



Unannounced Follow Up Care Inspection Report 14 January 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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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 is registered to provide nursing care for up to 69 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Annie Frobisher 28 December 2012
Person in charge at the time of inspection: Annie Frobisher	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

4.0 Inspection summary

An unannounced inspection took place on Tuesday 14 January 2020 from 09.40 to 17.00.

The inspection assessed progress with all areas 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.

It was positive to note that nine out of the twelve areas for improvement that had been identified at the last care inspection have been met. Three areas for improvement were partially met and have been stated for a second time in relation to record keeping, supplementary charts and pressure area care documentation. There were no new areas for improvement identified during this inspection.

Patients described living in the home as being a good experience. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*2

*The total number of areas for improvement includes one regulation and two standards which have been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Annie Frobisher, registered manager and Christopher Walsh, responsible individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 26 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 January 2020 to 19 January 2020
- staff training records
- incident and accident records
- three patient care records
- four patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records

- complaints record
- a sample of monthly monitoring reports for November 2019 and December 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	Met
	Action taken as confirmed during the inspection: Review of the environment and governance records evidenced that infection prevention and control issues identified, during the previous inspection, had been addressed.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time	The registered person shall ensure that all chemicals are securely stored in accordance with COSHH legislation, to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 27 (4)(b) Stated: First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.	Met
	Specific reference to ensuring that fire doors are not propped open.	

	<p>Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.</p>	
<p>Area for improvement 4 Ref: Regulation 27 (2) (t) Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • storage of denture cleaning tablets and toiletries including scissors • staff handbags. <p>Action taken as confirmed during the inspection: Observations and review of governance records/audits confirmed that this area for improvement had been met.</p>	Met
<p>Area for improvement 5 Ref: Regulation 13 (1) (a) Stated: First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • care plans must be person centred and relevant to the patients current care needs • any changes or alterations to a patients care plans or care records are made in such a way that the original entry can still be read. <p>Action taken as confirmed during the inspection: Review of a sample of care records confirmed that this area for improvement had not been fully met. This is discussed further in 6.2.3.</p> <p>Therefore this area for improvement is stated for a second time.</p>	Partially met
<p>Area for improvement 6 Ref: Regulation 30 Stated: First time</p>	<p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of any event which adversely affects the wellbeing or safety of any patient.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of a sample of governance and care records confirmed that this area for improvement had been met.</p>	
<p>Area for improvement 7 Ref: Regulation 20 (1) (c) (iii) Stated: First time</p>	<p>The registered person shall ensure that persons employed to work at the nursing home receive training relevant to their role.</p> <p>Action taken as confirmed during the inspection: Review of staff training records confirmed that this area for improvement had been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall ensure that patients' personal care and grooming needs are regularly assessed and met. This includes (but is not limited to):</p> <ul style="list-style-type: none"> • Patient's finger nails • Facial hair • Footwear • Clothing • Eye/oral care. <p>Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines. Specific reference to repositioning and fluid intake recording charts:</p> <ul style="list-style-type: none"> • The frequency of repositioning should be recorded within the repositioning chart to reflect the patients care plan • Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. <p>Action taken as confirmed during the inspection: Review of a sample of supplementary charts and care records evidenced that this area for improvement had not been fully met. This is discussed further in 6.2.3.</p>	Partially met

	Therefore this area for improvement is stated for a second time.	
Area for improvement 3 Ref: Standard 23 Stated: First time	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> the recommended setting/type of pressure relieving mattress are maintained at the correct setting and included in the patients care plan where the recommended setting has been altered to suit the patients individual preference it is clearly documented within their care plan. <p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had not been fully met. This is discussed further in 6.2.3.</p> <p>Therefore this area for improvement is stated for a second time.</p>	Partially met
Area for improvement 4 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> Environmental and hand hygiene audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned Governance audits in respect of care records should be initiated to ensure care plans and care records are maintained as required. <p>Action taken as confirmed during the inspection: Review of a sample of governance records/audits confirmed that this area for improvement had been met.</p>	Met
Area for improvement 5 Ref: Standard 16 Stated: First time	<p>The registered person shall ensure that all complaints are dealt with promptly and effectively and held within a complaints ledger.</p> <p>Action taken as confirmed during the inspection: Review of the complaints ledger confirmed that this area for improvement had been met.</p>	Met

6.2 Inspection findings

6.2.1 Staffing provision

On arrival to the home at 09.40 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. Patients were seated mainly in one of the lounges or their bedroom, as per their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We reviewed staffing rotas from 6 January 2020 to 19 January 2020 and identified that a number of shifts had been cancelled at short notice. Discussion with the manager confirmed that where possible shifts were 'covered' with available staff and on occasions agency staff. In addition recruitment for suitably skilled and experienced registered nurses and care assistants was on-going. Staff spoken with confirmed what the manager had discussed with us and that they had some concerns about the review of staffing taking into consideration patients assessed needs and dependency levels within an identified unit of the home. This was discussed with the manager and the responsible individual to action where necessary.

