding practices into their daily routine to ensure records are reviewed and appropriate actions are taken. This is monitored by the home manager via the audit process</p>

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