The Regulation and Quality Improvement Authority

Inspection Report

23 & 31 May 2023

Melmount Manor Care Centre

Type of service: Nursing Home
Address: 1 Orchard Road,
Strabane, BT82 9QR
Telephone number: 028 7138 3990

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd **Responsible Individual:** Mr. Christopher Walsh	**Registered Manager:** Mrs. Hayley Phillips **Date registered:** 01 April 2022
Person in charge at the time of inspection: Mrs. Hayley Phillips	**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:** 67
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 69 patients. The home is divided in three units over one floor. There is a Residential Care Home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 31 May 2023, from 9.30am to 4pm by a care inspector and a medicines management inspection took place on 23 May 2023 from 9.40am to 1.45pm by two pharmacist inspectors.

The inspection assessed progress with the two area for improvement identified in the home 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.

The two previous areas of improvement from the previous inspection were met.

Patients said that they were happy with their life in the home and had a good relationship with staff and that staff were kind, caring and supportive. Patients who were unable to articulate their views were seen to be comfortable, content and at ease in their environment and interactions with staff.

Two areas of improvement were identified from a care perspective during this inspection. These were in respect of the environment in one units in the home and the need for risk assessment of free standing wardrobes.

Review of medicines management found that mostly robust arrangements were in place for the management of medicines. Medicine records and medicine related care plans were mostly well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. Based on the inspection findings and discussions held, two areas for improvement, detailed in the quality improvement plan, were identified in relation to the receipt of medicines record and the temperature control of the medicines refrigerator.

RQIA will be assured that the delivery of care and service provided in Melmount Manor Care Centre will be safe, effective, compassionate and well led, in addressing these areas for improvement.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were happy with their life in the home and had a good relationship with staff, enjoyed the meals and the atmosphere in the home. Patients who were unable to articulate their views were seen to be comfortable, content and at ease in their interactions with staff and their environment.

Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, teamwork, training and managerial support.

Five visiting relatives spoken with said that they were very happy with the care provided in the home and staff were always friendly and supportive. Relatives also said that they were kept well informed of any developments and that staff and management were very approachable. One relative said "You can walk in here at any time and the staff are always so good and know the patients well."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 16 August 2022</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 14 (2) (a)

Stated: First time</td><td>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Observations of the environment confirmed these were free from hazards to safety.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Standard 4

Stated: First time</td><td>The registered person shall ensure that all entries within care records are dated; timed; signed and accompanied with the name and designation of the signatory. With specific reference to life story information entered by activity personnel.</td><td></td></tr>
</table>

	Action taken as confirmed during the inspection: These records were appropriately maintained.	**Met**

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of recently appointed staff members' recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Expressions of consent were evident with statements such as "Are you okay with…" or "Would you like to …" when dealing with care delivery.

Care records were held confidentially. Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Frailer patients' needs were seen to be attended to with comfort, nutritional and spiritual care in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered. There was a variety of drinks available. One patient said; "The food is delicious and you always get what you like to eat."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received up-to-date training in dysphagia. Discussions with staff confirmed knowledge and understanding for patients with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care.
These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling. A good standard of décor and furnishings was maintained in the Mourne and Foyle units and patients' bedrooms in these units were nicely furnished and personalised with items important to the patient.

The décor in the Dennett unit was tired and lacked pictures and signage to support with dementia needs. Many of the bedrooms in this unit also lacked personalisation with décor and style. An identified bedroom floor was stained and in poor appearance. An area of improvement was made in this regard. In addressing this, it was identified that a dementia friendly audit needs to be undertaken in the environment and a subsequent action plan of the upgrading submitted to RQIA for approval. Good assurances were received from the home's management that these issues would be acted on.

Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. Cleaning chemicals were stored safely and securely.

An area of improvement was made to risk assess free standing wardrobes, as these may pose a risk if a patient were to pull on same in the event of a fall. There was a small number of these observed in the Dennett unit.

The grounds of the home were well maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was completed on 25 July 2022. There was corresponding evidence recorded of the actions taken in respect of the recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients made the following comments; "I haven't any faults about this place. Everything is very good." and "I am really looked after well. The staff are wonderful. I'd be lost without them."