Staff also stated that they felt supported by management. Comments included:

- "I love it here."
- "Many improvements over the past few months"
- "Feel supported."
- "Great team work."

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Patient Health and Welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We observed staff attending to patients needs in a caring manner and as promptly as possible. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

Consultation with 12 patients individually, and with others in small groups, confirmed that living in Melmount Manor Care Centre was a positive experience.

Patient comments:

- “Very happy here.”
- “Staff are quite good and helpful.”
- “Food is nice.”
- “Staff are excellent.”
- “The staff are looking after me well.”

Representative’s comments:

- “Staff are very friendly.”
- “Food is normally good.”
- “No concerns.”
- “If you need anything the staff are always there and attend to my needs.”

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

Review of three recently admitted patient’s care records evidenced that not all care plans were in place to direct the care required and a number of risk assessments had not been completed within the recommended time frame for an identified patient. This was discussed with the manager who agreed to enhance the care record audits on all newly admitted patients to ensure that relevant documentation is in place. We further identified care plans that were not person centred or relevant to the patient’s current care needs. The manager acknowledged the shortfalls in the documentation and an area for improvement that was identified at the previous inspection has been stated for a second time.

On review of a sample of repositioning records patients were being repositioned as per their care plan on most occasions, however, there were inconsistencies in relation to the recording of the recommended frequency of repositioning on identified recording charts. We further identified that recording charts in relation to dietary/fluid intake did not always include the recommended dietary type/fluid consistency and patient names were absent from a number of charts. This was discussed with the manager to review due to the potential risk to patients consuming the incorrect dietary type/fluid consistency. The manager acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff to ensure they document the recommended frequency of repositioning and dietary type/fluid consistency on patients’ supplementary charts to direct relevant care. This area for improvement was identified at the previous inspection and has been stated for a second time.

We also reviewed the settings on identified pressure relieving mattresses and on review of the patients care records the care plans regarding pressure care did not contain the recommended setting/type of pressure relieving mattress.

This was discussed with the manager who acknowledged the importance of including such information within the patients care plan and agreed to review this with relevant staff. This area for improvement was identified at the previous inspection and has been stated for a second time.

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was found to be warm, fresh smelling and comfortable throughout. Since the last inspection positive improvements had been made to various areas within the home and multiple bedrooms had been redecorated with new furniture and paint work throughout. The manager confirmed that additional refurbishment was scheduled to other areas within the home.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and governance arrangements

Since the last inspection there has been no change in management arrangements.

Training was taking place during the inspection on dementia awareness and emergency care with further training scheduled for January 2020 in fire awareness, diabetes and deprivation of liberty. Following the inspection the manager forwarded additional training dates for topics relevant to the delivery of care within the home.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out monthly and where there were deficits identified an action plan was implemented.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives and provided detailed and robust information in relation to the conduct of the home including an overview of care records, complaints, the environment, accidents and incidents and adult safeguarding. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The registered provider/manager 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: Second time To be completed by: 14 February 2020	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • care plans must be person centred and relevant to the patients current care needs • any changes or alterations to a patients care plans or care records are made in such a way that the original entry can still be read. <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: All nurses have received a supervision around person centred care and care planning relevant to the patients assessed needs. All nurses have received a supervision around the correct way to make changes to the patient's care plans so they also reflect and clearly reveal the original entry. A new audit document has been introduced to comprehensively audit care plans. An action plan is then in place for the named nurse to address any deficits.</p>
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 4 Stated: Second time To be completed by: With Immediate effect	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to repositioning and fluid intake recording charts:</p> <ul style="list-style-type: none"> • The frequency of repositioning should be recorded within the repositioning chart to reflect the patients care plan • Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: All nurses have received a supervision on the importance of ensuring the frequency of of repositioning is recorded to meet the patient's assessed needs. All nurses have received supervision re ensuring that care staff are clearly aware of the dietary type and fluid consistency by making sure this is recored on the daily intake charts.</p>
Area for improvement 3	The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment

<p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 14 February 2020</p>	<p>of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • the recommended setting/type of pressure relieving mattress are maintained at the correct setting and included in the patients care plan • where the recommended setting has been altered to suit the patients individual preference it is clearly documented within their care plan <p>Ref: 6.1 and 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All nurses have received a supervision regarding assessing needs of each individual and setting their pressure relieving mattresses accordingly.</p> <p>A new document has been introduced to resident's supplementary files in which is recorded the assessed needs of the individuals and are updated monthly or if there are any changes and signed off by the registered nurse.</p>

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



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