

Unannounced Care Inspection Report 10 May 2017



Melmount Manor Care Centre

Type of Service: Nursing Home
Address: 1 Orchard Road, Strabane, BT82 9QR
Tel no: 028 7138 3990
Inspector: Sharon Loane

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Melmount Manor Care Centre took place on 10 May 2017 from 10.30 to 17.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were areas of good practice identified throughout the inspection in relation to staff recruitment; staff induction; training and development, adult safeguarding arrangements; and risk management processes. Improvements had been made in regards to the décor of the home and a numbers of areas had been refurbished.

Areas for improvement were identified in relation to the staffing arrangements for the home.

Is care effective?

Care records reviewed in the majority were completed and maintained to a satisfactory standard. However, shortfalls were identified within two care records reviewed relating to some aspects of care delivery and requirements have been made. Care practices observed were overall safe and effective however, a shortfall was identified in some staffs knowledge and practice regarding the management of food and fluids. A recommendation has been made in regards to same.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, treating patients with dignity and respect.

A number of comments received from the consultation process were very positive in regards to the home, the staff and the care delivered.

There were no requirements or recommendations made for this domain.

Is the service well led?

There was evidence of good practice identified in relation to the governance and management arrangements. There were systems in place to monitor and report on the quality of nursing and other services provided.

There were no requirements or recommendations made for this domain.

The term 'patients' is used to describe those living in Melmount Manor Care Centre which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Annie Frobisher, Registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced premises inspection undertaken on 17 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/ Christopher Walsh	Registered manager: Annie Frobisher
Person in charge of the home at the time of inspection: Christopher Walsh	Date manager registered: 28 December 2012
Categories of care: NH-DE, NH-I, RC-DE, NH-PH A maximum of 38 patients in category NH-DE, 31 patients in categories NH-I and NH-PH and a maximum of 12 residents in category RC-DE.	Number of registered places: 81

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with twelve patients individually and the majority of others in smaller groups, five care staff, four registered nurses, domestic staff, three relatives, and two visiting professionals.

In addition questionnaires were provided for distribution by the registered manager; eight for patients, 10 for relatives and staff. Please refer to section 4.5 for further detail.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff training records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff recruitment records
- staff induction records
- competency and capability assessments of nurses
- staff register
- records of staff, patient and relatives meetings
- five patient care records
- incident and accident records
- complaints record
- records of quality audits
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 January 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 24 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Criteria 9 Stated: First time	The registered person/manager should ensure that staff attends training and that mandatory training requirements are met. A system and process should be developed and kept under review to ensure training compliance is achieved.	Met
	Action taken as confirmed during the inspection: A discussion with the registered manager and a review of information confirmed that a training matrix was in place. The matrix reflected the areas of training completed by staff. The registered manager advised that they reviewed the information on a monthly basis and actions were taken to ensure compliance.	
Recommendation 2 Ref: Standard 4.9 Stated: First time	The registered person/manager should ensure contemporaneous recording of patients toileting needs and records should be in accordance with best practice.	Met
	Action taken as confirmed during the inspection: A review of supplementary records to include; personal care; food and fluid intake; and repositioning records evidenced that these were completed contemporaneously and maintained in line with best practice.	
Recommendation 3 Ref: Standard 41 Stated: First time	The registered person/manager should ensure staff meetings take place on a regular basis and at minimum quarterly. Records should be retained and include: the date of all meetings; the name of those attending; minutes of discussion and any actions agreed.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that meetings were held on a regular basis. The most recent meetings held were; 29 March 2017 for domestic staff; and 22 and 23 March 2017 for care staff. Records were maintained and included all information as outlined in the DHHSP's Care Standards for Nursing Homes, 2015.	

4.3 Is care safe?

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. The registered manager discussed the current vacancies in relation to registered nurses and care assistants and that the home was currently recruiting for these positions.

A discussion with staff and a review of duty rotas for the week of the inspection and for the following four weeks evidenced that planned staffing levels were not consistently adhered to. Deficits were identified in regards to the number of registered nurses working; particularly in relation to night duty shifts within the Dennett Unit.

Although contingency arrangements for staffing were in place which included the use of agency staff, there was limited evidence of the implementation of these measures. The registered manager advised that the geographical area impacted on the availability of agency registered nurses and also challenged the consistency of staff available. During feedback, the registered manager provided assurances that immediate action would be taken to ensure that the outstanding shifts would be covered. Post inspection, this matter was discussed with the responsible person who provided assurances that this was being dealt with. An email correspondence was received by RQIA, 12 May 2017 advising that cover had been obtained for the following two week period.

