



Melmount Manor
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Inspector: Sharon Loane and
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Inspection ID:
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**Unannounced Care Inspection
of
Melmount Manor Care Centre**

29 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 29 June 2015 from 11.45 to 17.25 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to describe those living in Melmount Manor Care Centre which provides both nursing and residential care. The Sperrins Residential Unit was not inspected at this inspection.

1.1 Actions/ Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 13 August 2014.

1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager Mrs Annie Frobisher as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan	Registered Manager: Mrs Annie Frobisher
Person in Charge of the Home at the Time of Inspection: Mrs Annie Frobisher	Date Manager Registered: 28 December 2012
Categories of Care: NH-DE, NH – I, NH-PH, RC-DE	Number of Registered Places: 81

Number of Patients Accommodated on Day of Inspection: 79	Weekly Tariff at Time of Inspection: £593
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3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspections on 13 August 2014 and 18 September 2014 and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/ Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with ten patients individually and others in small groups, two registered nurses, six care staff, and three patient's visitors/ representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- staff duty rota
- five patient care records
- records of accidents/incidents & Regulation 30 notifications
- staff training records
- staff induction records
- competency and capability assessments for the registered nurse in charge of the home
- policies & guidance information related to the theme inspected
- compliments/complaints
- regulation 29 reports

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Melmout Manor Care Centre was an unannounced care inspection dated 19 May 2015. The completed QIP was returned and approved by the care inspector.

6. Review of Requirements and Recommendations from the last care Inspection 13 August 2014 in regards to the Nursing units of Melmount Manor.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30(1)(d) Stated: Second time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.	Met
	Action taken as confirmed during the inspection: The incident notification records were examined and evidenced all relevant incidents/ accidents had been appropriately reported to RQIA and notifications were up to date at the time of inspection.	
Requirement 2 Ref: Regulation 16 (2)(b) Stated: First time	The registered person must ensure that the patient's nursing care plan is kept under review	Met
	Action taken as confirmed during the inspection: A review of five care plans evidenced they were reviewed in regards to patient's identified needs and were audited at monthly intervals.	
Requirement 3 Ref: Regulation 27 (2)(b&d) Stated: First time	The registered person shall have regard to the number and needs of patients, ensure that the premises to be used at the nursing home are of sound construction and kept in a good state of repair externally and internally.	Met
	All parts of the nursing home are kept clean and reasonably decorated.	
	Action taken as confirmed during the inspection: Flooring and toilet bowl replaced and no malodour present in communal toilet in Dennett suite. There was no staining on toilet floor and no malodour in en-suite of bedroom in Dennett. Smoking room repainted.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard E10 Stated: Second time	It is recommended that one way privacy film be provided on the outside of the patients' bedroom windows to enhance privacy. A suitable alternative may also be considered.	Met
	Action taken as confirmed during the inspection: Blinds have been installed to ensure privacy in patient's bedrooms.	
Recommendation 1 Ref: Standard 26.1 & 26.2 Stated: First time	It is recommended that the nursing records management policy is further developed to fully reflect relevant legislation, standards and professional guidance.	Met
	Action taken as confirmed during the inspection: The nursing records management policy has been reviewed in September 2014 and includes relevant legislation and guidance information.	

6.1 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

Communication is included in staff induction programmes and discussion with staff evidenced they were aware of factors in the home which influence communication including barriers to communication and breaking bad news.

Is Care Effective? (Quality of Management)

A review of care records indicated that consideration should be given to further develop care plans for patient's individual needs and wishes regarding their end of life care. This was discussed with the registered manager and a recommendation is made to ensure this improvement is met.

There was evidence within five records reviewed that patients and/ or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Through discussion staff demonstrated their ability to communicate sensitively with patients and/ or representatives when breaking bad news by using gestures and other nonverbal cues, speaking in a soft tone and allowing time for reflection.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with respect and dignity.

The inspection process allowed for consultation with 10 patients individually and in small groups. All patients consulted were happy with the quality of care they were receiving and they felt that staff were polite and courteous when dealing with them. They felt safe in the home.

Areas for Improvement

The registered person should ensure that end of life care plans are person-centred and reflect patients/ patient representative's individual wishes.

Number of Requirements:	0	Number of Recommendations:	1
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6.2 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents did not reference best practice guidance such as the Gain Palliative Care Guidelines, November 2013. This was discussed with the registered manager who agreed to review the policy to ensure their inclusion. .

Training records evidenced that staff were trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013. Palliative and end of life care were not included in the induction of new staff or the competency and capability assessment for the nurse in charge. This was discussed with the manager as an area for development. A recommendation has been made.

Original training records in regards to the theme inspected were not available, however, during inspection a record was provided to confirm seven staff had been trained in 2013 and a further three staff had been trained in 2015. The manager provided confirmation of additional training scheduled for staff in regards to palliative and end of life care. Discussion with nursing and care staff who had completed training in this regard acknowledged new learning and how it had been embedded into practice. Staff who had not completed training in palliative care displayed a keen interest to complete same. The manager was advised that a more robust system for recording and monitoring staff training should be developed and available at all times to evidence completed training. A recommendation has been made made.

Discussions with registered nursing and care staff evidenced that they were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

A palliative care link nurse has been identified for the home and training for the palliative care link nurse has been delivered via the Foyle hospice.