An organised programmed of activities was in place. Patients who choose to partake in were seen to gain good fulfilment and enjoyment in this. Activity records were well maintained.

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability. One visiting relative praised the Manager and improvements they had seen with activities, staff morale and keeping families informed and also made the following comment; "I really can't fault the home. All the staff are excellent and very kind."

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding

of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patient's next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

The Manager explained how complaints were seen as an opportunity to for the team to learn and improve. Expressions of complaint were appropriately documented.

There was a system of audits and quality assurance in place. These audits included; care planning, infection prevention and control and environmental audits.

The home was visited each month by a representative on the behalf of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The responsible individual also made himself available for this inspection, including feedback at the conclusion of the inspection.

5.2.6 Medicines Management

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. Several small audit discrepancies were drawn to the Manager's attention for auditing purposes.

A full record of the receipt of medicines had not been maintained. This related specifically to medicines received from patients on admission and medicines received outside the monthly repeat medicines order. An area for improvement was identified.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The personal medication records reviewed at the inspection were mostly accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. For one patient, a recent insulin dose change had not been updated on their personal medication record. This was discussed with the manager and nurse and an assurance was given that the record would be updated without delay.

Several warfarin records had not been cancelled and archived. This is necessary to ensure that nurses do not refer to obsolete directions in error and administer the medicine incorrectly to the patient. This matter was discussed with the Manager and nurse for rectifying.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed.

The records inspected showed that medicines were available for administration when patients required them.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

The temperature ranges of two of the medicine refrigerators had been outside of the recommended temperature range of 2°Celsius and 8°Celsius on a significant number of occasions. There was no record of the correct action taken by nurses. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. A review of records indicated that mostly satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission. The personal medication records had been accurately completed. However, as stated above, the receipts of medicines had not been recorded.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient. The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. A few gaps were observed in the recording of the reason for and outcome of administration; this observation was discussed with the Manager to address with the nursing staff.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should

be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient. The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained. For one of the six patients whose records were reviewed, there was a discrepancy between the thickener consistency level specified on the care plan and that specified on the personal medication record. The Manager agreed to ensure the correct consistency was verified and records updated accordingly.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low. Care plans were also in place for warfarin and the covert administration of medicines.

Management and nurses audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Hayley Phillips, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 27(2)(d)

Stated: First time

To be completed by: 23 June 2023</td><td>The registered person must submit a time bound action plan detailing how the deficits in the environment of the Dennett unit will be addressed in terms of being dementia friendly and a good standard of general décor.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Dementia friendly Audit completed in Dennett Unit in relation to ensuring the unit is up to standard in relation to the enviroment for the residents in our care</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 13(4)

Stated: First time

To be completed by:
With immediate effect
(23 May 2023)</td><td>The registered person shall ensure that a full record is maintained of medicines received.

Ref: 5.2.6</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Action taken on day of inspection to implement a record book to ensure all intrim drugs are counted and signed in by 2 registered nurses specifically relating to Drugs out of sync of the normal monthly drug cycle</td></tr>
<tr><td colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 47(5)

Stated: First time

To be completed by: 30 May 2023</td><td>The registered person shall review all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
All wardrobes have been checked in the home and a weekly audit for maintenance is also in place</td></tr>
</table>

<table>
<tr>
<td rowspan="2">Area for improvement 2

Ref: Standard 32

Stated: First time

To be completed by:
With immediate effect
(23 May 2023)</td>
<td>The registered person shall ensure that a record is maintained of the corrective action taken if the temperatures of the medicine refrigerators are outside the recommended range of 2°Celsius and 8°Celsius.

Ref: 5.2.6</td>
</tr>
<tr>
<td>Response by registered person detailing the actions taken:
A temperature recording book is now in place in each treatment room to highlight any out of range temps of the fridges. Supervision to all staff in relation to documentating the action taken if the fridge temp is out of the normal range</td>
</tr>
</table>

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