



Secondary Unannounced Residential Care Inspection

Name of Service and ID: Melmount Manor Care Centre (1744)
(The Sperrins Unit)

Date of Inspection: 18 September 2014

Inspector's Name: John McAuley

Inspection ID: IN017559

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

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| Name of Service: | Melmount Manor Care Centre (1744) |
| Address: | 1 Orchard Road Strabane BT82 9QR |
| Telephone number: | 02871383990 |
| E mail address: | Annie.frobisher@larchwoodni.com |
| Registered Organisation/ Registered Provider: | Larchwood Care Homes (NI) Ltd |
| Registered Manager: | Mrs Annie Frobisher |
| Person in charge of the home at the time of inspection: | Mrs Carole McShane Team Leader |
| Categories of care: | NH-DE, NH-I, NH-PH, RC-DE |
| Number of registered places: | 69 |
| Number of residents accommodated on Day of Inspection: | 12 residents in the residential unit |
| Scale of charges (per week): | Trust rates |
| Date and type of previous inspection: | 12 May 2014 Announced Primary |
| Date and time of inspection: | 18 September 2014 11.15am – 2.30pm |
| Name of Inspector: | John McAuley |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and one visiting relative
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

6.0 Profile of service

The Sperrins Residential Care home is situated on the Orchard Road which is just off the Melmount Road on the outskirts of the town of Strabane.

The residential home is owned and operated by Larchwood Care Homes (NI) Ltd. The registered manager is Mrs Annie Frobisher, who has been in this position for over the past three years.

The residential unit is part of Melmount Manor Nursing Home, although care staffing hours are planned for separate to the nursing home, with a small consistent team of staff led by the team leader Mrs Carole McShane.

Accommodation for residents is provided single rooms on a ground floor level.

Communal lounges and a dining area are provided for, as well as a small kitchenette.

The home also provides for catering and laundry services which are located in the main Melmount Manor Nursing Home.

A number of communal sanitary facilities are available throughout the home.

An enclosed courtyard garden is provided for with access via the dining room.

The Sperrins unit provides care for a maximum of twelve persons under the category of dementia care.

7.0 Summary of inspection

This secondary unannounced care inspection of The Sperrins was undertaken by John McAuley on 18 September 2014 between the hours of 11:15am and 2:45pm. The team leader, Mrs Carole McShane was available during the inspection and for verbal feedback at the conclusion of the inspection.

The two requirements and two recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified.

The focus of this unannounced inspection was Standard 9 of the DHSSPS Residential Care Homes Minimum Standards on Health and Social Care. Review of this standard found there were processes in place to ensure the effective management of the standard inspected. Care records confirmed evidence that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the resident's GP and / or aligned healthcare professional(s). Discussions with staff revealed knowledge and understanding of residents' needs and prescribed interventions to promote their wellbeing. This was further evidenced via observations of care practices, as discussed later in this report. This standard was overall assessed as compliant.

During the inspection the inspector met with residents, staff, and one visiting relative, observed care practices, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents, in accordance with their capabilities, they indicated that they were happy and content with their life in the home, and their relationship with staff. The one visiting relative spoke with praise and gratitude for the provision of care in the home, and the kindness and support received from staff. No concerns were expressed or indicated.

Staff confirmed that they were supported in their respective roles and that they are provided with the relevant resources and training to undertake their respective duties. No concerns were expressed.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The home had recently had an upgrade in décor with new flooring and paintwork throughout. The results of which was impressive. There was also evidence in place of housekeeping arrangements in place, with all areas found to be clean and tidy.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 May 2014

