

Unannounced Follow Up Care Inspection Report 19 August 2017



Ard Mhacha House Care Centre

Type of Service: Nursing Home
Address: Desert Lane South, Armagh, BT61 8AR
Tel No: 028 3752 6462
Inspector: Donna Rogan

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 74 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly (acting)	Registered Manager: Norma McAllister
Person in charge at the time of inspection: Richard Aryee (Nurse in Charge)	Date manager registered: 23 October 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia. Residential Care (RC) DE – Dementia.	Number of registered places: Total number of registered beds: 74 Comprising: 39 – NH-DE 15 - RC-DE 20 – NH-I, NH-PH/PH(E)

4.0 Inspection summary

An out of hours unannounced inspection took place on 19 August 2017 from 11.30 to 16.00 hours.

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.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd., a lay magistrate issued an order to cancel that home's registration. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in Ard Mhacha House Care Centre.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Patients spoken with stated that they felt well cared for in the home and that they felt safe. All stated that they enjoyed the food in the home and raised no areas of concern.

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.

The term 'patients' is used to describe those living in Ard Mhacha House Care Centre which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Richard Ayree, Nurse in Charge, 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with approximately 24 patients, 16 staff and six clients' visitors/representatives.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff weeks commencing 13 August 2017 to 2 September 2017
- incident and accident records
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- records and information available relating to adult safeguarding
- compliments received
- nurse in charge management records
- records pertaining to the management of nutrition
- records regarding agency staff inductions
- fire safety records including PEEPS, fire plan and fire risk assessment
- communication records

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 the most recent inspection dated 23 May 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 May 2017

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 3 May 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

Management arrangements

The nurse in charge of the home was identified to us immediately on entering the home by an ancillary member of staff. Discussion with the nurse in charge evidenced that they were very knowledgeable regarding the staffing levels in the home, the numbers of patients in each unit and had current knowledge of wounds, falls, patients' identified as being at risk of poor nutrition and poor fluid intake. The nurse in charge was also aware of the actions to be taken in regards to an incident occurring or a safeguarding issue occurring. There was a nurse in charge information folder available containing all relevant information should guidance be required as to the next actions to be taken. The information available was up to date and in line with best practice guidelines.

Staff in all units of the home were aware of who was in charge of the home and informed the inspector that they would have no hesitation in speaking with nurse in charge, the deputy manager or the manager should it be required. There was information displayed in the front foyer of the home naming the person in charge for visitors/relatives information. Staff were not fully aware of the recent changes to the senior management arrangements of the company but confirmed they were confident that their concerns if raised would be actioned at home level by the deputy and registered managers of the home.

Care delivery

The nurse in charge of the home and the designated person in charge of each unit had sound knowledge of the patients in their care. They were able to demonstrate this through their understanding of the patients current conditions, this included; wounds, falls, food and fluid intake. Patients identified being at risk of weight loss had been re-weighed on the day of inspection. All patients deemed at risk were confirmed as having gained weight. The weights were recorded in the care records. There was evidence in the care records that patients identified of having a poor nutritional intake were referred to the relevant allied professionals in a timely way.

Staff spoken with stated that they felt care delivery was of a good standard, they felt staffing was appropriate to meet the needs of patients in a timely way. Patients were observed to be appropriately dressed and observation of care delivery evidenced that patient's hygiene and continence needs were being addressed in accordance to patients' requests or their needs. There were daily records maintained of when patients' hygiene needs were met by staff. These records were well maintained. Staff reported that when there are difficulties in delivering personal care, they will inform the person in charge.

A review of patient care records evidenced that falls were being appropriately managed. The records of one identified patient, who had a hospital admission following a fall, evidenced that all the required information was recorded in keeping with best practice. The falls risk assessment and care plan was reviewed and updated when they returned to the home. The incident was also appropriately reported to management, the patients GP, and the next of kin in a timely way.

The lunch time meal was observed. The meal served appeared appetising. There was a choice of pork casserole or beef stroganoff, potatoes, cabbage and turnip available with gravy. The dessert was banana custard. There was no alternative dessert available. This issue was raised with the nurse in charge as an area for improvement under the standards. The dining room experience should also be reviewed to ensure that tables are appropriately set and that a range of condiments are available. Consideration should be given to improving the dining room environment from a dementia care perspective in the dementia units; this should include a range of visual choices to enhance patient independence. An area of improvement is made in this regard under the standards.

Patients spoken with stated that they enjoyed the food served and they felt that the food was always good and that there was always plenty available. Staff were observed to assist with meals in a timely way.

Staffing arrangements

The planned staffing arrangements were in place on the day of inspection and a review of the duty rosters from 13 August to 2 September 2017 evidenced that the planned staffing arrangements were generally adhered to. The nurse in charge stated that the only time they deviate from the planned staffing is during staff sickness given at short notice. The nurse in charge stated that they generally do get covered and there are contingency plans in place, that staff will access agency staff when the needs occur. The nurse in charge was aware of the contingency plans and confirmed that duty rotas were usually planned well in advance.

The nurse in charge confirmed that agency staff are used in the home to fulfil shifts. There was an agency member of staff on duty at the time of inspection. This member of staff had been in the home before and a completed induction had been completed during their first shift to the home. Discussion with the agency member of staff on duty confirmed that they had received an induction and confirmed that they were well directed throughout their shifts in the home and felt there was good communication in the home.

Staff confirmed that there was good information provided during the staff handovers and tasks were directed daily by the nurse in charge. A communication book was also prepared daily for those staff returning to duty following a period of time off.

