Unannounced Care Inspection Report
10 January 2017

Moneymore

Type of Service: Nursing Home
Address: Cookstown Road, Moneymore, BT45 7QF
Tel no: 02886748118
Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Moneymore took place on 10 January 2017 from 09.00 to 16.30 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.

The term 'patients' is used to describe those living in Moneymore which provides both nursing and residential care.

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	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ailish Devlin, acting manager and Patricia Greatbanks, regional 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 care inspection undertaken on 7 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken.

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: Four Seasons Healthcare Dr. Maureen Claire Royston	**Registered manager:** Ailish Devlin (acting)
Person in charge of the home at the time of inspection: Ailish Devlin	**Date manager registered:** Not applicable
Categories of care: RC-I, RC-PH(E), RC-MP(E), NH-I, NH-PH A maximum of 4 residential places. A maximum of 1 patient in category NH-PH.	**Number of registered places:** 41

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

A poster was prominently displayed at the front entrance, inviting feedback from patients and their representatives. During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with five patients, four care staff, one registered nurse, one laundry assistant and four patients' representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records for 2015/2016
- accident and incident records
- complaints received since the previous care inspection
- records pertaining to NMC and NISCC registration checks
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector; and will be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 7 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation15 (2)(a)(b) **Stated:** First time	The registered persons must ensure that pain assessments are completed for all patients requiring regular or occasional analgesia, as appropriate. This information should be reflected in the patients' care plans.	**Met**
	Action taken as confirmed during the inspection: A review of care records confirmed that pain assessments had been completed for all patients, as appropriate. The care plans reviewed also reflected that the patients' pain management had been included.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 4, criteria 8 and 9 **Stated:** Second time	Records of wound care delivery should be maintained contemporaneously and in accordance with best practice guidelines in wound management.	**Met**
	Action taken as confirmed during the inspection: The review of care records evidenced regular wound assessments and review of the care plan regarding the progress of wounds. A review of the patients' daily progress notes, evidenced that wound dressings had been changed according to the care plan.	

Recommendation 2 **Ref**: Standard 4, Criterion 1 **Stated:** Second time	A detailed plan of care should be generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment should be commenced on the day of admission and completed within five days of admission to the home.	**Met**
	Action taken as confirmed during the inspection: A review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and had been completed within the recommended five day timeframe.	

4.3 Inspection findings

4.3.1 Staffing arrangements

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 2 January 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.3.2 Care Practices

Five patients consulted with confirmed that they were afforded choice, privacy, dignity and respect. However, one patient who could not verbalise their feelings in respect of their care was observed in their bedroom. It was evident that their personal care needs had not been fully attended to. The morning routine was discussed with one care staff member, who explained that if staff did not have the time to complete the patient's care, before the breakfast, this would be completed when the patient had finished eating. All other patients were observed to be comfortable and presented to a good standard. The findings were raised with the manager who immediately responded to the concern by informing staff to complete the patient's personal care. Although the manager and regional manager also completed supervisions with all the staff on duty, in line with the home's policy on personal care delivery, RQIA were not assured that this would have been identified without the intervention of the inspector. A requirement has been made in this regard.

Some patients required their drinking fluids to be thickened due to poor swallowing ability and risk of choking. Those drinks which required to be thickened were observed being made up, from a communal tin of thickening powder, on the refreshment trolley. One patient had been assessed by the speech and language therapist (SALT) as being unable to tolerate normal fluids and required their drinking fluids to be thickened. The inspector observed that the patient's drink had not been thickened, as prescribed. The staff explained that the patient often refused to have prescribed thickeners when taking fluids. A review of the patient's care plan evidenced that the patient did not consistently consent to the recommended thickening regime; however, the care plan did not provide any direction to staff on how to manage this risk. The care plan evaluations also did not reflect how often the patient had not consented; and this information was not consistently recorded in the supplementary care records. There was also a lack of evidence within the care record that this matter had been communicated to the speech and language therapist. A requirement has been made in this regard.

One identified patient required a pressure relieving mattress on their bed. Observation of the specific pressure relieving mattress evidenced that staff had to 'set' the pressure according to the patient's weight. We found that the patient, whose weight was 34.1 kgs, using a mattress that was set for a patient of more than 100 kgs which would not effectively relieve pressure and could potentially be detrimental. Specific details of the findings were discussed with the manager who immediately responded to the concern by informing staff and reviewing all electric mattresses in the home and confirming, to the inspector, that all were operating correctly. The manager and regional manager confirmed that this action would be recorded as a group supervision/learning session and would be conducted with other care staff, not on duty, to ensure all nursing and care staff, were aware of the risks to patients if the settings were incorrect. However, there was no process in place to monitor or record pressure mattress settings. A recommendation has been made in this regard.

