

Inspection Report

16 August 2022



Melmount Manor Care Centre

Type of service: Nursing Home
Address: 1 Orchard Road,
Strabane, BT82 9QR
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd</p> <p>Responsible Individual: Mr Christopher Walsh</p>	<p>Registered Manager: Mrs Hayley Phillips</p> <p>Date registered: 01 April 2022</p>
<p>Person in charge at the time of inspection: Mrs Hayley Phillips</p>	<p>Number of registered places: 69</p> <p>A maximum of 38 patients in category NH-DE and a maximum of 31 patients in categories NH-I and NH-PH</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 68</p>
<p>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 into three units on the ground floor. The Dennett which provides care for people with dementia; the Mourne and Foyle units which provides general nursing care. Patients have access to communal lounges, dining rooms and a garden.</p> <p>There is also a registered Residential Care Home in the same building and the Registered Manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 August 2022, from 9.10am to 5.45pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was positive to note that all areas for improvement from the previous care inspection had been met.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included; "(The) staff are looking after me well", "Good care here", "I feel safe here", "(The) staff are very good" and "I like it here".

Four questionnaires were received; three from relatives and one which did not indicate if they were a relative or a patient. Overall the respondents were very satisfied with the provision of care. One respondent indicated that they were unsatisfied with the provision of safe care but did

not provide any further information regarding this. Comments included; “The staff are very good and obliging”, “I am very happy with the care my (relative) is receiving”, “Nothing is ever too much trouble”, “The care and attention (relative) gets here is very good”, “The staff treat (relative) and our family like one of theirs” and “Very happy with everything”.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included; “Good induction”, “I am proud to work here”, “The manager is brilliant” and “Plenty of training.” There was no feedback from the staff online survey.

One relative was consulted with during the inspection; they commented positively about the care provided, communication, the Manager and the staff. Comments included “(The) staff are excellent”, “Food is out of this world”, “I feel comfortable visiting the home”, “My (relative) is safe here” and “This is a good home”.

Comments received during the inspection were shared with the management team.

5.0 The inspection

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

Areas for improvement from the last inspection on 12 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10 (1) Stated: Second time	The registered person shall ensure that the following measures are implemented for any patient being admitted to the home: <ul style="list-style-type: none"> • risk assessments are completed within 24 hours of admission • care plans are commenced on the day of admission and completed within five days 	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that contemporaneous records are maintained to reflect the delivery of personal care. Action taken as confirmed during the inspection: Review of a sample of care records and discussion with staff evidenced that this area for improvement had been met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of a sample of employee recruitment records evidenced that appropriate employment checks had been carried out in line with best practice.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty. Staff said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

Observation of the delivery of care during the inspection evidenced that there was enough staff to attend to patient's needs.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that a mindfulness session was provided once a month within the home for staff and they spoke positively about this.

There was evidence that the Manager had incorporated principles from the 'My home life' training into the daily running of the home through the use of 'positivity cards' offered to staff at the beginning of their shift and 'image cards' for staff supervisions/appraisals. One staff member said; "(The) positivity cards has helped staff morale" and a further staff member said; "I just love it here".

A record of staff supervision and appraisals was maintained by the Manager with staff names and the date that the supervision/appraisal had taken place.

The inspector reviewed three competency and capability assessments for the nurse in charge in the absence of the Manager and found these to be completed.

Patients said that they felt well looked after by the staff and were very happy in Melmount Manor. One patient commented “I have everything I need here” and another patient referred to the staff as being “Very kind.”

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients’ favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Some patients were seated within dining rooms, whilst others were either seated within one of the lounges or their bedroom. Discussion with staff and a number of patients evidenced that this was their personal choice.

Patients who choose to have their lunch in their bedroom or lounges had trays delivered to them and the food was covered on transport.

There was a choice of meals offered and patients said they very much enjoyed the food provided in the home. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient’s likes and dislikes. A menu was displayed within the dining room which was reflective of the meals that were served.

Staff said they were made aware of patients’ nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

Review of three patients’ care records evidenced that the majority of care plans and risk assessments were reviewed regularly. Whilst the majority of entries made within care records were signed and dated, entries made by activity personnel within each patients care file regarding their life history had not been signed or dated. Details were discussed with the management team and an area for improvement was identified.

It was further identified that a number of care plans completed by a student nurse within one patient’s care records were not consistently countersigned by the registered nurse. Details were discussed with the management team and following the inspection the Manager provided written confirmation of the action taken to address this with ongoing monitoring to ensure sustained compliance.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. Corridors and fire exits were clear of clutter and obstruction.

A malodour was evident within four patient's en-suites which was brought to the immediate attention of management to address. Prior to the completion of the inspection relevant action had been taken to address the malodour with assurances received from the management team that this would be monitored going forward.

A number of deficits were identified within the environment that required repair. Details were discussed with the management team who agreed to address these deficits as a matter of priority. Following the inspection the management team provided written confirmation that all relevant repairs had been completed.

The garden and outdoor spaces were well maintained with areas for patients to sit and rest. The management team confirmed that refurbishment works were ongoing including the painting of walls, replacement of identified vanity units and furniture to ensure the home is well maintained.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. For example; a store within the dementia unit was unlocked with access to prescribed topical creams, a food thickening agent and razors; denture cleansing tablets were also easily accessible within a patient's bedroom within the dementia unit and a staff handbag was observed within an unlocked linen cupboard within the nursing care unit. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were adhering to IPC best practice guidance. There was a good supply of personal protective equipment (PPE) and hand sanitiser throughout the home.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities such as poetry and a relaxation session which took place in the morning. Others were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

During the inspection a luncheon club was taking place in the afternoon followed by musical entertainment displayed on a large screen. Patients appeared to enjoy the music and the company of staff.

Patients commented positively about the food provided within the home with comments such as; “(The) food is very good” and “I like the food here.”

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Responsible Individual and the organisation.

A system was in place to monitor accidents and incidents that happened in the home which was notified, if required, to patients’ next of kin and their care Manager.

Audits were in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative 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 and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where 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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Hayley Philips, Registered Manager and Mr Christopher Walsh, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3 Response by registered person detailing the actions taken: Supervisions completed on the day of inspection in relation to this area of hazard. Ongoing monitoring of these areas taken place daily. All staff belongings now stored in individual lockers in a staff area
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2 Response by registered person detailing the actions taken: All life histories have been reviewed and dated and signed accordingly.

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



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