Unannounced Enforcement Compliance Inspection Report
14 December 2020

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

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:** Tee McClure – acting manager
Person in charge at the time of inspection: Tee McClure	**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 (NH-I and NH-PH) – 27 Dennett (NH-DE) - 24

4.0 Inspection summary

An unannounced inspection took place on 14 December 2020 from 10.00 to 18.30 hours.

The inspection sought to assess the level of compliance achieved in relation to four Failure to Comply (FTC) Notices issued to the responsible individual on 13 October 2020 following a care inspection on the 1 October 2020 where serious concerns were identified with regard to the management, leadership and governance arrangements within the home. FTC Notices reference numbers; FTC000125, FTC000126, FTC000127 and FTC000128
The date of compliance with all four FTC notices was 13 December 2020.

Significant improvements were evident since the previous care inspection on 1 October 2020 in relation to the governance of audits, risk management, restrictive practice, the oversight and management of the home's environment and the recording and reporting of notifiable events.

An evidence folder of all actions taken to address each point within the four notices had been maintained by the manager and actions required to address the issues. Evidence was available during this inspection to validate compliance with the Failure to Comply Notices.

During the inspection we met with two relatives who were very complimentary of the care delivery within the home. Comments made included; "Very compassionate care", "Couldn't fault this home", "Staff have been fantastic during the COVID-19 period." We also received three questionnaire responses; one was from a relative and two which did not indicate if they were from a relative or a patient. All three respondents indicated they were very satisfied with the provision of care and comments recorded included; "We have always been very

happy with the care ……. received." "Nurses and carers are brilliant" and "Everything is satisfactory and couldn't ask for any better care."

There were five new areas for improvement identified as a result of this inspection in relation to oversight of supplementary charts, care delivery, mandatory training, care records and wound care management.

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Tee McClure, manager, Hayley Phillips, deputy manager and Christopher Walsh, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action did not result from the findings of this inspection.

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/

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
- four FTC notices.

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 also provided for staff detailing how they could complete an electronic questionnaire. There was no response within the timeframe allocated.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 30 November 2020, 7 December 2020 and 14 December 2020
- staff training records
- five patients' care records
- five patients supplementary charts including dietary/fluid intake and repositioning
- incidents and accidents
- cleaning schedules
- COVID-19 guidance information folder
- maintenance book
- a sample of governance audits/records
- staff competency and capability assessments for taking charge of the home in the absence of the manager
- a sample of monthly monitoring reports from 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 premises inspection on 2 December 2020. There were no further actions to be taken following this inspection.

6.2 Inspection findings

This inspection focussed on the actions detailed within the four FTC notices issued on 13 October 2020.

FTC Ref: FTC000125

Notice of failure to comply with regulation 14 of The Nursing Homes Regulations (Northern Ireland) 2005

The Nursing Homes Regulations (Northern Ireland) 2005

Further requirements as to Health and welfare of patients
Regulation 14.—
(2) The registered person shall ensure as far as reasonably practicable that-

(a) ***all parts of the home to which patients have access are free from hazards to their safety;***
(b) ***any activities in which patients participate are free from avoidable risks; and***
(c) ***unnecessary risks to the health or safety of patients are identified and so far as possible eliminated;***

In relation to this notice the following nine actions were required to comply with this regulation.

The responsible individual must ensure that:

- all staff are made aware of their responsibility in ensuring the health, safety and wellbeing of patients in their care by recognising and reporting potential and actual risk to the management team.
- a robust system is implemented to monitor and review regularly the use of all potential restrictive practices in place within the home.
- the management team can demonstrate their role and responsibility in advocating for patients who can or who cannot give their consent to care and treatment in accordance with Deprivation of Liberty Safeguards for Northern Ireland.
- all staff can demonstrate their knowledge of how to report any concerns regarding the maintenance of furniture, patient equipment or other fittings to the relevant person in the home.
- all staff, but particularly those in charge of the home, can demonstrate their knowledge, role and responsibility in relation to fire safety measures.
- fire doors are kept clear and free from obstruction.
- where a potential trip hazard has been identified, immediate action is taken to reduce the risk and appropriate records are maintained including evidence onward referral to the relevant person/healthcare professional.
- where sharp edges are identified they are made safe immediately until fully repaired.
- medications are administered in accordance to the Nursing and Midwifery Council (NMC) The Code and the registered nurse observes the patient swallowing the medication prior to signing.

Discussion with various grades of staff evidenced that they were aware of their responsibility to report any potential or actual risks to patients, to the nurse in charge or a member of the management team to ensure the health, safety and wellbeing of patients.

