

Inspection Report

10 and 15 April 2024



Melmount Manor Care Centre

Type of service: Nursing Home
Address: 1 Orchard Road, Strabane, BT82 9QR
Telephone number: 028 7138 3990

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Ann's Care Homes Registered Person/s OR Responsible: Mrs Charmaine Hamilton	Registered Manager: Mrs Hayley Phillips Date registered: 1 April 2022
Person in charge at the time of inspection: Mrs Hayley Phillips	Number of registered places: 69
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: 69
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 69 patients. The home is divided in three units over one floor. The three units are known as Mourne, Foyle and Dennett unit. There is a Residential Care Home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 10 April 2024, from 9.20am to 2.50pm and on 15 April 2024, from 9.20am to 1.20pm. The inspection was conducted by a care inspector.

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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Positive feedback was received throughout from patients, visiting relatives and staff.

Staff were seen to provide care in a compassionate manner.

Two areas requiring improvement were identified during this inspection. These were in respect of patients' spiritual care assessments and care planning and three identified issues in the environment.

RQIA were assured that the delivery of care and service provided in Melmount Manor Care Centre was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were very happy with the care in the home, that staff were kind and attentive and that they enjoyed the meals. Two comments included the following statements; "I love it here. The staff are all good. I am very happy here." and "All is very good. The food couldn't be better, plenty of it."

Patients who were unable to articulate their views were seen to be comfortable, content and at ease with staff and their environment.

Staff spoke positively about their roles and duties, the provision of care, staffing levels, teamwork, training and managerial support.

Seven visiting relatives were keen to express praise and gratitude for the care provided and the kindness and support received from staff.

Comments from one returned questionnaire was all positive.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Melmount Manor NH was undertaken on 31 May 2023 by a care inspector.

Areas for improvement from the last inspection on 31 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time To be completed by: 23 June 2023	The registered person must submit a time bound action plan detailing how the deficits in the environment of the Dennett unit will be addressed in terms of being dementia friendly and a good standard of general décor.	Met
	Action taken as confirmed during the inspection: A dementia friendly audit has been carried out in the environment with subsequent improvements to the environment.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect (23 May 2023)	The registered person shall ensure that a full record is maintained of medicines received.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 47(5) Stated: First time To be completed by: 30 May 2023	The registered person shall review all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: This risk assessment had been put in place with subsequent appropriate action.	
Area for improvement 2 Ref: Standard 32 Stated: First time To be completed by: With immediate effect (23 May 2023)	The registered person shall ensure that a record is maintained of the corrective action taken if the temperatures of the medicine refrigerators are outside the recommended range of 2°Celsius and 8°Celsius.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two staff members' recruitment records confirmed there was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. One patient said; "They (the staff) are more than good to me. Very caring."

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on their training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to patients' needs.

Care records were maintained which reflected the needs of the patients.

Patients' needs were assessed 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food was attractively presented and portions were generous. There was a variety of drinks available. During the dining experience (both breakfast and dinner time meal), staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. One patient said; "The food couldn't be better. Plenty of it."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats and bed rails. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

An area of improvement was made in respect of patients' spiritual care recording. Care records did not contain individualised assessment, care planning or contact details for this need.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

Care records were held confidentially.

One visiting relative described how they felt very confident with the care and kindness provided by staff and said that they felt it was; "A genuinely excellent home." Another relative described the staff as kind and caring and was impressed with the skin care their loved one received during a long period of bedrest.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

An area of improvement was made in respect of a flooring of an identified bedroom, a malodour in an identified shower room and an external fence which was in poor state of repair.

The laundry department was tidy and well organised.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment, dated 27 June 2023, had corresponding evidence recorded of actions taken in response to recommendations made from it.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Patients said that they were happy with their life in the home, and the care and that staff were kind and attentive.

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. One patient said; "I love it here. The staff are all good. I am very happy here." A planned programme of activities was in place. Patients were seen to be in enjoyment and fulfilment from this.

Patients were dressed well and their aids and appliances were clean.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Hayley Phillips is the registered manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The safeguarding policy was up-to-date and in accordance with legislation. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the patient's next of kin and their aligned named worker, and as appropriate to RQIA.

Expressions of dissatisfaction were well recorded and had evidence that such expressions were taken serious and managed appropriately.

There was a system of audits and quality assurance in place. These audits included; care records, infection prevention and control and wound care audits.

The home was visited each month by a representative on behalf of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These reports are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* The total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Hayley Phillips, Registered Manager, 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 13.4 Stated: First time To be completed by: 23 May 2023	The registered person shall ensure that a full record is maintained of medicines received. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 32(8) Stated: First time To be completed by: 15 May 2024	The registered person shall ensure patients have an individualised assessment, care plan and corresponding contact details for their spiritual care needs. Ref: 5.2.2 Response by registered person detailing the actions taken: All residents within the care centre have a prescription of care outlining their spiritual needs
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 15 May 2024	The registered person shall make good the deficits identified in the environment. These relate to the flooring of an identified bedroom, a malodour in an identified shower room and an external fence. Ref: 5.2.3 Response by registered person detailing the actions taken: Outer fence has been commissioned with local joinery firm and will be repaired or replaced as required. Shower room drains have been unblocked daily checks by Domestic/maintenance ongoing Flooring in identified bedroom has been measured and commissioned for replacement.

<p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 23 May 2023</p>	<p>The registered person shall ensure that a record is maintained of the corrective action taken if the temperatures of the medicine refrigerators are outside the recommended range of 2°Celsius and 8°Celsius.</p> <p>Ref 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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



The Regulation and Quality Improvement Authority
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

Assurance, Challenge and Improvement in Health and Social Care