



Unannounced Follow Up Care Inspection Report 30 August 2018



Moneymore

Type of Service: Nursing Home (NH)
**Address: Cookstown Road, Moneymore,
Magherafelt, BT45 7QF**
Tel No: 02886748118
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Gail Brown	Date manager registered: Gail Brown – acting – no application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 41

4.0 Inspection summary

An unannounced inspection took place on 30 August 2018 from 09.50 hours to 14.40 hours

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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last inspection on the 30 June 2018.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	2

*The total number of areas for improvement includes two areas for improvement under regulation, which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gail Brown, 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.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 30 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with three patients, two patients' relatives/representatives and two staff. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 20 August 2018 to 27 August 2018
- one staff recruitment and induction file
- a selection of agency induction files
- three patient care records
- a selection of supplementary care records including food and fluid intake, repositioning and bowels charts
- a sample of governance audits
- emergency evacuation file.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

One area for improvement identified at the last care inspection was not reviewed as part of this inspection and is carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This is made in specific reference to sufficient management hours being available to ensure the governance arrangements for the nursing home and legislative requirements are met.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review duty rota from weeks commencing 20 August 2018 to 27 August 2018 evidenced sufficient management hours were available to ensure the governance arrangements for the nursing home and legislative requirements are met.</p> <p>This area of improvement has been met.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (a) (a) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Action taken as confirmed during the inspection: Review of one patient care record evidenced that when the patient had an unwitnessed fall, neurological and clinical observations were carried out consistently in accordance with best practice guidance and the homes policies. Next of kin were informed and a fall risk assessment was completed within 24 hours of the fall. It was observed that the patient's care manager had not been notified as per care plan. The manager agreed to do this retrospectively.</p> <p>This area of improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.4.</p> <p>Action taken as confirmed during the inspection: Review of the environment and observation of practice evidenced improvements since the last care inspection. For example, all bedrooms now have a bin, new commodes have been purchased, robust cleaning arrangements are in place of patient equipment and new toilet seats have been purchased and fitted. Staff were also aware how to dilute cleaning products as per manufacturers guidance.</p> <p>However, deficits were observed in relation to effective use of personal protective equipment (PPE), hand hygiene and robust environmental cleaning. This was discussed with the manager who agreed to address this.</p> <p>This area for improvement is stated for a second time.</p>	<p>Partially met</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • wound management • care planning • SALT recommendations 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of three care records evidenced improvements in care planning. However, deficits were observed in wound management and SALT recommendations. Review of one patient care record evidenced that although wound assessments were completed, gaps of up to and including four days in adherence to prescribed wound care were observed. There was also inconsistent evaluation of wounds. Review of SALT arrangements for another identified patient evidenced that the care plan did not reflect prescribed care and had not been reviewed effectively on at least two occasions. This was discussed with the manager who agreed to review this.</p> <p>This area for improvement is stated for a second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure the necessary improvements are embedded into practice.</p> <p>This area for improvement is made in relation to care record audits.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced that 15 care records had been audited since the last care inspection. The manager confirmed that arrangements were in place to audit two patient care records per week.</p> <p>This area of improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 38.3 Stated: First time</p>	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded.</p> <p>Action taken as confirmed during the inspection: Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.</p> <p>This area of improvement has been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 39.3 Stated: First time</p>	<p>The registered person shall ensure all agency staff provide evidence of training most recently undertaken that fulfils training requirements.</p> <p>Action taken as confirmed during the inspection: Review of a selection of agency staff induction files evidenced they contained a copy of training most recently undertaken.</p> <p>This area of improvement has been met.</p>	Met
<p>Area for improvement 3 Ref: Standard 48.7 Stated: First time</p>	<p>The registered person shall ensure the emergency evacuation plans are maintained in an up to date manner and reflect the current number of patients' in the home at any given time.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of emergency evacuation plans evidenced that these were reflective of the home's occupancy on the day of inspection and are subject to weekly review.</p> <p>This area of improvement has been met.</p>	
<p>Area for improvement 4 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 5 Ref: Standard 4.9 Stated: First time</p>	<p>The registered person shall ensure that supplementary care records, specifically, fluid intake charts, are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Review of a selection of supplementary care records, including fluid balance charts, evidenced they were completed in an accurate, comprehensive and contemporaneous manner; however minor gaps were observed. This was discussed with the manager who agreed to continue monitoring this. Records reflected a full 24 hours and the total intake/output was recorded in the patient's daily progress records.</p> <p>This area of improvement has been met.</p>	

Area for improvement 6 Ref: Standard 19 Stated: First time	The registered person shall ensure that staff adopt a person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs.	Met
	Action taken as confirmed during the inspection: Observation of care delivery evidenced a patient centred approach by all staff. This area for improvement has been met.	

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 4 June 2018.

Review of two care records evidenced that some of the care record entries were illegible and did not clearly state the name of the staff member and their designation. This was discussed with the manager who agreed to address this with staff and monitor care records. This will be reviewed at a future care inspection.

Review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. However, discussion with staff and the manager evidenced there was also no provision made for activities to be delivered in the absence of the personal activity leader (PAL). There was no evidence that the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This was discussed with the manager and who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure they are adhering to best practice guidance. An area for improvement under the care standards was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. Observation of one bedroom evidenced it was being used as a store room with spare furniture, mattresses, fans, a filing cabinet and other miscellaneous items stored there. The manager was advised that if this room was no longer to be used as a bedroom then a variation application for a change of purpose is required to be submitted to RQIA. An area for improvement under the care standards was made.

Consultation with three patients individually, and with others in smaller groups, confirmed that living in Moneymore was viewed as a positive experience. Two relatives were consulted during the inspection. Some of the comments received were as follows,

"I am so glad my mum is here. She gets excellent care."

Two staff members consulted with during the inspection commented positively on improvements in Moneymore since the last inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, agency staff induction, the environment and governance arrangements.

Areas for improvement

Two areas for improvement under the care standards were identified in relation to activities and using empty bedrooms for storage purposes.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gail Brown, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.4.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Registered Manager continues to spot check staff compliance on effective use of Personal protective equipment, hand hygiene and environmental cleaning. Regional Manager and or support staff visiting Home will assist with monitoring and recording findings.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • wound management • SALT recommendations <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Registered Manager has reiterated to Registered Nurses the importance of effective documentation in wound management and SALT recommendations. Traccas have commenced and will continue in both areas and will be closely monitored by Registered Manager and support staff visiting Home.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 1 October 2018	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.5</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Ref: 6.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p>	<p>Response by registered person detailing the actions taken: A review of the activity programme has commenced and will remain under review. Location of activity board was discussed with residents and it was agreed that it should be displayed outside Day room, this was put in place following inspection.</p> <p>The registered person shall ensure the nursing home, and all spaces, is only used for the purposes which it is registered.</p> <p>This area for improvement is made in reference to using empty bedrooms for storage purposes.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In the interim of a variation application for change of purpose being completed the identified room has been cleared.</p>

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



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