

Unannounced Care Inspection Report

1 October 2020



Melmount Manor Care Centre

Type of Service: Nursing Home (NH)
Address: 1 Orchard Road, Strabane, BT82 9QR
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Inspector: Jane Laird

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 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 69 patients in the categories of care as listed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Annie Frobisher - 28 December 2012
Person in charge at the time of inspection: Annie Frobisher, manager	Number of registered places: 69 A maximum of 38 patients in category NH-DE and a maximum of 31 patients in categories NH-I and NH-PH
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: Mourne and Foyle unit (NH-I and NH-PH) - 31 Dennett unit (NH-DE) - 36

4.0 Inspection summary

An unannounced care inspection took place on 1 October 2020 from 09.40 to 18.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- management, leadership and governance arrangements
- staffing arrangements
- infection prevention and control (IPC) measures
- the home's environment
- care delivery and care records.

During the inspection, RQIA identified significant concerns with regard to the management, leadership and governance arrangements within the home. There was a lack of robust systems to regularly review the quality of care and other services provided by the home. These shortfalls include, but are not limited to: infection prevention and control measures; risk management; restrictive practice; governance audits; maintenance of duty rotas; the oversight and management of the home's environment; and the recording and reporting of notifiable events. These deficits had the potential to impact on the health, safety and well-being of patients and quality of care delivered in the home.

As a consequence, a meeting was held on 8 October 2020 in RQIA with the intention of issuing five Failure to Comply Notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1) relating to governance
- Regulation 13 (1) (a) (b) relating to the health and welfare of patients
- Regulation 13 (7) relating to IPC practices
- Regulation 14 (2) (a) (b) (c) relating to risk management
- Regulation 27 (2) (b) (d) relating to fitness of premises

The meeting was attended via video conference by Christopher Walsh, responsible individual, Nuala Green, managing director of Larchwood Care Homes (NI) Ltd and Annie Frobisher, manager.

At the meeting the home's representatives discussed the actions that had been taken since the inspection and provided an action plan confirming how the home would address the deficits going forward. Whilst assurances were accepted in relation to a number of actions focused on addressing improvements to the premises, RQIA were not assured in relation to the other matters raised. Four of the five Failure to Comply Notices were served under Regulation 10 (1), Regulation 13 (1) (a) (b), Regulation 13 (7) and Regulation 14 (2) (a) (b) (c), with the date of compliance to be achieved by 13 December 2020.

Comments received from patients and staff during the inspection, are included in the main body of this report. Patients unable to voice their opinions were seen to be relaxed in their surroundings and in their interactions with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action resulted from the findings of this inspection.

Four Failure to Comply Notices under Regulation 10 (1), Regulation 13 (1) (a) (b), Regulation 13 (7) and Regulation 14 (2) (a) (b) (c), with the date of compliance to be achieved by 13 December 2020.

FTC Ref: FTC000128 with respect to Regulation 10 (1)

FTC Ref: FTC000127 with respect to Regulation 13(1) (a) (b)

FTC Ref: FTC000126 with respect to Regulation 13 (7)

FTC Ref: FTC000125 with respect to Regulation 14 (2) (a) (b) (c).

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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.

Questionnaires and 'Tell us' cards 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.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 21 September 2020 and 28 September 2020
- records confirming registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- four patients' care records
- three patients' supplementary charts
- a sample of governance audits/records
- staff competency and capability assessments for taking charge of the home in the absence of the manager
- complaints folder
- compliments received
- a sample of Regulation 29 monitoring reports for July 2020 and August 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met, not met or partially met. Those areas for improvement recorded as not met and partially met have been subsumed into the Failure to Comply Notices served on 13 October 2020.

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

The most recent inspection of the home was an announced care inspection on 14 January 2020.

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 13 (1) (a) Stated: Second time	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. Specific reference to care plans and daily records: <ul style="list-style-type: none"> • care plans must be person centred and relevant to the patients current care needs • any changes or alterations to a patients care plans or care records are made in such a way that the original entry can still be read. 	Partially Met
	Action taken as confirmed during the inspection: Review of a sample of patients' care records evidenced that this area for improvement was partially met. This is discussed further in section 6.2.5. This area for improvement has been partially met and is subsumed into a Failure to Comply Notice.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines. Specific reference to repositioning and fluid intake recording charts:</p> <ul style="list-style-type: none"> • The frequency of repositioning should be recorded within the repositioning chart to reflect the patients care plan • Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. • 	Not Met
	<p>Action taken as confirmed during the inspection: Review of a sample of patients' care records and recording charts evidenced that this area for improvement had not been met. This is discussed further in section 6.2.5.</p> <p>This area for improvement has been partially met and is subsumed into a Failure to Comply Notice.</p>	
Area for improvement 2 Ref: Standard 23 Stated: Second time	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • the recommended setting/type of pressure relieving mattress are maintained at the correct setting and included in the patients care plan • where the recommended setting has been altered to suit the patients individual preference it is clearly documented within their care plan 	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of patients' care records and pressure relieving mattress, evidenced that this area for improvement had been met.</p>	

6.2 Inspection findings

6.2.1 Management, leadership and governance arrangements

On arrival to the home the manager advised us of the current COVID-19 outbreak status within the home and that COVID-19 testing of staff and patients was being carried out as per public health agency (PHA) guidance. RQIA had not been notified prior to the inspection, of the home's COVID-19 outbreak status, in keeping with regulation. The manager was advised to retrospectively submit a statutory notification to RQIA in regard to this.