Some staff spoken with stated that they felt under pressure and that they would like to be able to pay more attention to detail. There was also an arrangement in place for a care staff member to work between two nursing units on the morning shift. Staff consulted with stated that this posed difficulties for them in delivering care in a timely manner. Whilst this information is acknowledged, observation of the delivery of care at the time of the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A requirement has been made in relation to the shortfalls identified in regards to staffing arrangements.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Advice was given in relation to the registered manager to record whether or not the enhanced criminal records certificate received was clear or not.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for two staff were reviewed and found to be completed, dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes were monitored by the registered manager and also by the responsible person during monthly quality monitoring visits and reports reviewed detailed compliance levels in relation to mandatory areas.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their duty of care to report concerns.

Discussion with the registered manager confirmed that the organisation was currently reviewing arrangements in accordance with the new regional operational safeguarding policy and procedure. Post inspection, the responsible person submitted the revised policy by email correspondence 17 May 2019. The policy outlines the name of the safeguarding champion and reflects regional policy and procedures.

Discussion with the registered manager and a review of documentation confirmed that any potential safeguarding concerns were reported appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

In the majority, a review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Although some shortfalls were identified in relation to risk assessments for choking and one care record reviewed had no care plans in place for up to and including two weeks after the time of admission. These matters have been addressed within the care effective domain.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible persons monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Staff spoken with confirmed that nursing staff were knowledgeable of the actions to be taken in the event of an emergency. Staff working in the residential unit advised that they sought the advice and assistance of nursing staff as necessary. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, and lounge/s, dining room/s and storage areas. Since the last inspection, a number of areas in the home had been re-decorated and refurbished to a high standard. This is commended. The home was found to be warm, well decorated, fresh smelling and clean throughout. Some areas of floor covering observed in the Dennett unit were damaged. It was evident that these had been repaired on a previous occasion however the works completed was not to a satisfactory standard. Post inspection, an email correspondence was received by RQIA, 19 May 2017 to confirm that appropriate actions were being taken. Patients/representatives/staff spoken with were complimentary in respect of the home's environment. A room called the Café Bar in the Dennett unit was observed being used as a storage area. The registered manager advised that this room had been used for this purpose for a considerable length of time. A variation had not been received in regards to same. Post inspection, this matter was followed up with the estates team at RQIA and is being dealt with under separate cover.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

A requirement has been made in regards to staffing arrangements.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

A review of five patient care records evidenced that a range of validated risk assessments were generally completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Three care records reviewed accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Shortfalls were identified in two care records reviewed in the Dennett unit.

Risk assessments and care plans for an identified patient had not been completed for up to and including two weeks after the date of admission.

A discussion with staff, a review of care records for an identified patient and observations made identified some concerns in relation to the management of food and fluids. A review of the care plan evidenced that the patient required a modified diet and fluids. However, a swallowing assessment was not available and there was no evidence of any communications for example; with Speech and Language Therapy (SALT) in regards to same. Furthermore, a choking assessment had also not been completed. Information provided by a staff member in regards to the patient's diet was not consistent with the patient's plan of care. As previously referred to, some practices observed and the provision of foods available for patients who required modified diets specifically in regards to snacks had the potential to impact on safe care and the dignity of patients.

This was discussed with the registered manager and nursing staff who provided assurances and agreed to follow this matter up with the speech and language therapist and that staff are provided with the necessary knowledge to ensure that unnecessary risks to health and safety of patients are identified and so far as possible eliminated.

Two requirements and a recommendation have been made in regards to the shortfalls outlined above.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

A review of bowel management records evidenced that these were being monitored and maintained in line with best practice guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and a recommendation made at a previous inspection was met. There was evidence with the daily progress notes and other systems in place that registered nurses were monitoring and had oversight of the information recorded and appropriate actions had been taken as deemed necessary.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. A written handover report is also completed at the end of each shift and reviewed comprehensively on a weekly basis and is updated in line with any changes in patient's condition. A review of a copy of this report evidenced that this was comprehensively and underpinned the main care components. This is good practice.

Staff also confirmed that regular staff meetings were held and records were maintained as previously referred to in section 4.2. A recommendation made at a previous care inspection in relation to same was met. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A discussion with staff and management and observations made during the inspection evidenced that staff worked together effectively as a team. Staff stated that if they had any concerns they could raise these with their line manager and/or the registered manager. Patients and relatives spoken with expressed their confidence that the registered manager would address any concerns or issues raised. The registered manager had a very visible presence in the home and it was evident from interactions that patients, staff, relatives and other professionals knew her well.

Areas for improvement

The registered persons must ensure that staff are aware of identified risks and introduce monitoring arrangements to ensure that there is proper provision for the nursing and where appropriate, treatment and supervision of patients.

Care records must be maintained to include; the completion of appropriate risk assessments, are reviewed and updated to ensure that unnecessary risks to health and safety of patients are identified and so far as possible eliminated.

Dysphagia training should be provided for staff in regards to their role and responsibilities.

Number of requirements	2	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Overall, staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan with the exception of the example referred to in section 4.4.

The serving of the lunch time meal was observed in both the Mourne and Foyle Units. Patients were asked at the point of serving regarding their meal choices. The majority of patients within these units had their meal in the lounge area and during discussion they confirmed that this was their own individual preference. The atmosphere was quiet and tranquil and patients were assisted to eat their meals, as required. The lunch served appeared very appetising and patients spoken with stated that it was always very nice. Menus were displayed and reflective the food served on the day of inspection.

Two staff members were employed to provide activities in the home. On the day of the inspection, no activities were taking place as staff were attending a training event.

There were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Patients and their representatives had been invited to participate in the annual quality survey in June 2016; the annual quality report was available in the home on the day of the inspection.

Patients

As previously discussed in section 3.0, twelve patients were spoken with individually during the inspection. All comments received were positive.

Some comments included:

“Well organised care, first class. The manager has her finger on the pulse, very diligent.”

“Very well respected.”

“Best place ever, girls are great and the boss woman is lovely.”

Patient representatives

Three relatives were spoken with at the time of the inspection and they all expressed a high level of satisfaction with the care and services provided in the home.

Visiting Professionals

At the time of inspection two visiting professionals were consulted and commented positively on the care, the staff and management, the environment and the overall atmosphere in the home.

Some comments included:

“Very happy, staff are very attentive, always something happening busy but calm. Visitors are welcomed by all grades of staff.”

“Best home in the area, staff are very welcoming and good.”

As previously discussed questionnaires were also issued to obtain feedback from staff, patients and relatives respectively. No questionnaires were returned the timeframe for inclusion in this report.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was and referred to her as Annie.

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. A review of notifications of incidents to RQIA since the last care inspection in May 2016 confirmed that these were managed appropriately.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. In addition to the organisation's governance programme, short focused audits had also been implemented to assure the management of improvements implemented or training provided. The outcomes were shared with staff to drive improvements and to encourage learning. For example, audits were completed in regards to pressure relieving equipment to ensure its safe use. This is good practice.

Discussion with the registered manager and review of records for February and March 2017 evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, and staff and Trust representatives.

The registered manager advised that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. However, acknowledged that the current arrangement was not effective and agreed to review this accordingly. It was agreed by the inspector that the actions taken would be reviewed by the responsible person at the time of completing the quality monthly monitoring visits. Post inspection, this arrangement was confirmed with the responsible person by RQIA.

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

The registered manager was available to patients and their relatives and operated an 'open door' policy for contacting her.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered persons must ensure that the provision and deployment of staffing in the home is reviewed to ensure that there is adequate staff on duty to meet the needs of the patients.</p> <p>Records of the necessary action taken to address staff shortages should also be maintained.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: As advised by email to the RQIA a review of staffing within the home has taken place. Immediate arrangements were made with Nursing agencies to cover all deficits. This arrangement has continued to date. In the long term nursing appointments have been made and staff on Maternity leave have dates to return to duty. One nurse is already doing keeping in touch hours. Notes are kept within the home diaries and duty rotas of all actions taken or required.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered persons must ensure that there is proper provision for the nursing and where appropriate, treatment and supervision of patients.</p> <p>The registered manager must ensure that staff are aware of identified risks and introduce monitoring arrangements to ensure that risks are appropriately and safely managed. This requirement relates specifically to the management of food and fluids.</p> <p>Ref: Section 4.3 & 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The SALT team were contacted immediately . Advice was given given for individual patients by telephone and recorded in the individual notes. This was followed up by a visit from one of the SALT team. The needs and interventions required for individuals will be reviewed and monitored on a monthly within the MUST assessment document Sec. 3 of the patient record file. in a cinterper This will also be monitored during Provider Visits.</p>

<p>Requirement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2017</p>	<p>The registered persons must ensure that care records are developed, reviewed and updated to ensure that unnecessary risks to health and safety of patients are identified and so far as possible eliminated and to direct care delivery.</p> <p>Ref: Section 4.3 & 4.4</p>
	<p>Response by registered provider detailing the actions taken: A procedure has been put in place to ensure the care records are developed updated and reviewed in a contemporaneous manner ensuring the safety of the patients is paramount and all identified risks are as far as possible eliminated.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2017</p>	<p>The registered persons should ensure that training in relation to Dysphagia is provided for staff commensurate with their role and responsibilities.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Dysphagia training is part of the continuous programme of training within the home.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)