

Unannounced Nursing Home Care Inspection Report 16 May 2016



Our Mother of Mercy

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Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Our Mother of Mercy took place on 16 May 2016 from 09.45 to 17.20.

The inspection sought to assess progress with issues raised during, and since, the previous inspection. It also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. An area for improvement was identified around compliance with best practice in infection prevention and control. A requirement and a recommendation were stated.

Is care effective?

Evidence gathered during this inspection confirmed that there were systems and processes in place to ensure that the outcome of care delivery was positive for patients. Staff confirmed that they had the opportunity to attend regular staff meetings. Patients and relatives consulted were confident in raising any concerns that they may have. Staff were aware how to escalate concerns if required. Areas of improvement were identified within the patients' care records. Continence assessments had not been completed adequately and continence care plans were found to be generic and not individualised to meet the needs of patients. The online patient care records did not evidence patient and/or relative/representative involvement within the assessment and care planning process. Four recommendations were stated within the effective domain.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report.

Is the service well led?

Audits reviewed, evidenced actions taken to address any shortfalls. This had been verified by the registered manager. Systems were in place to manage urgent communications, safety alerts and notices. Monthly monitoring visits included an overview of governance arrangements within the home and formulated an action plan to address any shortfalls identified. There were no requirements or recommendations stated in the well led domain. In total one requirement and six recommendations have been made in the other three domains as detailed above.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

For the purposes of this report, the term ‘patients’ will be used to describe those living in Our Mother of Mercy which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6*

*The total number of recommendations made includes one recommendation that has been stated for the second time.

Details of the QIP within this report were discussed with Elizabeth Doran, Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an announced care inspection undertaken on 30 March 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI’s), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Kilmorey Care Ltd Peggy O’Neill	Registered manager: Elizabeth Doran
Person in charge of the home at the time of inspection: Elizabeth Doran	Date manager registered: 4 November 2013
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-LD, NH-LD(E), RC-I, RC,MP, RC-MP(E)	Number of registered places: 48

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with seven patients individually and others in small groups, three patient representatives, three care staff, two registered nursing staff, two visiting professionals and one ancillary staff member.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- two recruitment files
- competency and capability for nurse in charge
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- fire log book
- duty rota from 9 - 22 May 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 March 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 30 March 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>The registered manager shall ensure that the following issues are addressed in relation to the management and control of infection:</p> <ul style="list-style-type: none"> ensure staff where appropriate, use PPE when handling soiled linen staff should ensure that linen trollies are used to assist in the management of soiled linen ensure the appropriate colour coding of cloths are used when cleaning in keeping with the home's infection policies and procedures ensure equipment is appropriately cleaned after use. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The issues identified above had been managed accordingly. However, a new requirement relating to non-compliance with best practice in infection prevention and control issues was made during this inspection. Please see section 4.3 for further clarification.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person should ensure that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A review of two repositioning charts evidenced that these had not been completed correctly and/or consistently. Please see section 4.4 for further clarification.</p> <p>This recommendation will be stated for the second time.</p>	

4.3 Is care safe?

The registered manager 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 9 – 22 May 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced all but one staff member had no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. An online training matrix was maintained to identify training attended. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). NMC and NISCC checks were monitored monthly and evidenced within a file. Monthly checks were signed as verified by the registered manager.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

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 the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The rooms and communal areas reviewed were clean and spacious. An ongoing refurbishment programme was in place. Nine bedrooms had recently been repainted and new bedding and curtains had been fitted to these rooms. A further three bedrooms had been identified as requiring attention. Fire exits and corridors were observed to be clear of clutter and obstruction.

However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- rusting commodes and shower chairs in use
- commodes and shower chairs not effectively cleaned after use
- high dusting required on wardrobes
- pull cords in use with no plastic covering
- personal protective equipment missing from holders
- unlabelled topical preparation found in communal toilet.

The above issues were discussed with the registered manager on the day of inspection and a requirement was made. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

Areas for improvement

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is recommended that a more robust system is put in place to ensure compliance with infection prevention and control procedures.

Number of requirements	1	Number of recommendations:	1
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4.4 Is care effective?

Patient care records were maintained electronically within the home. Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, it was observed that continence assessments were not completed in two and part completed in one of the three patient care records reviewed. A recommendation was made. One patient’s record reviewed did not have a Malnutrition Universal Screening Tool (MUST) risk assessment completed. A recommendation was made.

Some core care plans were in use which generically identified care needs for patients. This was discussed with the registered manager and it was agreed that care plans should be drafted in a more person centred way to individualise the care plan to meet the specific needs of the patients. For example, continence care plans referred to the use of ‘incontinence aids’ without specifically stating the actual continence product required to meet the need of the patient. A recommendation was made.

There was no evidence available on the review of three patients’ care records of patients’ and/or their representatives’ involvement in the assessment and care planning process. A recommendation was made.

Two supplementary care charts regarding repositioning were not completed in adherence to best practice guidelines. One chart did not consistently provide evidence of skin checks. Three full days did not include any evidence of skin checks having occurred. The second chart involved a patient with a dressing in situ. Carers were recording the condition of the patient's skin on the repositioning chart without having seen the skin under the dressing. The carers had taken direction from the registered nurses who had dressed the wound. This was discussed with the registered manager and it was agreed that a system of recording skin checks for carers would be developed in relation to patients with wounds. Wound management documentation had been appropriately recorded by registered nurses. A recommendation made in the previous QIP relating to the completion of supplementary care records has been stated for a second time.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals, for example General Practitioner's (GP), SALT, dietician and TVN. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A specific section was available within the online patient records where records of visiting professionals could be maintained. Care records were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN).

