

# Inspection Report

14 July 2022



## Moneymore

**Type of service: Nursing (NH)**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Ann's Care Homes Limited  <b>Responsible Individual:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Mrs Wendy McMaster  <b>Date Registered:</b> 22 July 2022
<b>Person in charge at the time of inspection:</b> Miss Joanne O'Neill, Registered Nurse 9am – 9.50am Miss Edel Treanor, Regional Support Manager 9.50am – 4.30pm	<b>Number of registered places:</b> 41
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Nursing Home which provides nursing care for up to 41 patients. The accommodation is on one level and patients have access to communal lounges, dining rooms and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 July 2022 from 9am to 4.30pm. The inspection was undertaken by a care inspector.

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

It was positive to note that all areas for improvement from the previous care inspection had been met. Two areas for improvement in relation to medicines management have been carried forward for review at a future inspection.

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.

The findings of this report will provide the management team 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 patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the management team 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: "First class care", "Good food", "(I) feel safe here", "I'm more than happy here" and "I couldn't ask for better".

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Great support from the manager" and a further staff member said "I love working here". There was no feedback from the staff online survey.

There were six questionnaires returned, two from patients and four which did not state if they were from a patient or a relative. The respondents were either satisfied or very satisfied with the overall provision of care. Comments included: "Lovely home and wonderful staff", "This is my first in Moneymore and I would love to come back any time please" and "very good".

Comments from patients and staff during the inspection were shared with the management 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 17 June 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref: Standard 28</b> <b>Stated: First time</b>	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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 2</b> <b>Ref: Standard 29</b> <b>Stated: First time</b>	The registered person shall review the management of topical medicines to ensure that medicine records are fully and accurately completed.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref: Standard 23</b> <b>Stated: First time</b>	The registered person shall review the repositioning frequency of patients so staff are clear as to what constitutes day and night frequency differences.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with staff evidenced that this area for improvement had been met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	The registered person shall ensure that records and documentation is completed in accordance with legislative requirements, minimum standards and best practice. This specifically relates to fire drill records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with management evidenced that this area for improvement had been 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. For example, staff received regular training in a range of topics including fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of a sample of employee recruitment records evidenced that appropriate employment checks had been carried out in line with best practice. Induction records were also reviewed and maintained within employee files.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector requested three registered nurses competency and capability assessments for taking charge of the home in the absence of the Manager. Only two of these assessments were available. Following the inspection written confirmation was received from the Manager of the action taken to address this. This will be reviewed at a future inspection.

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.

Patients said that they felt well looked after by the staff and were very happy in Moneymore. One patient commented: "The people here are all very good to me" and another patient referred to the staff as being "Very good".

## 5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients were generally well presented but it was noted that one patient's personal care needs had not been fully attended to by staff. Discussion with staff evidenced that this patient had a tendency to refuse aspects of personal care. Review of relevant care records completed by both the nursing and care staff evidenced that the care documented as having been delivered was not reflective of the care received and an area for improvement was identified.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of repositioning records evidenced that they were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Care records for recently admitted patients evidenced that relevant care plans and risk assessments had not been completed within the required time frame. This was discussed in detail with the management team and an area for improvement was identified.

Review of three patient care records identified that care plans did not contain the patients' normal bowel type and frequency and a number of care plans were not in place for relevant medical history. It was further noted that events that had occurred were not reflective within identified patients' daily progress notes and there were inconsistencies in the recording of dates within risk assessments and care records. Details were discussed with the management team and an area for improvement was identified.

## 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The inspector identified that the door to a sluice room was unlocked with cleaning chemicals easily accessible; despite this having been brought to the immediate attention of staff the door remained unlocked until brought to the management's attention. A cleaning trolley was also observed unattended within a corridor and prescribed topical creams were observed within a communal toilet. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

The management team told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The management team also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Whilst there was evidence that IPC training had been provided a number of deficits were identified that were not in keeping with good practice. For example, patient equipment and/or PPE were inappropriately stored within a number of en-suites and communal bathrooms. The underneath of identified equipment required a thorough cleaning and toilet brushes used within the home were unable to be air dried following use. It was further identified that hand paper towels were not available within three identified toilets. Details were discussed with the management team who acknowledged that these findings were not in keeping with IPC best practice and 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.

The activity coordinator was very enthusiastic in her role and an activity schedule was on display within the home. Patients were observed taking part in crafts and bingo during the inspection. The home was also visited by an ice cream van in the afternoon and patients said they very much enjoyed the activities within the home.

Patients commented positively about the food provided within the home with comments such as; "(The) food is very good" and "Plenty of choices".

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection on 17 June 2021 with Mrs Wendy McMaster now in the role of the Manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

Review of accidents/incidents records in comparison with the notifications submitted by the home to RQIA confirmed that records were maintained appropriately.

Discussion with the management team and review of records evidenced that quality monitoring visits were completed on a monthly basis by a representative, on behalf of the Responsible Individual. Reports of these visits were available within the home during the inspection.

## 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
<b>Total number of Areas for Improvement</b>	3	4*

\* The total number of areas for improvement includes two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Edel Treanor, Regional Support Manager and Miss Joanne O'Neill, Registered Nurse, 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

#### Area for improvement 1

**Ref:** Regulation 13 (1) (a)  
(b)

**Stated:** First time

**To be completed by:**  
14 August 2022

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.

This is in specific reference to patient care plans and care records:

- 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.

Ref: 5.2.2

#### **Response by registered person detailing the actions taken:**

The Registered Manager has met with all Registered Nurses and discussed the area of improvement. A full review of Residents care plans and associated risk assessments has taken place and additional information required has now been added to include bowel type and frequency. All relevant medical history has been added also. Progress notes now reflect events as they occur. The importance of accurate dates on documentation has been reiterated. Registered Manager will monitor compliance through care plan auditing. Also during daily walk about and will record documents checked.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has discussed the identified deficits with all staff during planned meetings. Compliance will be monitored during daily walk abouts and should deficits be noted these will be further discussed at flash meetings.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has discussed the identified deficits with all staff during planned meetings. Daily walk abouts will be used to review all areas of the home to ensure there is no inappropriate storage of equipment. Also that equipment is clean and readily available for use. Toilet brushes have now been purchased and hand paper towels are available in all toilet areas. Registered Manager will monitor further compliance through Infection control and house keeping audits.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</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>Ref: 5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall review the management of topical medicines to ensure that medicine records are fully and accurately completed.</p> <p>Ref: 5.1</p> <p><b>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.</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: 5.2.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Registered Manager has discussed deficits at planned staff meetings. During the daily walkabout, documentation will be checked for compliance. Further compliance will be monitored during care plan auditing when a triangulation review of progress notes, supplementary recording charts and care plan evaluations will be completed to ensure all reflect the delivery of perscribed care.</p> <p>The registered person shall ensure that patient care plans and risk assessments are completed within the required time frame following admission to the home.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has discussed deficits with Registered Nurses who have now been provided with a template which sets out the time frames for care plans and associated risk assessments to be completed. Registered Manager or delegated nurse will complete an admission Tracca to monitor compliance.</p>

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



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