Areas for improvement

A requirement has been made that the home is conducted in a manner which respects the dignity of patients. This refers specifically to the review of working practices in the morning, which must be reviewed and monitored, to ensure that patients' personal care needs are delivered in a respectful manner.

A requirement has been made that patients who require a modified diet receive the appropriate consistency of food and fluids, as recommended by the Speech and Language Therapist. Accurate records must be maintained in relation to any non-compliance with recommendations to help assess the efficacy of the treatment plan.

A recommendation has been made that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use.

Number of requirements	2	**Number of recommendations**	1

4.3.3 Care Records

As previously discussed in section 4.2, a review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required.

There was evidence of good practice noted, particularly in relation to patients' risk assessments. For example, where a patient required the use of bedrails, a risk assessment had been completed and formal consent for use had been obtained. The review of the care plan evidenced that the registered nurse had recorded the measurements between the top of mattress and the bedrails, to mitigate against the risk of entrapped or fall from bed. This is good practice and is commended.

Patients were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). This included monitoring patients' weights and recording any incidence of weight loss. Where patients had been identified as being at risk of poor nutrition, staff completed daily food and fluid balance charts to record the amount of food and drinks a patient was taking each day. Referrals were made to relevant health care professionals, such as GPs, dieticians and speech and language therapists for advice and guidance to help identify the cause of the patient's poor nutritional intake. Discussion took place in relation to the need to record nutritional supplements on the patient's fluid intake charts; and also in relation to patients' weights being recorded within the patient care record.

Three patients who required specialist chairs were observed in a position where their feet were unsupported. In all instances, the footplates had not been used, to provide the required level of comfort or support. When discussed with staff, they explained that they had either 'forgotten' to pull the footplate out or that that the footplate was too low. The regional manager confirmed during the inspection that the training had been planned with the supplier of the specialist chairs, to ensure that the staff knew how to adjust the height of the footplates.

Although there was evidence in one patient care record that the registered nursing staff had sought and implemented the advice of the occupational therapist in relation to positioning in the specialist chair, it was evident that one patient required to be referred to occupation therapy for a seating assessment. The manager later confirmed on the day of the inspection, that this referral had been made. A requirement has been made.

One care plan was reviewed in relation to the management of urinary catheters. Although there was a care plan in place which detailed how the catheter should be cared for and the frequency with which the catheter should be changed, there was no evidence within the patient care record of the date the catheter had last been changed and no evidence that a date had been scheduled for change. The manager was able to confirm on the day of the inspection that the catheter had been changed, in keeping with the patient's care plan and a catheter change chart was commenced. RQIA were satisfied that this concern had been managed appropriately.

Areas for improvement

A requirement has been made that the seating arrangements within the home are reviewed and monitored, to ensure that the staff have the knowledge and skills to position patients in line with good practice. Instruction must be given to all staff in relation to adjustable footplates on chairs. Evidence of timely referral to or advice sought from appropriate health and social care professionals must be documented in patient records.

Number of requirements	1	**Number of recommendations**	0

4.3.4 Consultation

During the inspection, we met with five patients, four care staff, one registered nurse, one laundry assistant and four patients' representatives. Some comments received are detailed below:

Staff

"We all get on so well, we are a close team".
"I knew this home to be first class before I even applied for a job here".
"I have no concerns, the care is very good, like a wee family and we know the patients and their families very well".
"It is very good to be part of a team, we think very highly of the residents here".

One staff member commented that the work was 'very hard and very tough and that they wished they had more time to do things properly'. This comment was relayed to the manager to address.

Patients

"I could not praise them enough, it is first class, a hotel would not be better".
"I am getting on very well, I like the peace and quiet".
"It is very good".
"I am happy to be here under the circumstances".
"The staff are always polite".

Patients' representatives

"I have no complaints, couldn't say a word. It is all very good".
"I have no concerns, the care is absolutely excellent".
"It is very good".
"I would give the 110 percent, there is nothing to equal this place, it is just class and I am spoilt rotten by the staff".