Since the previous care inspection on the 1 October 2020 it was evident that the manager had implemented a restrictive practice register which provided details of the necessary information, in line with best practice guidance, to enable the manager to monitor and review regularly the use of any restrictive practices in the home. The responsible individual confirmed that the restrictive practice register would also be reviewed during their monthly monitoring visits.

Discussion with the management team evidenced that they were aware of their role and responsibilities relating to Deprivation of Liberty Safeguard's (DoLS). Review of records and discussion with the management team evidenced that a training programme had been implemented and the progress of this was being monitored on a regular basis by the responsible individual.

Discussion with all grades of staff evidenced that they were knowledgeable on how to report any concerns regarding the maintenance of furniture, patient equipment or other fittings. Staff also confirmed that they would record any concerns in the maintenance book and follow it up if the action was not completed in a reasonable time.

We reviewed mandatory training records specific to fire safety awareness which evidenced an improvement in the overall percentage of staff that had completed training. Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed new floor coverings being laid within identified bedrooms in the Dennett unit. This significantly reduced the risk of a patient tripping or falling as a result of poor flooring. The

responsible individual advised that a number of other bedrooms were scheduled to have new floor coverings laid as part of the home's refurbishment plan. This will be followed up during subsequent inspections.

Review of the maintenance book evidenced that staff had reported damage to furniture and that action had been taken to address the damage.

We observed a registered nurse administering medication in accordance with the Nursing and Midwifery Council (NMC) The Code which includes ensuring that the patient had swallowed their medication before they signed it as being administered. We suggested the use of a tray to carry medication from the treatment room to a patient when the medicine trolley was not being used.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000126

Notice of failure to comply with regulation 13 of The Nursing Homes Regulations (Northern Ireland) 2005

The Nursing Homes Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13.—
(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.

In relation to this notice the following 14 actions were required to comply with this regulation. The responsible individual must ensure that:

- the home's environment is managed to reduce risks to patients' health and wellbeing.
- all parts of the home are thoroughly cleaned and maintained as such.
- a robust cleaning schedule is implemented and monitored by management.
- a robust audit process is implemented to ensure the standard of hygiene and cleanliness throughout the home is maintained to an acceptable standard and in keeping with infection prevention and control guidelines.
- cleaning equipment used by staff is well maintained and kept clean at all times.
- patient equipment is decontaminated following each use as required to maintain patient safety and in keeping with infection prevention and control guidelines.
- floor coverings within the home are maintained to an acceptable standard to reduce the risk of tripping and the build-up of dirt and debris.
- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the home are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the home.
- a clear and effective system to report damaged or equipment, furniture and fixings is implemented with records maintained to evidence the action taken, by whom and when.

- staff are able to describe the system for reporting damaged equipment and/or furniture to the management team.
- furniture or equipment no longer fit for purpose, is removed from use.
- all shower water outlets/drains are made safe to reduce the risk of tripping or entrapment.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Corridors and doorways were clear from obstruction and clutter free.

We observed the home to be clean, neat and tidy throughout.

Cleaning schedules had been reviewed and updated following the previous inspection on the 1 October 2020 to include a detailed account of the environment. The manager confirmed that the cleanliness of the home was monitored during daily walk arounds by the manager and a regular audit of the environment had been implemented.

We reviewed infection prevention and control (IPC) and environmental audits which had been completed by the management team on all of the areas of the home and on staff practices. There was clear evidence that when deficits were identified, an action plan was implemented with clear timeframes and the name of the person responsible for completing the action.

We observed the use of; 'I am clean' stickers on various items of equipment/furniture and were told by staff that equipment/furniture used by patients was cleaned daily and/or following each use if required. Housekeeping trolleys and equipment was observed to be clean. We observed that the colour coded system used by housekeeping staff was not reflective of the national colour coded system for housekeeping/cleaning. The manager acknowledged that this had the potential to cause confusion and that they had already identified this as requiring review and change. Following the inspection a telephone call was held with the responsible individual who agreed to monitor this during the monthly monitoring visits to the home. This will be followed up during subsequent inspections.

We observed new floor coverings being laid within identified bedrooms in the Dennett unit. The responsible individual advised that a number of other bedrooms were scheduled to have new floor coverings laid as part of the home's refurbishment plan. Floor covering were observed to be clean and free from debris

We observed a laminated notice displayed at each nurses station advising staff where to locate an information folder containing the current Care Homes Guidance on COVID-19. The folder was clearly labelled and accessible to staff.

Review of hand hygiene and IPC audits completed since the last care inspection evidenced that where deficits had been identified an action plan had been put in place and that this was followed up by the management team.