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager and staff confirmed that staff meetings were held on a quarterly basis and records were maintained. There was evidence of a staff meeting having been conducted in April 2016. Staff confirmed that minutes of staff meetings were made available.

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 their line manager and /or the registered manager.

The registered manager confirmed that they had tried to host relative meetings three times per year. The previous two meetings did not have any attendees. The dates of the meetings had been posted on a noticeboard within the home. The registered manager has planned to write to relatives to inform them of the next scheduled relatives meeting.

The Kilmorey Board of Directors conduct a yearly survey within the home involving all of the patients to facilitate feedback on the service provided. A quality assurance survey is posted to a random selection of patients' relatives/representatives on a quarterly basis. A suggestion box is present at the entrance to the lounge in the home and is checked regularly.

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. These included information on uniting against elder abuse, NISCC protecting the public, falls and infection prevention and control issues.

Areas for improvement

It is recommended that continence assessments are completed for all patients within the home.

It is recommended that nutritional screening is monitored monthly using a recognised tool such as MUST.

It is recommended that care plans are recorded in a person centred manner and are individualised to meet the specific needs of patients. Continence care plans should include the specific continence product to meet the continence need.

It is recommended that there is evidence within the patients’ care records of patient and/or representative involvement in the assessment and care planning process.

Number of requirements	0	Number of recommendations:	4
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. No questionnaires were returned to RQIA. On inspection two registered nurses, three carers and one ancillary staff member were consulted to ascertain their views of life in Our Mother of Mercy.

Some staff comments are as follows:

- ‘I love my job.’
- ‘I am very contented here.’
- ‘I like it here.’
- ‘It’s nice here. I like it.’
- ‘I really love my job here.’

The Kilmorey Board of Directors conduct a yearly survey within the home involving all of the patients to facilitate feedback on the service provided. A quality assurance survey is posted to a random selection of patients’ relatives/representatives on a quarterly basis. A suggestion box is present at the entrance to the lounge in the home and is checked regularly. The registered manager confirmed that all feedback, positive and negative, from the surveys/suggestion box would be discussed during staff/relative meetings. The information would also be included within the annual quality report. The registered manager also confirmed they would contact relatives/representatives to discuss any concerns identified.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with seven patients individually, and with others in smaller groups, confirmed that they were happy and content living in Our Mother of Mercy. Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Some patient comments are as follows:

'It's very nice and quiet here.'

'It's very good here. I have no complaints.'

'We are spoiled here. It's just like home.'

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Two patient representatives were consulted on the day of inspection. Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned within the timeframe.

Some representative comments are as follows:

'I have nothing to complain about.'

'I find the care here not so bad.'

Two visiting professionals consulted on the day of inspection were complimentary about the home's staff and found the staff knowledgeable with regards to their patients' needs.

Areas for improvement

No areas for improvement were identified during the inspection under the compassionate domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DoH Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception, included within the patients' 'Welcome Pack' and was also displayed on noticeboards throughout the home.

Policies and procedures were maintained in files and could be located in identified areas throughout the home.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received within thank you cards are as follows:

'We the family of the late wish to thank you and the nursing and caring staff of the nursing home for the wonderful care and attention which she received.'

'Somehow just saying thank you doesn't seem enough.'

'I could not have been in a better place. The care and professionalism is exceptional.'

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, infection prevention and control, accidents and complaints. Audits reviewed, evidenced actions taken to address any shortfalls. The registered manager had verified the actions taken to address shortfalls.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement identified. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships within the home and that management were responsive to any suggestions or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Elizabeth Doran, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
14 June 2016

The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.

Ref: Section 4.3

Response by registered person detailing the actions taken:

Rusted shower chairs and commodes have been removed.
Staff have been instructed to clean commodes and shower chairs thoroughly after each use.
High dusting has taken place and will be carried out at regular intervals.
All pull cords now have plastic covering in place.
Personal protective equipment is being replenished after each shift.

Recommendations

Recommendation 1

Ref: Standard 4
Criteria (9)

Stated: Second time

To be Completed by:
30 June 2016

The registered person should ensure that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.

Ref: Section 4.2

Response by registered person detailing the actions taken:

The registered nurses have been instructed to ensure all staff are completing records correctly.

Recommendation 2

Ref: Standard 46
Criteria (1) (2)

Stated: First time

To be Completed by:
30 June 2016

The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.

Particular attention should focus on the areas identified on inspection.

Ref: Section 4.3

Response by Registered Person(s) Detailing the Actions Taken:

Infection control audits are being carried out and particular attention has focused on identified areas.

<p>Recommendation 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2016</p>	<p>The registered person should ensure that continence assessments are completed on admission and reviewed as required.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Nurses have been instructed to ensure continence assessments are completed on admission and reviewed as required.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2016</p>	<p>The registered person should ensure that nutritional screening is conducted monthly using a recognised screening tool such as MUST.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: All nutritional screening is being carried out monthly using the MUST. screening tool</p>
<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2016</p>	<p>The registered person should ensure that continence care plans are written in a person centred manner and identify specific continence products required to meet individuals assessed needs.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Nursing staff have been instructed to ensure incontinence care plans are written in a patient centred manner stating individual requirements</p>
<p>Recommendation 6</p> <p>Ref: Standard 4 Criteria (5) (6) (11)</p> <p>Stated: First time</p> <p>To be Completed by: 14 June 2016</p>	<p>The registered person should ensure that care records evidence patients and/or their representatives' involvement in the care planning of the patients care to meet their needs. If this is not possible the reason should be clearly documented within the care record.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Nurses have been instructed to involve patients and/or their representative in the planning of care. Patients and/or their representative will be asked to sign on admission documentation regarding same and will be informed of any changes to care.</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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