Upon entering the home, it was noted that staff only recorded the inspector's temperature at the inspector's request; the manager was reminded of the need to obtain the temperature of all persons entering the home in line with the current COVID-19 guidelines for visiting care homes.

During the inspection concerns were identified in relation to infection prevention and control practices, the cleanliness of the internal environment and risk management arrangements specifically within the Dennett unit. Deficits were also identified in respect of patients' care records, and audits were not available to establish if care records were being reviewed by management.

We reviewed a sample of available audits which had been completed in regard to the environment, availability of personal protective equipment (PPE) and hand hygiene. Whilst some deficits were identified within these audits, such as staining and/or damaged bed rail protectors, they failed to identify areas of the home that were unclean, equipment that was damaged and staff non-compliance with the wearing of PPE and IPC practices.

Training records failed to evidence that mandatory training requirements were being monitored and managed appropriately. In addition, training records evidenced poor compliance in relation to fire safety and emergency care which had the potential to compromise the health and safety of both patients and staff.

We reviewed a sample of accident/incident records and noted that two notifiable incidents had not been submitted to RQIA as required. We discussed this with the manager during the inspection and requested these be submitted retrospectively in addition to the required notification referenced further above. During the meeting at RQIA on the 8 October 2020, the manager was asked to submit these statutory notifications as they remained outstanding.

We reviewed a sample of competency and capability assessments for registered nurses taking charge of the home in the absence of the manager; we found that these had not been reviewed for identified nurses since February 2019 and April 2019. In addition, issues were identified in relation to the accuracy of the staff duty rota - this is discussed further in section 6.2.2 below.

Review of Regulation 29 monitoring reports for the periods July 2020 and August 2020, evidenced that the concerns highlighted by RQIA during this inspection had not been identified. Also, the manager advised that the Regulation 29 report for the period September 2020 had not been completed due to the current COVID-19 outbreak. During the meeting at RQIA on the 8 October 2020, it was agreed that these reports should be completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and forwarded to RQIA on a monthly basis.

RQIA were concerned that similar shortfalls were highlighted during an inspection of Melmount Manor Care Centre on 26 September 2019, resulting in enforcement action being taken. Despite improvements having been noted during the previous inspection on 14 January 2020, these improvements had not been sustained.

The actions required to address these shortfalls are included in the Failure to Comply Notices served on the 13 October 2020.

6.2.2 Staffing arrangements

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Staff told us they liked working in the home and felt there was good management support. Comments from staff included:

- “We can be short staffed at times but generally we are well staffed when everyone reports for duty.”
- “The manager is very supportive.”
- “Love my job.”
- “We have worked really hard to improve on the areas from the last inspection.”
- “Great team.”
- “Never have any issues.”
- “I feel that everyone works really hard.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the time frame allocated.

The manager confirmed the daily planned staffing levels and that these levels were reviewed regularly to ensure the assessed needs of the patients were met. On review of the staff duty rota, a number of deficits were identified. For example, written entries had been inappropriately scored over; the first and/or surnames of staff were missing on a number of occasions; the hours worked by staff and staff designations/roles were not clearly recorded. Given the staff duty rota’s lack of clarity, we were unable to determine whether the planned staffing levels had been achieved.

The actions required to address these shortfalls are included in the Failure to Comply Notices served on the 13 October 2020.

6.2.3 Infection prevention and control measures

Discussion with and observation of staff practices evidenced that there was a deficit in their infection prevention and control knowledge base including adherence to regional guidance relating to the management of COVID-19. For example, several staff were observed in patient areas wearing face masks below their nose and/or touching their face masks without washing their hands; another member of staff was observed wearing their face mask below their chin while other staff were observed wearing inappropriate nail polish and/or jewellery. We also found that the quality of gloves worn by staff when delivering care to patients was below the recommended standard and discussed this with the responsible individual for action, where necessary.

Further shortfalls relating to IPC practices included:

- dust and debris was observed between gaps in floor coverings within en-suites in the Dennett unit
- staining/rusting to plug holes was observed in identified wash hand basins within patients' bedrooms
- shower chairs, a cleaning trolley, a nebulising mask and commodes were observed to be stained and were not decontaminated after use, where appropriate
- the surface of several items of furniture were damaged and could therefore not be effectively cleaned
- a cup of rancid fluid was found by the inspector behind a lounge door.