Equipment

Equipment in the home appeared to be well managed. Staff were aware of the actions to take should specialised equipment be required out of hours or equipment becomes faulty. All call bells throughout the home were fully functional and when sounded they were observed to be answered promptly. Alarm mats where in use were observed to be fully functioning.

Behaviours that challenge

The nurse in charge was able to demonstrate an understanding of how to recognise and manage behaviours that challenge. There were out of hours arrangements in place should staff need to access them if they were unable to manage any behaviours. Staff confirmed that there were no recent incidents in relation to behaviours that challenge.

Environment

The environment was clean and tidy and a cleaning schedule was in place; however, on entering the home there was a 'fusty' odour detected; it appeared to be coming from the carpet in the reception area. There were also a number of carpets which required to be replaced in bedrooms. Domestic staff on duty confirmed that they have been recently shampooed but it had very little effect. An area of improvement is made that a programme should be put in place to have the carpets replaced. The home was maintained clean and tidy and the house keeper confirmed that there was a domestic available in each unit in the home daily. There was also a member of staff in the laundry.

A refurbishment plan should be put in place to replace the furniture in patients' bedrooms and dayrooms. The varnish has become worn and as a result cannot be effectively cleaned. It was also chipped and worn in places. Some corridors are also required to be repainted as they have become scuffed. An area of improvement is made under Regulation that a programme of refurbishment should be implemented to ensure the quality of the furniture is enhanced. There were three bathrooms in three of the units in the home that were currently being used as stores. RQIA have not received an application for variation regarding their change of use. The bathrooms should be returned to their original use and if required storage is needed then a variation application should be made to RQIA to approve the change of usage. An area of improvement is made in this regard under Regulation.

Some bed linen and towels were worn and frayed; the housekeeper informed us that new bed linen and towels had recently been ordered but not yet received.

Fire safety

There was a fire safety plan in operation, all staff spoken with were aware of the fire plan. Records of the plan were maintained in the main reception area. The fire zones were easily identified throughout the home. A floor map was also available at the fire panel. The nurse in charge had full knowledge of the action to be taken in the event of the fire alarm sounding. All escape routes were free from obstruction. One patient's bedroom door was observed to be wedged open by a footstool. There was a patient in the bedroom, staff informed us that the magnetic self-closure was broken and a requisition form was put in to have it repaired. The nurse in charge stated that the maintenance person had come in to repair it on the day of inspection. The registered manager should confirm in the returned QIP to RQIA that the necessary repairs have been made. An area for improvement is made in this regard under standards.

The fire risk assessment was not available for review; it was stated that it was in the registered manager's office which was locked and staff had no access to it; however it was emailed to RQIA the following day and it was confirmed by the registered manager that all outstanding issues had been addressed.

Areas for improvement

Three areas for improvement were made under Regulations. They relate to replacing the identified carpets; returning the identified bathrooms to their original use; and putting in place a programme of refurbishment to replace the furniture in bedrooms and dayrooms.

Three areas for improvement were made under the standards. They relate to providing a choice of dessert daily; reviewing the dining experience; and confirming to RQIA that the identified magnetic self-closure has been repaired.

	Regulations	Standards
Total number of areas for improvement	3	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Richard Ayree, Nurse in Charge, 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 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 30 November 2017	The registered person shall replace the carpets in the reception area and in the identified bedrooms. Ref: Section 6.3
	Response by registered person detailing the actions taken: Carpets replaced in identified bedrooms. Plan in place for the reception area to be refloored.
Area for improvement 2 Ref: Regulation 32 Stated: First time To be completed by: 30 August 2017	The registered person shall ensure that the identified bathrooms are not maintained as stores. The bathrooms should be returned to their original use and if required storage is needed then a variation application should be made to RQIA to approve the change of usage. Ref: Section 6.3
	Response by registered person detailing the actions taken: Identified bathrooms have been returned to their original use.
Area for improvement 3 Ref: Regulation 18 (2) (c) Stated: First time To be completed by: 30 November 2017	The registered person shall plan and adhere to a programme of refurbishment to replace the bedroom and dayroom furniture. Ref: Section 6.3
	Response by registered person detailing the actions taken: Refurb programme has been organised and planned with the Regional Maintenance Co-Ordinator. Nine bedrooms have been identified to start the programme. Replacement of dayroom furniture will commence in the Orchard Suite as being the priority.
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 15 September 2017	The registered person shall provide a choice of dessert on the daily menu. Ref: Section 6.3
	Response by registered person detailing the actions taken: Choice of dessert has been provided on daily menu.

<p>Area for improvement 2</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall review the dining experience in the dementia units from a dementia perspective, in order to enhance choice and independence.</p> <p>Ref: Section 6.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>Response by registered person detailing the actions taken: Wall paper has been ordered in order to do a featured wall in the dining rooms and remaining walls to be painted. Residents have been given input into the choosing of wall paper and paint colour for the walls. The dining rooms will be further improved so that the environment is inviting. Choice and independence for the residents to be enhanced. Dementia Service Manager to visit.</p> <hr/> <p>The registered person shall confirm to RQIA that the identified magnetic self-closure has been repaired.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Magnetic self-closure has been repaired.</p>

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

Due to the focused nature of this inspection, as outlined in section 4.0 of this report, the areas for improvement from the previous care inspection will be carried forward for review at the next care inspection.

Areas for improvement from the last care inspection	
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person should ensure that all entries in care records are meaningful and evaluate the effectiveness of the care plan in place.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44 Criteria 14</p> <p>Stated: First time</p>	<p>The registered persons should ensure that provision is made, in accordance with legislation and guidance for patients who smoke.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



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