We observed staff donning and doffing personal protective equipment (PPE) correctly; appropriately using hand sanitising gel and washing their hands on a regular basis. There was an adequate supply of PPE and hand sanitising gel throughout the home. However, we discussed our observation of two staffs practice with them and with the manager. Following the inspection the manager provided written confirmation of the action they had taken and that this matter had been addressed.

We did not observe any damaged furniture in the home. A system was in place for staff to report any damage to furniture and fixtures and records were maintained. The responsible individual provided evidence that new vanity units had been ordered and discussed further refurbishment plans for the home.

As previously discussed, a maintenance book was in place to report any damaged furniture/equipment. The records evidenced that when the maintenance work was completed it had been signed off by the maintenance man. Staff were able to discuss the process for reporting maintenance issues and the maintenance man advised that this system was working well.

We reviewed a sample of shower rooms and observed that appropriate covers were on all shower water outlets/drains.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000127

Notice of failure to comply with regulation 13 of The Nursing Homes Regulations (Northern Ireland) 2005

The Nursing Homes Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13.—
(1) The registered person shall ensure that the nursing home is conducted so as –
(a) to promote and make proper provision for the nursing, health and welfare of patients;
(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients

In relation to this notice the following five actions were required to comply with this regulation. The responsible individual must ensure that:

- repositioning charts accurately reflect the delivery of care as prescribed in the patient's care plan.
- care records and the care delivered accurately reflect recommendations made by other healthcare professionals such as Speech and Language Therapists.
- patients risk assessments and care plans are regularly reviewed to ensure they meet the assessed needs of the patient.
- staff can demonstrate their awareness that when a patient cannot maintain their dignity independently, they must take appropriate action to ensure that this is maintained at all times. This includes but is not limited to the availability of clean clothing appropriate for the time of day/night and maintaining personal hygiene needs.
- the incident of advance recording in a patients care plan is investigated fully and the appropriate action is taken to ensure a similar situation does not occur.

We reviewed five patients repositioning charts and whilst they were mostly compliant and reflected the delivery of care as prescribed in the patient's care plan, a small number of gaps in recording were evident. We also identified that the recommended frequency of repositioning

within two patient's care plans was recorded as either '2-4 hourly' or '3-4 hourly' and the supplementary charts were recorded as '3 hourly'. We discussed these findings in detail with the management team and an area for improvement specific to the oversight of repositioning records by the management team was stated.

Review of five patients' care plans specific to recommendations made by the Speech and Language Therapists (SALT), evidenced that they accurately reflected the assessed needs of patients. We observed the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology recorded within care records and supplementary charts also reflected SALT recommendations. New patient drinking cups had been received from SALT with measurements for the correct fluid levels to which thickening agents are added.

Review of care plans and risk assessments evidenced that they were being updated monthly or more often if required. A named nurse system to ensure patients records were reflective of patients assessed needs had been implemented since the last care inspection.

Patients were observed wearing clean clothing which was appropriate to whether they were in communal areas or in their bedroom. We observed a specific concern regarding two patients personal care. Review of their care records did not provide sufficient details to advise staff on how to manage this aspect of personal care. We discussed this with the manager who acknowledged that a more robust oversight of the delivery and care planning around this specific care was required. The deputy manager updated both patients' care records during the inspection. However, in order to drive and sustain improvement an area for improvement was stated.

We reviewed records in relation to the incidence of advanced recording in a patient's care plan. We were satisfied that this matter had been addressed appropriately and lessons had been learnt. The manager said that regular spot checks of care records had been completed since the previous inspection. Review of a sample of care records during the inspection did not identify advance recording.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000128

Notice of failure to comply with regulation 10 of The Nursing Homes Regulations (Northern Ireland) 2005

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—
(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following seven actions were required to comply with this regulation. The responsible individual must ensure that:

- the governance systems in the home are reviewed to ensure they are robust and effective at identifying any deficits in the quality of the care and other services provided by the home.
- there is clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made in a timely manner.
- there is clear evidence that any registered nurse given the responsibility of being in charge of the home in the absence of the manager is deemed competent and capable to do so and that these assessments are reviewed regularly.
- RQIA is notified, without delay, of any event which adversely affects the health and wellbeing of a patient.
- staff duty rotas must be maintained appropriately and clearly record all staff working at the nursing home and hours worked.
- staff training records are maintained in accordance with The Care Standards for Nursing Homes (2015) and available for inspection.
- a copy of the quality monitoring report completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, is submitted on a monthly basis to RQIA.

Review of records and discussion with the management team and staff evidenced that a robust governance system was in place. This included audits of the home's environment, infection prevention and control measures, recording and reporting of accidents and incidents, restrictive practice and risk management.

