

# Unannounced Care Inspection Report 11 April 2016



## Mount Lens

**Address: 166 Kings Road, Belfast, BT5 7EL**  
**Tel No: 02890485483**  
**Inspector: Karen Scarlett**

## 1.0 Summary

An unannounced inspection of Mount Lens took place on 11 April 2016 from 09.50 to 16.00 hours.

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

### Is care safe?

No areas for improvement were identified.

### Is care effective?

One recommendation was made in relation to record keeping.

### Is care compassionate?

No areas for improvement were identified.

### Is the service well led?

No areas for improvement were identified.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>1</b>

Details of the QIP within this report were discussed with Paulo Morais, 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 inspection

The most recent inspection of the home was an unannounced care inspection on 7 May 2015.

Other than those actions detailed in the previous QIP there were no further actions required.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare	<b>Registered manager:</b> Paulo Morais
<b>Person in charge of the home at the time of inspection:</b> Paulo Morais	<b>Date manager registered:</b> 10 December 2015
<b>Categories of care:</b> NH-De Category NH-I for 4 identified persons only with no further admissions to take place in this category.	<b>Number of registered places:</b> 31

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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
- the returned quality improvement plan (QIP) from the previous care inspection
- pre-inspection assessment audit.

The inspector met with three patients individually and with the majority of others in groups, four care staff, one registered nurse, three ancillary staff and three resident's visitors/representative.

The following records were examined during the inspection:

- staff duty rotas from 4 April until 24 April 2016
- one recruitment file
- staff training records
- a sample of accident and incident records for March 2016
- three patients' care records
- minutes of staff meetings held this year
- complaints records
- a selection of audits
- monthly quality monitoring reports for February and March 2016
- a selection of policies and procedures.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent care inspection**

The most recent inspection of the home was an unannounced care inspection on 7 May 2015. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last Care inspection dated 7 May 2015**

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 26.6 Stated: Second time	The following specified policies must be reviewed and updated as required and ratified by the responsible person: <ul style="list-style-type: none"> <li>• Contenance Care</li> <li>• Ileostomy and colostomy care</li> <li>• Digital rectal evacuation</li> <li>• Bowel Care</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The above policies had been reviewed and ratified by the responsible person. These had been made available for staff to reference as required.  This recommendation has been met.	
<b>Recommendation 2</b> Ref: Standard 19.6 Stated: First time	A policy/procedure on communicating effectively/breaking bad news should be made available to staff and reflect current best practice guidelines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A detailed procedure for breaking bad news was contained within an up to date palliative care manual which was available for staff to reference.  This recommendation has been met.	

<p><b>Recommendation 3</b></p> <p>Ref: Standard 19.6</p> <p>Stated: First time</p>	<p>Best practice guidelines, such as, the regional guidelines for breaking bad news, should be made available to staff for reference as required.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The regional guidelines for breaking bad news were available for staff in a palliative care resource folder.</p> <p>This recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 32.8</p> <p>Stated: First time</p>	<p>The cultural, religious and spiritual needs of patients should be discussed and documented.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three patients' care records evidenced that advanced care planning discussions had been held between the registered manager and the patients and their representatives. Detailed information concerning any wishes and preferences at end of life were contained within care plans, including relevant spiritual and religious information. Details of the patients' spiritual representatives were also included in the care plan.</p> <p>This recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>Staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence in the training records that the majority of staff had received training on palliative and end of life care over the last year.</p> <p>This recommendation has been met.</p>	<p><b>Met</b></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 confirmed that planned staffing levels were generally achieved. The rota clearly indicated which staff were allocated to which floor and the nurse in charge. Staff spoken with stated that they were very busy and, whilst they agreed that the needs of patients were being met, they would have liked more time to spend chatting to patients. Staff were positive about the introduction of a “twilight” shift in the evenings as they found this a busy time. One staff nurse commented that they had recently employed a number of overseas staff who were doing well but required some extra time and supervision from senior staff.

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 one recent recruitment record evidenced that the recruitment process was in keeping with Regulation 21 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. The registered manager had identified the need to organise further fire training and this was in the process of being arranged. 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. It was evident that staff had undertaken extensive training in regards to dementia nursing, to facilitate the change of registration to nursing dementia care. One registered nurse and one care assistant had undertaken a course to become dementia champions. The registered nurse stated that they were well supported by the local trust in relation to dementia care.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

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

Review of a random sample of records pertaining to accidents, incidents and notifications forwarded to RQIA in March 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and 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. Infection prevention and control measures were adhered to and equipment was appropriately stored. The home had recently changed its category of registration to care for patients with a diagnosis of dementia. It was noted that some efforts had been made with decoration, signage and art displays to make the environment more "dementia friendly". The registered manager and regional manager confirmed that they intended to develop this further.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

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. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. The registered nurse consulted was aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, TVN and others.

Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

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

It was noted in care plans in relation to pressure ulcer prevention and management that the specialist pressure relieving equipment prescribed for patients was not specified in the care plans. A recommendation has been made in this regard.

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 regular staff meetings were held and the minutes of the most recent staff meeting in January were reviewed. Minutes were available along with a list of attendees.

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. A daily diary was maintained to aid communication amongst the registered nurses and to ensure that any issues concerning patients were appropriately followed up. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and relatives meetings were held and minutes were maintained. Patients' representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives knew the registered manager.

### Areas for improvement

A recommendation has been made that the registered persons should ensure that any specialist pressure relieving equipment used by patients is specified in the care plan.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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. On the day of inspection one patient was celebrating their 100<sup>th</sup> birthday. The staff had ensured that the patient was offered hairdressing services and had on a special outfit for the day. The local press had been invited in to cover the story and family and friends were present. A cake had also been arranged and patients and staff were looking forward to a party later that day.

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.

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

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. A number of thank you cards were noted to be on display in the reception area from relatives thanking staff for their care. One relative commented on "the dedicated care and consideration" and the "friendly and welcoming group of staff."

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Two patient's representatives stated that the home environment had significantly improved in recent months and were of the opinion that it was more 'homely'. Another patient's visitor commented that the standard of care and the staff were 'very good'.

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. One patient stated how much they were enjoying the activities organised by the recently employed activities co-ordinator.



Ten questionnaires were issued to staff. Three staff returned questionnaires within the timeframe, All were satisfied with the standard of care in the home. However, one staff member was of the opinion that there were insufficient staff to meet the needs of patients.

Ten questionnaires were issued to patients' representatives. Two patient representatives returned questionnaires within the timeframe and both were satisfied with the care provided. One respondent commented on the benefit of the quiet room for privacy.

The mealtime was observed on the first floor and was noted to be well managed. Tables were well presented, meals served warm and fluids were available. Registered nurses were available to lead and direct the meal service and all staff were confident in their roles and responsibilities. Staff were noted to be offering choice and were kind and respectful. Staff also demonstrated a good knowledge of patients' particular preferences. Timely assistance was being offered as required and aids were available to enable patients to eat independently. It was noted that small written menus were available on each table which may have been difficult for patients to read. This was discussed with the activities co-ordinator who was in an advanced stage of developing a pictorial menu to enable patients to make a more informed choice from the menu.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 and observations on the day of inspection, evidenced that the home was operating within its registered categories of care.

The current registered manager, Paulo Morais, informed RQIA that he would be resigning on 22 April 2016. The new manager, Joly Shibu, had already been appointed and was undergoing an induction period in the home facilitated by Mr Morais. Ms Shibu indicated her intention to apply as registered manager in the near future. Ms Shibu and the regional manager were present during feedback immediately following the inspection.

Staff were able to identify the person in charge of the home and they had all met the incoming manager. Staff indicated that both the current registered manager and the new manager were approachable should they have any concerns.

Policies and procedures were indexed, dated and approved by the registered person. Staff confirmed that they had access to the home's policies and procedures. A file was available for staff containing the most recently updated policies for the organisation.

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 DHSSPS Care Standards for Nursing Homes

2015. There was evidence that complaints were shared with staff and any issues identified were discussed in supervision.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients' representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Staff were knowledgeable of the complaints 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 RQIA or other relevant bodies appropriately.

Discussion with the registered manager and the regional 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, audits were completed in accordance with best practice guidance in relation to wound management, care records, infection prevention and control, environment, complaints, incidents/accidents, medications and restrictive practices. In addition, the home operated a safety cross system to analyse falls in the home. This was displayed in the nurses' office.

The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The registered manager confirmed, and records evidenced, that there were systems and processes established to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (2015). An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Paulo Morais, registered manager, 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.or.uk](mailto:Nursing.Team@rqia.or.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 weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

**Statutory requirements – No requirements resulted from the findings of this inspection**

### Recommendations

#### Recommendation 1

**Ref:** Standard 23

**Stated:** First time

**To be completed by:**  
11 June 2016

The registered person should ensure that any specialist, pressure relieving equipment used by patients is specified in the care plan.

**Ref: Section 4.4**

**Response by registered person detailing the actions taken:**

Care records are updated for patients using pressure relieving equipments to ensure that the name of the equipment is specified in the Care Plan.

**I agree with the content of the report.**

<b>Registered manager</b>	JOLY SHIBU	<b>Date completed</b>	10/05/2016
<b>Registered person</b>	Dr Claire Royston	<b>Date approved</b>	10.05.16
<b>RQIA inspector assessing response</b>	Karen Scarlett	<b>Date approved</b>	12/05/16

Please provide any additional comments or observations you may wish to make below:

***\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.or.uk](mailto:Nursing.Team@rqia.or.uk) from the authorised email address\****



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