The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Aughnacloy House**

Provider: **MD Healthcare Ltd**

Date of Inspection: **14 January 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	MD Healthcare Ltd
Responsible Individual:	Mrs Lesley Catherine Megarity
Registered Manager:	Ms Constance Mitchell
Service Profile: This is a registered nursing home which provides nursing care for up to 71 patients. The home is divided into two units over two floors. General nursing care is provided on the ground floor and patients living with dementia are cared for on the first floor. Patients have access to communal dining, lounge areas and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 14 January 2025, between 10.10 am to 8.05 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 13 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Whilst we found care to be delivered in a compassionate manner, some improvements were required to enhance the oversight of certain aspects of care delivery and the environment. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or subsumed into new areas for improvement. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives spoken with told us that they were content with the care provided and that there was good communication from staff.

A visiting professional spoken with during the inspection commented positively regarding the overall provision of care and communication from staff.

There were no responses received to the questionnaires within the allocated timeframe.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported and that they were satisfied with the staffing levels.

Review of the staff duty rota evidenced that the nurse in charge was not consistently identified on the rota, assurance was provided by the management that this would be reviewed and actioned as appropriate; this will be reviewed at a future inspection.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Nursing and care staff received a handover at the commencement of their shift. A handover record was available for staff with pertinent patient details, however, some inconsistencies in the details of patients' needs were identified and these were discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

A discussion took place with the management to review the system in place pertaining to the recording of information associated with wound care; this will be followed up at a future inspection.

Patients may require special attention to their skin care and are assisted by staff to change their position regularly. Gaps were observed in the recording of care provided and associated documentation was not fully reflective of the patients needs; the area for improvement was stated for a second time.

At times, some patients may require the use of equipment to assist them in moving from one room to another. It was observed that staff practice was inconsistent with one patient's assessed needs. This was brought to the attention of staff and management for immediate review and action as appropriate. An area for improvement was identified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were systems in place to manage patients' nutrition and mealtime experience. Records were generally well maintained, however one patient's details was inconsistent with their prescribed care needs; the area for improvement was stated for a second time.

Menus were displayed to inform patients of the choice of meals available, however one menu was not fully reflective of the meal choice available; this was discussed with management for review and action as appropriate and will be reviewed at a future inspection. It was clear however, that staff made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff understood that meaningful activity was not isolated to the planned social events or games, and a programme of activities to include arts and crafts and pamper sessions was displayed on notice boards for patients and visitors. One patient commented on the lack of activites available. A discussion took place with the management to undertake a review of the activity provision and display to ensure meaningful detail on activity provision is provided to patients and visitors; this will be reviewed at a future inspection.

During the inspection, patients were observed watching TV, resting or chatting to staff and were seen to be settled and content in their surroundings and in their interactions with staff.

3.3.3 Management of Care Records

Discussion with management confirmed that patients' needs were assessed by a member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. A review of records identified some records that had not been completed in a timely manner, the area for improvement was stated for a second time.

Discussion with management confirmed that where the needs of patients required bespoke 1:1 care, a system was in place to ensure this was progressed and reviewed with the care manager and health and social care trust. A discussion took place with the management to further develop care plans associated with bespoke care arrangements; this will be reviewed at a future inspection.

Care records in general were suitably maintained, however observation identified some records that had not been updated and reviewed in a timely matter to reflect the changing needs of patients. This was discussed with the management for immediate review and action as appropriate; the area for improvement has been stated for a third time.

Observation noted confidential patient information not stored appropriately in identified areas of the home, the area for improvement was stated for a second time.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was warm, clean and comfortable. For example, the patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished.

Some areas of the home were in need of repair and redecorating, the areas identified were brought to the attention of management. The manager provided evidence of a refurbishment plan following the inspection with identified timescales for completion; this will be followed up at a future inspection.

A small number of wardrobes were not appropriately secured to the wall. This was discussed with management for immediate review and following the inspection confirmation was received that relevant action had been taken to address this.

Observation noted items, for example fairy liquid and denture cleaning tablets and unsupervised access to a cleaning trolley, which could pose potential risks to patients were observed to be accessible to patients in identified areas. The area for improvement was stated for a second time.

Observation identified a number of obstructions to fire doors and storage of clutter in an identified store room. This was discussed with management for immediate review and action as appropriate; an area for improvement was identified.

A number of staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with regional guidance. However, a small number of staff were observed not to be bare below the elbow (BBE) and/or using PPE in accordance with regional guidance. Observation of the environment noted some inappropriate storage within identified ensuites and a malodour in an identified area. The area for improvement pertaining to infection prevention and control (IPC) identified at the previous inspection has been subsumed into a new area for improvement under regulation.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Constance Mitchell has been the manager in this home since 12 February 2015.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, review of a sample of care record audits evidenced that where deficits were noted, it was unclear if the recommended actions been addressed. This area for improvement has been subsumed into a new area for improvement under regulation.