We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. No questionnaires were received from patients' representatives. Five staff and three patients had returned their questionnaires, within the timeframe for inclusion in this report. All respondents indicated that they were either satisfied or very satisfied that the home was providing safe, effective and compassionate care; and that the home was well-led. However, two staff members indicated that they felt there was not sufficient staff to meet the patients' needs. Written comments included 'don't feel there is enough staff' and 'not enough staff to care for patients'. Given that these comments were contrary to the inspection findings, the comments were relayed to the manager, by telephone, following the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.3.5 Management and Governance Arrangements

Discussion with the manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The registered manager was on planned leave and there have been three successive temporary managers within the last three months. Those consulted with were aware of the management arrangements and stated that the home was well led. Given the inspection findings, it may be beneficial to review the management arrangements when practicable, to ensure management stability.

Discussion with the manager and review of the home's complaints record evidenced that complaints were being managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The majority of staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The records reviewed confirmed that 82 percent of staff had, so far this year, completed training in safeguarding vulnerable adults. The majority of staff understood what abuse was and how they should report any concerns that they had. However, two of the staff consulted with had not completed training in adult safeguarding and were hesitant when asked how they would recognise the signs of abuse. This was discussed with the manager, who agreed to address this with the staff concerned. Following the inspection, the manager confirmed to RQIA by email on 18 January 2017 that the identified staff had completed training on adult safeguarding.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Since the previous inspection, RQIA had been made aware that the process for checking the registered nurses' registrations with the Nursing and Midwifery Council (NMC) had not been sufficiently robust. Discussion with the manager and review of records evidenced that the arrangements for conducting the registration checks had been reviewed and was now robust. Similar arrangements were also in place to ensure that care staff were registered with the Northern Ireland Social Care Council (NISCC).

There were systems in place to monitor and report on the quality of nursing and other services provided. The manager undertook regular audits in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. The monthly quality monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. An action plan was generated to address any areas for improvement. Discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.3.6 Environment

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Infection prevention and control measures were adhered to and equipment was stored appropriately.

Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ailish Devlin, acting manager and Patricia Greatbanks, regional 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	
Requirement 1 **Ref**: Regulation 13 (8)(a) **Stated:** First time **To be completed by:** 10 March 2017	The registered persons must ensure that the home is conducted in a manner which respects the dignity of patients. This refers specifically to the review of working practices in the morning, which must be reviewed and monitored, to ensure that patients' personal care needs are delivered in a respectful manner. **Ref: Section 4.3.2**
	Response by registered provider detailing the actions taken: The Registered Manager has discussed current working practices during a recent staff meeting and positive changes have been made. Personal care training has taken place and also discussed under supervision. Working practices will continue to be monitored by Registered Manager and during Regulation 29 visits by Regional Manager.
Requirement 2 **Ref:** Regulation 13 (1)(a) **Stated:** First time **To be completed by:** 10 March 2017	The registered persons must ensure that patients who require a modified diet receive the appropriate consistency of food and fluids, as recommended by the Speech and Language Therapist. Where a patient does not consent to an intervention records must be maintained to guide staff in managing the identified risk. **Ref: Section 4.3.2**
	Response by registered provider detailing the actions taken: A referral has been made to SALT for the identified patient who can be non compliant with their prescribed modified food and fluid. Advice has been given in the interim of an assessment taking place and this advice has been recorded and cascaded to staff. The new supplementary booklet is now in place and how to complete has been covered under supervision. Staff are advised to ensure documentation clearly evidences when non compliance presents and the Registered Nurse is made aware. Dysphagia training has taken place and a further date to be arranged.
Requirement 3 **Ref:** Regulation 12 (1)(a)(b) **Stated:** First time **To be completed by:** 10 March 2017	The registered persons must ensure that the seating arrangements within the home are reviewed and monitored, to ensure that the staff have the knowledge and skills to position patients in line with good practice. Instruction must be given to all staff in relation to adjustable footplates on chairs. Evidence of timely referral to or advice sought from appropriate health and social care professionals must be documented in patient records. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: Seating arrangements have been reviewed and referrals made to

	Occupational Therapist. In the interim prior to their visit, advice has been sought which has been recorded and implemented. The Registered Manager has discussed during recent staff meeting the importance of ensuring footrests are in place. This will be monitored by the Registered Manager during daily walk about.
Recommendations	
Recommendation 1 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 10 March 2017	The registered persons must ensure that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use. **Ref: Section 4.3.2** **Response by registered provider detailing the actions taken:** The Registered Manager on the day of inspection conducted a full review of pressure relieving mattresses and settings have been applied as per patient weight. The Registered Manager has discussed this in the recent staff meeting. The standard of operation has been discussed and recorded under supervision.

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