



Unannounced Care Inspection Report

25 June 2018



Mullaghboy

Type of Service: Nursing Home (NH)
Address: 86 Warren Road, Donaghadee, BT21 0PQ
Tel No: 0289 188 3596
Inspector: Linda Thompson

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 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 registered nursing home which is registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Mullaghboy Limited Responsible Individual: Robert Maxwell Duncan	Registered Manager: Anne Dugan
Person in charge at the time of inspection: Ruth McCormick, Registered Nurse	Date manager registered: 01 April 2005
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. TI – Terminally ill.	Number of registered places: 32

4.0 Inspection summary

An unannounced inspection took place on 25 June 2018 from 15.00 to 18.15. The inspection was supported primarily by the registered nurse in charge of the home Ruth McCormick. The registered manager was available for part of the duration.

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.

The inspection determined if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the overall management of the home and the delivery of patient care. Management arrangements for quality assurance were well maintained. The environment was clean and well decorated. Staff training was up to date and suitable to meet the needs of the patients. Patient care records examined were well maintained and kept under regular review. Patients and/or their representatives who met with the inspector were very praiseworthy of the quality of care delivered in the home. Good communication skills were observed between staff and patients and there was a relaxed atmosphere evident throughout the inspection.

Areas requiring improvement were identified in respect of the management of a trolley stored in the visitor's bathroom and the use of barrier creams and food thickeners without correct labelling.

Patients comments received included;

'This is a great home it couldn't be better'
 'I know if there was anything wrong I could speak to Anne'
 'The food is very good I probably eat too much'
 'It's not home but I suppose it's as good as possible'

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ruth McCormick registered nurse, as part of the inspection process and with Anne Dugan post inspection. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 11 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 19 patients, three staff, and six patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives.

The following records were examined during the inspection:

- duty rota for all staff from 18 June to 01 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- 3 patient care records
- 3 patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 11 September 2017

The most recent inspection of the home was an unannounced medicines management inspection

The completed QIP was returned and approved by the medicine management inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 May 2017

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 18 June 2018 to 1 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels could be affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." Staff also confirmed that there was no need for agency staff in the home and that everyone pulled together as a team to cover shifts as required during any unplanned leave.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Mullaghboy. We also sought the opinion of patients on staffing via questionnaires.

Three patient questionnaires were returned. Patients all indicated that they were very satisfied with the care they received.

Six relatives were spoken with during the inspection. None raised any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires.

One of the relatives' included the following comment:

"I am very happy with the care my receives. The staff are all very good"

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Details of the positive comments made in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the three staff and the registered nurse in charge confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 04 July 2017 to 09 April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered nurse in charge and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were generally adhered to. One area for improvement was identified in respect of the storage of a small trolley in the visitor's toilet. This posed an infection prevention and control (IPC) risk and should be cleared of gloves and decontaminated before each use daily if this storage area is to be maintained. An area for improvement is made under DHSSPS Care Standards for Nursing Homes 2015.

A further area of improvement was identified in regards to the use of barrier creams and food thickeners. One identified patient's room was noted to contain the barrier cream for another patient and a food thickener without pharmacy labelling. The registered manager must ensure that all prescribed creams or thickeners are appropriately labelled and are administered to the correct patient. An area for improvement is raised in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

The registered nurse in charge had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails etc.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

Two areas for improvement are identified in relation to IPC in regards to the storage of a trolley in the visitors toilet and use of barrier creams and food thickeners.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 15.00 and were greeted by staff who were helpful and attentive. Patients were enjoying an afternoon cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients were resting in bed or on top of the bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the evening meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- 'the care here is second to none'
- 'thank you so much to the team in Mullaghboy'
- 'my ... was so well cared for in her final days, we couldn't have asked for better'

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with ten patients individually, and with others in smaller groups, confirmed that living in Mullaghboy was a positive experience.

Some additional patient comments.....

- 'I have always enjoyed this view and whilst I am just not well enough to be at home I am very content here'
- 'The staff are all great, we have plenty of laughs'
- 'Some staff are nicer than others but that's life'
- 'The food is very good I probably get more than I should to eat. The wee buns are great'

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the timescale.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change/no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The assessment of needs maintained in the home on each patient was completed in a comprehensive manner and ensured that patient's equality and diversity was considered and managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds, occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff confirmed that there were good working relationships with management and that they were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth McCormick registered nurse in charge, as part of the inspection process and with Anne Dugan registered manager post inspection. 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 nursing 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 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.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall ensure that the trolley stored in the visitors bathroom is:</p> <ul style="list-style-type: none"> • effectively decontaminated prior to each use • all items are cleared from the trolley after use • a record of decontamination is appropriately maintained • laminated signage is available to guide staff on the appropriate procedure to be followed <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Signage and maintenance records for the effective decontamination of the trolley have been placed in the vicinity of the trolley and staff have been advised on best practice regarding the use of the trolley.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall ensure that barrier creams and food thickeners should only be used by those for whom they are prescribed / labelled.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff have been advised to ensure that all prescribed creams and thickeners are correctly labelled and are used as prescribed.</p>

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



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