



# Unannounced Care Inspection Report 3 January 2019



## Melmount Manor Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 1 Orchard Road, Strabane BT82 9QR**  
**Tel No: 028 7138 3990**  
**Inspector: Jane Laird**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 69 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd  <b>Responsible Individual:</b> Christopher Walsh	<b>Registered Manager:</b> Annie Frobisher
<b>Person in charge at the time of inspection:</b> Annie Frobisher	<b>Date manager registered:</b> 28 December 2012
<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	<b>Number of registered places:</b> 69  A maximum of 38 patients in category NH-DE and a maximum of 31 patients in categories NH-I and NH-PH

### 4.0 Inspection summary

An unannounced inspection took place on 3 January 2019 from 09.20 to 15.50 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 DHSSPS Care Standards for Nursing Homes 2015.

During this inspection we identified evidence of good practice in relation to the management of notifiable events; adult safeguarding; infection prevention and control (IPC) practices; falls management; care delivery; record keeping; team work; and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home; dignity and privacy; listening to and valuing patients and their representatives; and taking account of the views of patients, governance arrangements, management of complaints and incidents, monthly monitoring visits, quality improvement and maintaining good working relationships.

This is the second consecutive inspection where the home have had no areas for improvement identified. The management team is commended for sustaining the quality of governance and service provision.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

#### 4.1 Inspection outcome

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

The inspection resulted in no areas for improvement. Findings of the inspection were discussed with Annie Frobisher, registered 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 25 September 2018

There were no further actions required to be taken following the most recent inspection.

#### 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 25 patients, five patients' representatives and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 24 December and 31 December 2018
- four patient care records
- five patient care records including food and fluid intake charts and repositioning charts
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 25 September 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 25 September 2018

There were no areas for improvement identified as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week commencing 24 December and 31 December 2018 evidenced that the planned staffing levels were adhered to on most occasions. However, there was evidence of short notice absence over the two week period. Staff spoken with stated that they were aware of the home's recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence. Discussion with the registered manager identified that recruitment for suitably skilled and experienced care assistants was ongoing to ensure a full complement of staff are employed by the home.

There was an assurance from the registered manager that applications had been received and interviews were to be scheduled following the inspection.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a caring manner and as promptly as possible; however, it was observed that patients continued to be assisted with personal care at 10.45 within the dementia unit. The registered manager confirmed that the dependency needs of the patients can vary on a daily basis and that management had already identified the need for an additional care assistant going forward. A duty rota was emailed to RQIA following the inspection to confirm this increase in staffing had been actioned.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Melmount Manor. We also sought the opinion of patients on staffing via questionnaires. There was no response at the time of issuing this report.

During the inspection we met with five patients' representative who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives' opinion on staffing via questionnaires. There was no response at the time of issuing this report.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that they were aware of the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. The home's commitment to safeguarding was evident within the main entrance area of the home, where the registered manager had implemented a safeguarding arch and a tree for staff to place comments about how they safeguard the adults within their care. This was commended by the inspector.

Review of four patients' care records evidenced that a range of validated risk assessments was completed and informed the care planning process.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and fresh smelling throughout. A new heating system is to be installed in home which will result in pipes from the floor being removed and new floor coverings being placed within the identified areas of the home. Refurbishment plans are ongoing to the home and areas that were identified as needing decorated such as door frames, handrails, walls and floor coverings were on the home's agenda to address as part of their refurbishment plan once the new heating system

has been installed. Identified furniture and/or equipment that were scuffed or damaged were discussed with the registered manager who had them replaced prior to the completion of the inspection.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were consistently adhered to. Staff were observed utilising the correct personal protective equipment (PPE) and washing their hands before and after patient contact.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of notifiable events, adult safeguarding, IPC practices, falls management and care delivery.

**Areas for improvement**

There were no areas for improvement identified during the inspection in this domain.

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

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, and there was evidence of regular communication with representatives within the care records. We reviewed the management of nutrition, patients’ weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake, repositioning records and elimination records of five patients were reviewed and all evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the SALT or the dietician. Care records were well maintained and demonstrated commitment from the nursing team. This is to be commended.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, team work, and communication between patients, staff and other key stakeholders.

**Areas for improvement**

There were no areas for improvement identified during the inspection in this domain.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.20 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home’s environment whilst acknowledging that there were further improvements to be made.

Within the Dennett unit there were three dayrooms, one of which was being used as a store and one that was not occupied by any patients throughout the inspection but was suitably furnished. The dayroom to the front of the unit was occupied by most of the patients, with limited space for patients/staff to move around freely. A discussion with the registered manager evidenced that a staff project is to commence within the Dennett unit to enhance the environment in relation to best practice in dementia, with plans to include the use of all three dayrooms. This was commended by the inspector.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.



Review of the activity programme displayed in the foyer and on discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection there were two activity persons on duty who were observed in different locations of the home throughout the day. There was a lunching club within the main dining area at the reception of the home and patients appeared to be enjoying the experience. The staff were observed communicating with the patients throughout the inspection and a birthday celebration was taking place in the afternoon within the Dennett unit. Patients appeared to enjoy both activities and interacted well with the staff. We observed the serving of the lunchtime meal. Lunch commenced at 12.15 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and was observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks was offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Consultation with 15 patients individually, and with others in small groups, confirmed that living in Melmount Manor was a positive experience.

Patient comments:

- "It's great here."
- "I like it here."
- "Staff all good."
- "The food is great."

Representatives' comments:

- "The care is great."
- "We are very satisfied."
- "The staff and the care is very good."
- "The home is great."

There were no questionnaires returned from patients' representatives at the time of issuing this report.

Staff were asked to complete an on line survey. There was no response within the required time frame post inspection.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

## Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and capacity in which these were worked, were recorded; however, this was within a separate rota for office staff. The registered manager provided assurances that the care staff duty rota would be updated going forward with the registered manager's hours. Discussion with the staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the registered manager. The name of the nurse in charge was displayed at the nurse's station within the reception area, and following a discussion with the registered manager the nurse in charge was also highlighted on the rota.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition, robust measures were also in place to provide the registered manager with an overview of the management of wounds occurring in the home.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, monthly monitoring visits, quality improvement and maintaining good working relationships between staff. There was evidence of good leadership in the home and the senior management were evidenced to be supportive in their quality assurance role.

## Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	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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