It was also found that equipment within a sluice room was blocked; when we discussed this with the manager and maintenance person it was concerning to find that they were unaware of the problem. During the meeting in RQIA on the 8 October 2020, the responsible individual advised that additional time would be allocated for domestic staff to work within the home.

The actions required to address these shortfalls are included in the Failure to Comply Notices served on the 13 October 2020.

6.2.4 The home's environment

We identified a number of potential risks to patients and staff, for example: trip hazards due to breaches in floor coverings; a sharp edge to an identified patient's vanity unit; a tablet was found by the inspector on the floor of a lounge and inside a patient's bedside drawer within the dementia unit.

The manager and maintenance person confirmed that the damaged vanity unit was repaired prior to the completion of the inspection. The manager further advised that new over bed tables were in storage and would be replaced with the damaged tables and that new chest of drawers had been ordered for identified bedrooms within the home.

We observed a patient seated at the entrance of their bedroom door which was also a designated fire door. We discussed this with staff who advised that the patient preferred to sit there. There was lack of staff awareness regarding the importance of ensuring that all fire doors are kept clear from obstruction and the inspector requested the registered nurse and manager to review the patient's seating arrangements.

Review of the environment highlighted an inadequately secured dining room within the Dennett unit which was being used as a temporary staff room. The manager advised us that this was a temporary measure due to current COVID-19 restrictions and confirmed that the room would be converted back to its original use with immediate effect and that any further proposed changes would be discussed with RQIA in advance.

Floor covering within a corridor and between identified patients' bedrooms and en-suites were not sealed appropriately. We further identified that the floor drain covers of two shower outlets were missing and a malodour was evident within these en-suites.

During the meeting in RQIA on the 8 October 2020 assurances were provided that the issue relating to the malodour within identified en-suites had been addressed and that fortnightly environmental audits would be completed and reported centrally to senior management within Larchwood Care Homes (NI) Ltd for any aspects of refurbishment or repairs.

The actions required to address these shortfalls are included in the Failure to Comply Notices served on the 13 October 2020.

6.2.5 Care delivery and Care Records

Observation of the delivery of care evidenced that patients' needs were not always met by the levels and skill mix of staff on duty. One patient was observed to be dressed in a manner which compromised their dignity while the standard of another patient's personal care was observed to be inadequate. In addition, another patient's footwear was observed to be unclean and when brought to the attention of staff there was a lack of response to address this. Observation of and discussion with staff highlighted their poor recognition of these shortfalls in patient care.

Significant concerns were also identified in relation to the management of restrictive practices within the home. The manager and nursing staff were requested to review these arrangements immediately and make a referral to the Western Health and Social Care Trust (WHSCT) adult safeguarding team on behalf of an identified patient.

Patients stated that they were well looked after by the staff and felt safe and happy in Melmount Manor Care Centre. Patients appeared comfortable around staff and were observed approaching staff with specific requests or just to chat. Comments from patients included:

- "Very happy here. We have everything we need."
- "Food is nice here."
- "Staff are very kind."
- "More than good to us."

We also sought residents' and relatives' opinion on staffing via questionnaires. There were no responses received.

Review of patients' care records evidenced that they did not reflect the care needs of patients; records also contained conflicting information which had the potential to compromise the delivery of safe and effective care. For example, in one patient's risk assessments, nursing staff recorded that the patient had no visual deficit while their care plan stated that their vision was impaired. A further care plan regarding hearing impairment recorded that the patient required the use of a hearing aid but failed to indicate in which ear.

A patient's supplementary care records could not be found by staff during the inspection and the inspector was therefore unable to review these. It was of further concern that the daily progress notes for an identified patient evidenced an entry by nursing staff on the day of the inspection, which was timed several hours ahead of when the entry was actually made.

We reviewed four patients' care records which evidenced a number of deficits as follows:

- supplementary records evidenced inconsistencies with regard to the frequency with which patients were repositioned
- an identified patient's care plan and supplementary records contained inconsistent and conflicting information with regard to the patient's nutritional care needs and dietary recommendations from the Speech and Language Therapist
- conflicting information was noted within care plans and risk assessments to direct staff in the provision of moving and handling and level of assistance required when mobilising for two identified patients.

These deficits were discussed with the manager who acknowledged the shortfalls in documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records.

The actions required to address these shortfalls are included in the Failure to Comply Notices served on the 13 October 2020.

6.3 Conclusion

Enforcement action resulted from the findings of this inspection. Following a meeting in RQIA on 8 October 2020, four Failure to Comply Notices were issued under Regulation 10 (1), Regulation 13 (1) (a) (b), Regulation 13 (7) and Regulation 14 (2) (a) (b) (c), with the date of compliance to be achieved by 13 December 2020.

As a result of the findings of the inspection, the manager was requested to make a referral to the Western Health and Social Care Trust adult safeguarding team on behalf of an identified patient.

7.0 Quality improvement plan

There were no new 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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