The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Melmount Manor Care Centre**

**Provider:** **Ann's Care Homes**

**Date of Inspection:** **12 December 2024**

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Ann's Care Homes |
| **Responsible Individual:** | Mrs Charmaine Hamilton |
| **Registered Manager:** | Mrs Hayley Phillips<br><br>**Date registered:**<br>1 April 2022 |
| **Service Profile –**<br>This home is a registered nursing home which provides nursing care for up to 70 patients within three units in the home. The Dennett Unit provides care for people who have dementia and the Mourne and Foyle Units provide general nursing care. Patients have access to communal dining and lounge areas and access to a garden space. | |

## 2.0 Inspection summary

An unannounced inspection took place on 12 December 2024 from 9.15am to 3.30pm by a care and estates inspector.

Prior to the inspection RQIA had received information which raised concerns in relation to record keeping, the environment and staffing arrangements. In response to this information RQIA decided to undertake an unannounced inspection which focused on the concerns raised.

The inspection found that the allegations were unfounded and that safe, effective and compassionate care was delivered to patients and the home was well led. It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

The four areas for improvement from the previous care inspection on 15 April 2024 were reviewed as part of this inspection. Three of the areas were met and the fourth area, in relation to spiritual care, was not met and stated for the second time. Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

In addition we reviewed an application to create a new bedroom with en-suite in the home and convert a smoking room to a new quiet room. The works had been completed to a high standard and approval was given for patient use of the bedroom following the inspection. Further details can be found in Section 3.3.4.

## 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 patients, 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Staff are very good" and "I am happy here".

Patients told us that staff offered choices to patients 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.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

## 3.3 Inspection findings

### 3.3.1 Staffing Arrangements

Staff told us that they were satisfied that there was enough staff on duty to manage the needs of the patients. Staff said that they understood their roles well and felt well trained to perform their roles in the home. The staff felt well supported by the home's management team and that the communication in the home was good between staff and they all worked well together. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them and raised no concerns in regards to the staffing arrangements. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

### 3.3.2 Care Delivery and record keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's 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.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others. A patient told us, "Everyone here has a big heart. Staff are lovely; the food's very good and there are plenty of activities".

Patients' needs were assessed by a nurse 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. Patients' care records were held confidentially.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. Care records evidenced that patients were assisted by staff to change their position regularly, however, there were several occasions when the repositioning had not occurred within their planned times. This was discussed with the manager and identified as an area for improvement. The patients' skin were intact and they came to no harm as a result of this oversight.

Some patients' records evidenced that they had not been assessed or care planned for spiritual needs. This was discussed with the manager and an area for improvement previously stated in this regard was stated for the second time.

Patients had good access to food and fluids throughout the day and night. Patients spoke positively of the food and fluid provision in the home.

Patients confirmed that activities took place in the home. There were multiple Christmas activities planned for December and numerous choirs visiting the home to entertain the patients.

An activities planner was available for review. Church services could be viewed on television or listened to on the radio and Eucharistic ministers and members of the clergy visited the home.

There was an enclosed garden area which had been maintained well and had ample seating for patients who wished to go outside. The garden contained raised planters for those who enjoyed gardening.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, “I am very happy here. The staff are great. I had a lovely birthday party here recently”.

Nursing staff recorded regular evaluations about the delivery of care. 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.

### 3.3.3 The Environment

The home was clean and tidy and patients’ bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Domestics were visible on the floor and cleaning records were maintained of daily cleaning and deep cleans which had been conducted.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Orientation boards were in place to inform of the day’s date and which activities were planned. Corridors had street names to assist in orientation. The home was tastefully decorated for Christmas and there were multiple Christmas trees decorated throughout the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. Fire exits and corridors were clear of clutter and obstruction should the need to evacuate occur. Fire extinguishers were easily accessible and stairwells clear.

### 3.3.4 Pre-registration review of VA012467

An application had been received to create a new bedroom with en-suite in the Dennett Unit bringing the total number of registered beds in the home to 70. The application also included the conversion of a smoking room to a new quiet room. The smoking facility had been moved outdoors.

The fire risk assessment , legionella risk assessment and relevant building engineering services maintenance verification certificates were reviewed and deemed to be compliant with the estates pre registration requirements.

A review of both rooms confirmed that they had been finished to a high standard and were both ready for registration. Approval of the rooms was given following the inspection for patient use.

## 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Hayley Philips has been the Registered Manager in this home since 1 April 2022. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

## 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** | 0 | 2* |

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Hayley Philips, Registered Manager and Christopher Walsh, Regional 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 Care Standards for Nursing Homes (December 2022)**

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| **Area for improvement 1**<br><br>**Ref:** Standard 32(8)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>12 January 2025 | The registered person shall ensure patients have an individualised assessment, care plan and corresponding contact details for their spiritual care needs.<br><br>Ref: 2.0 and 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>We have implementated a Spiritual care plan register and included this in the monthly audit cycle to ensure compliance.<br>We have also added this to the admission checklist that is completed when a resident is admitted to the home. |
| **Area for improvement 2**<br><br>**Ref:** Standard 23<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect<br>(12 December 2024) | The registered person shall ensure that patients are repositioned in accordance with their care plans.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>We have implementated 3 times weekly audits of supplementary records. This will be spot checked by the Home Manager and Clincal Leads on a daily basis.<br>A staff meeting was held to discuss outcome of inspection and the completion of documentation. |

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

The Regulation and Quality Improvement Authority

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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