Review of completed audits evidenced that when deficits are identified through the audit process, an action plan was put in place to ensure the necessary improvements were made in a timely manner.

Registered nurses taking charge of the home in the absence of the manager had a competency and capability assessment completed and were deemed competent by the manager and/or deputy manager. We advised that a clear system be put in place to enable the manager to have an overview of these assessments and when they were due for renewal.

Review of incident/accident records evidenced that relevant notifications had been received since the care inspection on the 1 October 2020.

Review of staff duty rotas submitted by email on 15 December 2020 evidenced that these had been updated to ensure the rotas clearly recorded the names of all staff working in the home and the hours they were working. Following the inspection the responsible individual agreed to monitor the maintenance of duty rotas during their monthly monitoring visits. This will be reviewed at a future inspection.

Staff training records reviewed were maintained in accordance with the care standards and available for inspection. There was an improvement in the overall attendance at training; however, some areas remained low. The management team said that this was due to the difficulty in accessing certain training during the pandemic. The responsible individual agreed to monitor compliance levels during monthly monitoring visits. In order to drive and sustain improvements an area for improvement was stated.

We reviewed a sample of monthly monitoring reports which were available in the home. We were satisfied that these were completed in accordance with regulations.

Evidence was available to validate compliance with the Failure to Comply Notice.

6.3 Other Areas Reviewed

6.3.1 Care records

We reviewed three patient's care records which evidenced that the majority of care plans were person centred and reviewed regularly

Specific examples were discussed in detail with the management team who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording information within residents' care records. In order to drive and sustain improvements an area for improvement was stated.

We reviewed two patients care records specific to wound management. Whilst one of the records was maintained as expected the second was not in relation to the adherence of the recommended frequency of dressing renewal within the identified care plan. This was discussed in detail with the manger and an area for improvement was stated.

Areas for improvement

Five new areas for improvement were identified during the inspection in relation to oversight of supplementary charts, care delivery, mandatory training, care records and wound care management.

	Regulations	Standards
Number of areas for improvement	0	5

6.3 Conclusion

Significant improvements had been made to address the actions within the notices and we were satisfied that the appropriate action had been taken to address issues identified during the inspection. Evidence was available to validate compliance with **FTC000125**, **FTC000126, FTC000127** and **FTC000128.**

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tee McClure, manager, Hayley Philips, deputy manager and Christopher Walsh, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 14 January 2021	The registered person shall ensure that a robust oversight of repositioning charts is implemented to ensure that: • patients are being repositioned as per the recommended frequency within the care plan • the frequency of repositioning within the supplementary recording chart must reflect the care plan. Ref: 6.2
	Response by registered person detailing the actions taken: A full audit of the supplementary charts was completed at the end of December. This provided evidence that all supplementary care prescriptions were in line with the care files. The importance of accurate recording has been highlighted at recent staff meetings and a process has been embedded of spot checks on the repositioning charts by management staff within the Home. Gaps or ommissions discovered during these checks will be followed up through supervisions with relevant staff
Area for improvement 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients' personal care and grooming needs are met. Care records should reflect specific measures on how to maintain patients' personal care where an assessed need is identified. Ref: 6.2
	Response by registered person detailing the actions taken: The care records of the identified residents were updated on the day of the inspection and nursing staff were reminded that when non-compliance with or deviation from prescribed care occurs, relevant stakeholders must be informed and care records revised accordingly.
Area for improvement 3 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 14 February 2021	The registered person shall ensure that mandatory and other training requirements, for all staff working in the home, are met. Ref: 6.2
	Response by registered person detailing the actions taken: The mandatory training stats within the Home are monitoried on a weekly basis by the Acting Home Manager and Senior Management team. The In house trainer has planned and

	delivered additional training within the Home to increase the training requirements.
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 14 January 2021	The registered person shall ensure that care plans reflect the changing needs of patients and any recommendations made by other health care professionals. Ref: 6.3.1
	Response by registered person detailing the actions taken: The Acting Home Manager, Unit Manager and the Regional team utilise a range of auditing and oversight processes to monitor the quality of the care files and associated prescriptions of care. The Home seeks to complete 4 care file audits each month and augments this with reviews carried out as part of monthly monitoring visit.
Area for improvement 5 **Ref**: Standard 23 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that where a wound has been assessed as requiring specific treatment, the care plan is adhered to and evidenced as such within the evaluation records. Ref: 6.3.1
	Response by registered person detailing the actions taken: Following a more recent unannounced inspection further staff training and supervisions are planned to hightlight the necessity of accruate recording of wound care within the Home. Additionally management staff have reflected on the importance of the utilisation of wound care auditing in assessing quality of wound care recording and associated records.

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

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