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------|---|---|--------------------------------------|
| 1. | 16 (1) | <p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.</p> <p>Reference to this is made in relation to care plans with challenging behaviour assessed needs. These must detail specific detailed interventions as opposed to generic type interventions.</p> | <p>A review of this care plan found that the care plan has been reviewed, with detailed prescribed interventions put in place and generic type interventions removed.</p> | Compliant |
| 2. | 27 (4) (a) | <p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire safety risk has changed.</p> <p>Reference to this is made in that the home's aligned estates inspector must be notify in writing of an action plan with timescales to address the recommendations made in the fire safety risk assessment as dated 30 January 2014.</p> | <p>An action plan has been submitted to the home's aligned estates inspector in relation to the fire safety risk assessment as dated 30 January 2014.</p> | Compliant |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|--|--|--------------------------------------|
| 1. | 10.1 | <p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Response and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that all staff should sign as read and understood the home's policy and procedure on responding to residents, behaviours.</p> | Staff have signed this revised policy and procedure accordingly. | Compliant |
| 2. | 10.7 | <p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that;</p> <ul style="list-style-type: none"> • The home's Statement of Purpose and its Resident's Guide needs to be updated to include clear detail of the need for a locked door provision in the dementia unit. • The home's policy and procedure on restraint needs to be revised further, to include greater reference to The Human Rights Act (1998) and DHSSPS guidance, and to clearly distinguish that unacceptable forms are referred to in the home's protection of vulnerable adults procedure. | The home's Statement of Purpose and Resident's Guide has been revised accordingly, as with the home's policy and procedure on restraint. | Compliant |

9.0 Standard 9

| STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|---|-------------------------|
| Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded. Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional. | Compliant |
| Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| Discussions with staff on duty confirmed that they had knowledge and understanding of residents' needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed. Further to this, observations of care practises found evidence that the practices and the overall atmosphere provided helped create a relaxed, homely environment. For example it was observed, that residents were treated individually in terms of prescribed interventions, such as with rest, social activity and also dietary needs There were individual assessments in place of residents' continence care needs, and general observations of this specific area of care identified no obvious concerns in relation to same. | Compliant |

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

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| <p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings: A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s). Discussions with the team leader in relation to specific residents' needs revealed good knowledge of the prescribed plan of care in place.</p> | Compliant |
| <p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings: Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records. Further to this discussions with one visiting relative, confirmed that he / she was kept informed of such issues and confident in the provision of care provided.</p> | Compliant |

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

| | |
|--|-------------------------|
| Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service. | Compliant |
| Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| General observations of residents' aids, appliances and equipment found these were maintained in good order. | Compliant |

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home and their relationship with staff.

No concerns were expressed or indicated.

Comments received included statements such as:

- "Everybody is very kind to me"
- "You couldn't ask for better"
- "It's just great, no problems"

10.2 Relatives/representative consultation

The inspector met with one visiting relative at the time of this inspection. This relative spoke with satisfaction with the provision of care and life afforded to his / her relative and complemented staff in this regard.

No concerns were expressed.

10.3 Staff consultation

The inspector spoke with four members of staff of various grades on duty. All spoke in positive terms about the provision of care, the resources and training in place to support their roles, and the teamwork and staff morale.

No concerns were expressed.

10.4 Visiting professionals' consultation

There were no visiting professionals to the home at the time of this inspection.

10.5 Environment

The home had recently had an upgrade in décor with new flooring and paintwork throughout. The results of which was impressive. There was also evidence in place of housekeeping arrangements in place, with all areas found to be clean and tidy.

Residents' bedrooms were found to be nicely furnished and personalised.

Residents' facilities including the communal sitting areas were comfortable and relaxing for residents to avail of.

10.7 Care practises

Observations of care practices throughout this inspection found that residents were treated with dignity and respect. Care duties were organised at an unhurried pace and residents' individual needs relating to rest, continence, social activity and dietary were appropriately attended to. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Other than the locking of the door to the unit there were no obvious restrictive type practices observed.

Quality Improvement Plan

The findings of this inspection were discussed with Mrs Carole McShane as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquires relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the unannounced inspection of Melmount Manor Care Centre (1744) (Sperrins Unit) which was undertaken on 18 September 2014 and I agree with the content of the report. Return this QIP to care.team@rqia.org.uk

Please provide any additional comments or observations you may wish to make below:

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| NAME OF REGISTERED MANAGER COMPLETING | Annie Frobisher |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING | Ciaran Sheehan |

| Approved by: | Date |
|---------------------|-------------|
| John McAuley | 12/11/14 |