The manager had a system in place to monitor accidents and incidents that happened in the home and records were retained.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	6*

* the total number of areas for improvement includes one that has been stated for a third time and five that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 13 (1) (a) (b) **Stated:** Second time **To be completed by:** 14 January 2025	The registered person shall ensure that all necessary records in relation to patient's dietary needs are updated following any recommended changes. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager has undertaken a review of the necessary records for residents dietary requirements to ensure that they are an accurate reflection of their assessed needs. All relevant staff and departments have been updated. This will be closely monitored by the registered manager and deputy managers through the auditing process.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** Second time **To be completed by:** 14 January 2025	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered manager has implemented systems to ensure that all areas of the home to which residents have access are free from hazards to their safety, including ensuring that all wardrobes are appropriately attached to the wall, cleaning trolleys are never left unattended and all toiletries are securely locked away. Meetings were held with staff to highlight the importance of maintaining a safe environment. This will be closely monitored by the registered manager and deputy managers during their walkabouts of the home.

Area for improvement 3 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 14 January 2025	The registered person shall take adequate precautions against the risk of fire. With specific reference to details discussed at inspection. Ref: 3.3.4 **Response by registered person detailing the actions taken**: The registered manager has ensured that adequate precautions have been taken against the risk of fire and has addressed all areas discussed at inspection. The fire risk assessor has been informed of the inspection findings and advice taken. This will be closely monitored by the registered manager and deputy managers during their walkabouts of the home.
Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 14 January 2025	The registered person shall ensure the infection prevention and control issues identified during inspection are addressed. Ref: 3.3.4 **Response by registered person detailing the actions taken**: The registered manager has implemented systems, met with staff, reinforced the uniform policy and completed competency assessments to ensure that the infection prevention and control issues identified during the inspection have been addressed. This will be closely monitored by the registered manager and deputy managers on a day to day basis.
Area for improvement 5 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** 14 January 2025	The registered person shall ensure deficits identified by the homes care record audits are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. Ref: 3.3.5 **Response by registered person detailing the actions taken**: The registered manager has ensured that deficits identified by the homes care record audits are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. The timeframes for audit and re-audit were highlighted during a staff meeting and the format of the audit tool updated to include an action plan. Reminders are in place to identify when a reaudit is due for completion. A review of all care records is ongoing which will address any outstanding actions and this will be closely monitored by the registered manager and deputy managers going forward.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** Third time **To be completed by:** 14 January 2025	The registered person shall ensure that the reassessment of patients' needs is carried out monthly or more often if required and that care plans are evaluated following each assessment. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager and deputy managers are undertaking a review of all care records to ensure that the reassessment of patient's needs is carried out monthly or more often if required and that care plans are evaluated following each assessment. A care plan buddy system has been set up to ensure that care records are reviewed if staff are on leave. Additional training is being provided on 12 March 2025 to support staff achieve compliance and any further training needs identified will be addressed. This will be closely monitored by the registered manager and deputy manager through their audit process.
Area for improvement 2 **Ref:** Standard 23 **Stated:** Second time **To be completed by:** 14 January 2025	The registered person shall ensure that where a patient requires pressure area care, a care plan is in place detailing the recommended frequency of repositioning; and that this is accurately reflected and recorded in the corresponding repositioning chart. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager has met with staff and implemented systems to ensure that where a patient requires pressure area care, a care plan is in place detailing the recommended frequency of repositioning; and that this accurately reflected and recorded in the corresponding repositioning chart. This will be closely monitored by the registered manager and deputy managers through their audit process and ongoing care record review.
Area for improvement 3 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 14 January 2025	The registered person shall ensure that care plans and risk assessment are completed within the required time frame for any patient being admitted to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has met with staff and implemented systems to ensure that care plans and risk assessments are completed within the required time frame for any patient being admitted to the home, including a care plan buddy system and checks by senior management. Additional training is being provided on 12 March 2025 to support staff achieve compliance and this will be closely monitored by the registered manager and deputy managers.

Area for improvement 4 **Ref:** Standard 37.5 **Stated:** Second time **To be completed by:** 14 January 2025	The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with GDPR and best practice. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has met with staff, reviewed systems and storage arrangements to ensure that any record retained in the home which details patient information is stored securely in accordance with GDPR and best practice. This will be closely monitored by the registered manager and deputy managers.
Area for improvement 5 **Ref:** Standard 37.4 **Stated:** First time **To be completed by:** 14 January 2025	The registered person shall ensure that the handover record is routinely reviewed and updated to ensure it is reflective of the patients current needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager has revised systems to ensure that the handover record is reviewed and updated at least weekly, or more frequently if changes occur, to ensure it is reflective of the residents' current needs. This will be closely monitored by the registered manager and deputy managers.
Area for improvement 6 **Ref:** Standard 47.3 **Stated:** First time **To be completed by:** 14 January 2025	The registered person shall ensure treatments and services provided to each patient reflect current best practice. The registered person will monitor staff and ensure safe moving and handling is embedded into practice. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager and deputy managers have met with staff to ensure that all treatments and services provided to each resident reflects current best practice in relation to moving and handling techniques. This will be closely monitored by the deputy managers and reiterated during moving and handling training.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews