



The **Regulation** and  
**Quality Improvement**  
Authority

## Unannounced Follow Up Care Inspection Report 18 February 2020



### **Aughnacloy House**

**Type of Service: Nursing Home (NH)**

**Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL**

**Tel No: 028 3834 6400**

**Inspectors: Julie Palmer & Nora Curran**

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

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 71 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> MD Healthcare Ltd  <b>Responsible Individual:</b> Lesley Catherine Megarity	<b>Registered Manager and date registered:</b> Constance Mitchell 12 February 2015
<b>Person in charge at the time of inspection:</b> Constance Mitchell	<b>Number of registered places:</b> 71
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 69  33 patients in category NH-DE located on the first floor only. The home is also approved to provide care on a day basis only to 4 persons.

### 4.0 Inspection summary

An unannounced care inspection took place on 18 February 2020 from 09.10 hours to 15.45 hours.

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.

The following areas were examined during the inspection:

- staffing-including deployment
- training
- environment
- care records
- mealtime experience
- the culture and ethos
- governance

It was positive to note that all areas identified for improvement at the previous inspection had been met and no new areas for improvement were identified.

Areas of good practice were identified in relation to staffing, teamwork, training, the environment, care records, the mealtime experience, the culture and ethos in the home, communication, maintaining good working relationships and governance arrangements.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Constance Mitchell, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 28 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 23 February 2020
- staff training records
- incident and accident records
- three patients' care records including food and fluid intake charts
- a sample of governance audits/records
- a sample of monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	The registered person shall ensure that the morning routines and deployment of staff is reviewed so as to promote the timely administration of medications.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the morning routine evidenced that medicines were administered in a timely manner. The manager confirmed that the number and deployment of staff on duty was regularly reviewed.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> Second time	The registered person shall ensure that records of daily fluid intake are accurately maintained when medicines and nutrition are administered via the enteral route.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of daily fluid intake records for patients receiving medicines and nutrition via the enteral route confirmed that these were accurately maintained.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified areas in bathrooms are effectively cleaned in order to maintain compliance with best practice in IPC measures and that the system is in place to monitor this is robust.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Observation of the identified areas in bathrooms evidenced that these were clean and hygienic. There was a system in place to monitor IPC measures.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 45 (5) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified enteral feed pump is thoroughly cleaned and that a robust system is in place to monitor decontamination of medical devices.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The identified enteral feed pump was observed to be in a clean and hygienic condition. There was a system in place to ensure equipment was decontaminated.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that accurate and contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Review of care records for wound care evidenced that these were accurate and contemporaneous.</p>	

<b>Area for improvement 6</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that there is sufficient time between the serving of meals and snacks and that these are served at customary intervals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the daily routine evidenced that there was sufficient time between the serving of meals and snacks and these were served at customary intervals.	

**6.2 Inspection findings**

**Staffing**

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to regular review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels in the home; they confirmed that the number and deployment of staff on duty had been reviewed and that this had had a positive impact on the daily routine. Staff also told us that in the event of short notice absences efforts were made to get cover and the team worked together to ensure patients’ needs were met. Comments made by staff included:

- “I enjoy working here.”
- “Teamwork is good.”
- “Staffing is mostly grand, occasionally short if someone phones in sick but they do try to get cover.”
- “Teamwork is generally good; we all just get on with it.”
- “Everyone helps each other out.”

We also sought staff opinion on staffing via the online survey; one response was received. The respondent indicated that they were very satisfied with staffing levels.

Observation of the daily routine evidenced that the number, skill mix and deployment of staff on duty ensured that patients’ needs were met in a calm and unhurried manner. The morning medication round was completed in a timely manner; this area for improvement had been met.

Patients who were in their rooms had call bells within reach and these were answered promptly.

Patients and patients’ visitors spoken with were generally satisfied with staffing levels and spoke positively about the care provided; comments included:

- “The care is tremendous.”
- “Staff are second to none.”
- “Staff are very, very busy.”
- “The staff are very helpful, they always ask if I need anything.”
- “Staff seem to know when I’m not myself, they are empathetic.”

- “Staff are sometimes a bit short but they are nice and good enough.”
- “The staff are lovely, very helpful.”
- “Couldn’t say a word about them, it’s great.”

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.

## **Training**

The manager confirmed that all staff in the home had completed the appropriate level of training in deprivation of liberty safeguards (DoLS) and that MD Healthcare Ltd had also developed mandatory online training in this area which staff were in the process of completing. All grades of staff spoken with during the inspection demonstrated their awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them.

## **Environment**

We reviewed the home’s environment and entered a selection of bedrooms, bathrooms, lounges, dining rooms, sluices and store rooms. Patients’ bedrooms were tastefully decorated and personalised. Fire exits and corridors were observed to be clear of clutter and obstruction.

The home was found to be clean, tidy and fresh smelling throughout. Infection prevention and control (IPC) issues in bathrooms, identified at the last inspection, had been resolved; this area for improvement had been met. We observed that moving and handling equipment in use throughout the home was clean and well maintained. Enteral feed pumps in use were found to be clean and hygienic; this area for improvement had been met. There were systems in place to monitor IPC measures within the home.

The manager told us that the majority of ensembles had been redecorated and a plan was in place to redecorate/refurbish bathrooms within the home.

## **Care records**

We reviewed the daily fluid intake records for three patients requiring administration of medicines and nutrition via the enteral route. We observed that the records were accurately maintained and a total daily fluid intake was calculated; this area for improvement had been met.

Care records reviewed in relation to wound care were found to contain the required assessments, relevant care plans and recommendations from other healthcare professionals, such as the tissue viability nurse (TVN), if appropriate. Wound care recording was up to date and reflective of the relevant care plan; an evaluation of wound care provided was maintained. This area for improvement had been met.

## **Mealtime experience**

When we arrived in the home patients were enjoying breakfast in the dining rooms or their bedrooms as they preferred. The dining rooms were tastefully decorated and welcoming for patients. Mid-morning snacks and beverages were served at an appropriate time in both units; this area for improvement had been met. We observed that staff ensured patients had access to a selection of drinks; fresh jugs of patients’ preferred beverages were available in communal areas and bedrooms.



We observed the serving of lunch in the ground floor dining room and found this to be a positive and enjoyable experience for patients. The menu was attractively presented on a blackboard which was displayed at the entrance to the dining room; the menu was also displayed on dining tables. Patients were seated at their preferred tables; the atmosphere was friendly and relaxed. Patients were offered plenty of variety and choice; the food on offer was well presented and smelled appetising. Staff were seen to be helpful and to assist patients as necessary. Patients spoken with commented positively about the food on offer and confirmed that their views and opinions were sought in this area. One patient told us that “the food has improved, it went down but they listened to us and it’s better now”. Other patients said:

- “Food is grand.”
- “They feed us really well.”
- “The food is lovely.”
- “The food is great.”

### **Culture and ethos**

We observed that staff treated patients with dignity, respect and kindness. Staff also demonstrated effective communication skills both with patients and other staff. Patients told us that they felt listened to and that their opinions mattered.

Patients were observed to be well presented in clean clothes; attention and care had obviously been paid to all aspects of their personal care. Patients appeared to be content and settled in their surroundings.

One patients’ visitor told us that “more activities would be good” in the home. We discussed this with the manager who told us that recruitment was already underway for another activity therapist to join the team; this would enable the home to provide a more varied range of activities on a daily basis. The current activity planner was on display in both units and we noted that, as well as activities arranged by the activity therapist, patients were offered entertainment such as gospel singing and reminiscence sessions. Patients’ spiritual needs were taken into account; services were regularly held in the home with all denominations catered for in this area.

### **Governance**

Discussion with the manager and review of records confirmed that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, wounds, falls and complaints.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of accident/incident records evidenced that notifications to RQIA were appropriate and timely. We did, however, note that one recent incident had not been reported to RQIA. We discussed this with the manager to clarify what incidents should be reported; a retrospective notification was made.

Staff spoken with told us that the manager was approachable and accessible; good working relationships were promoted and maintained. Comments included:

- “Very well run home.”
- “Care is good; Connie (the manager) is great.”
- “It’s not a bad home, Connie is good.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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