Is Care Effective? (Quality of Management)

A review of five care records evidenced that advanced care planning had commenced. This included the management of hydration, nutrition and pain. Supplementary risk assessments had been completed and a care plan was available in regards to identified care needs.

A key worker/ named nurse had been identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/ representatives to be with patients who had been ill or dying such as facilitating overnight stays with their loved one ensuring as much privacy and comfort as possible.

A review of notifications of death to RQIA during the previous inspection year evidenced that all deaths had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/ or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Nursing and care staff demonstrated an awareness of patient's expressed wishes and needs in respect of do not attempt resuscitation directives identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/ friends to spend as much time as they wish with the person. Discussion with the manager and staff evidenced comfort measures were put in place for relatives of the person dying such as provision of refreshments and provision of comfortable chairs, blankets and pillows to facilitate an overnight stay.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and information regarding support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

Palliative care and end of life care, death and dying should be included in induction programmes for new care staff and the competency and capability assessments for the nurse in charge.

Records for all training completed should be available and recorded as per legislation and care standards for nursing homes.

Number of Requirements:	0	Number of Recommendations:	2
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6.3 Additional Areas Examined

5.5.1 Consultation with patients, patient representatives and staff.

As part of the inspection process patients were consulted individually and/ or in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were positive.

A few patient comments received are detailed below:-

'I couldn't be better looked after'.

'I love it here'.

'I like to stay here in the quiet. I know I can go to dining room if I want'.

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned both during and post inspection visit. The general findings from all questionnaires confirmed that staff felt that care delivered in Melmount Manor was safe, effective and compassionate and the home was "well managed and staff well trained". Some additional comments were recorded and these were discussed with the manager at time of inspection and with the regional manager post inspection who both agreed to address the issues identified.

Some patient representatives were spoken with during the inspection and discussed the quality of care delivery with the inspectors and advised they were very happy with the standards of care and services provided.

Questionnaire responses included the following comments;

"The staff are compassionate and treat my mum with a lot of respect"

"The nurses and carers are very good at Melmount Manor and the care is faultless"

5.5.2 Environment & Health and Safety

During a tour of the home, the manager advised a programme of refurbishment had been implemented and inspectors acknowledged these improvements in regards to the standard of décor and furnishings observed. However, a number of environmental and health and safety issues were identified. The flooring in the television lounge in Dennett unit was cracked and

the floor covering in the dining area in Foyle unit was noted to be unclean. Some pillows observed were not waterproof.

The smoking room did not make safe provision for the disposal of cigarettes which has the potential for fire safety risks. The smoke detector did not appear to be activated. The tiled area on entering the smoking lounge had broken tiles.

Issues identified have the potential to impact on the health and safety of patients. These matters were discussed with the manager during feedback. Post inspection, the manager contacted RQIA to advise that measures had been taken and provided assurances these issues would be actioned. RQIA acknowledges this corrective action and matters identified will be monitored for compliance at next inspection. Matters identified in regards to the flooring and smoking room have also been relayed to the estates inspector for further consideration. A requirement has been made.

In addition, mattresses were being used as crash mats which could have implications for safe manual handling. The manager advised during feedback that crash mats were available and this would be addressed immediately.

Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Annie Frobisher as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.4 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.6 Actions Taken by the Registered Manager/ Registered Person

The QIP must be completed by the registered person/ registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk (non-paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2015</p>	<p>The registered person/ manager must ensure that risks to patients are appropriately minimised.</p> <ul style="list-style-type: none"> • The flooring in the Dennet Unit and the tiles entering the smoking room should be repaired/replaced to minimise the risk of trips for patients and staff • Ashtrays fit for purpose should be provided for the smoking room to reduce risks for patients/ others in Melmount Manor <p>Response by Registered Person(s) Detailing the Actions Taken: The floor in the Dennett Lounge has been replaced. The tiles in the smoking room have been replaced. Suitable ashtrays fit for purpose are in place.</p>
<p>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be Completed by: 14 September 2015</p>	<p>It is recommended that care staff induction programmes and the nurse competency and capability assessments are reviewed to include learning objectives in regards to palliative and end of life care and death and dying.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The staff induction and the nurses competency and capability assessments have been reviewed and include learning objectives in regard to palliative and end of life care, death and dying and breaking bad news. Policies and procedures now direct staff to the use of Gain guide lines(November 2013) the guidelines are available to staff in the resource files.</p>
<p>Recommendation 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be Completed by: 14 August 2015</p>	<p>It is recommended that all records for staff training are available and recorded in accordance with the care standards for nursing homes April 2015.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The current training matrix has been extended to include all training not only mandatory training.</p>
<p>Recommendation 3</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>It is recommended that end of life care plans are developed to be more person-centred and reflect the patient's individual wishes and beliefs.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Work is on going in the development of end of life care plans to include the patients' individual wishes and beliefs.</p>

To be Completed by: 14 August 2015	
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Registered Manager Completing QIP	Annie Frobisher	Date Completed	10/08/15
Registered Person Approving QIP	Ciaran Sheehan	Date Approved	25/08/2015
RQIA Inspector Assessing Response	Sharon Loane	Date Approved	26/08/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address