

Inspection Report

11 May 2023



Mount Lens Care Home

Type of service: Nursing Home (NH)
Address: 166 Kings Road, Belfast, BT5 7EL
Telephone number: 02890485483

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes LTD	Registered Manager: Ms Sandisiwe Mngomezulu - Not registered
Responsible Individual : Mrs Ruth Burrows	
Person in charge at the time of inspection: Ms Sandisiwe Mngomezulu	Number of registered places: 31 Category NH-I for 1 identified person only with no further admissions to take place in this category.
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 31 patients. Patients bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard area.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2023 from 9.00 am to 6.00 pm. The inspection was carried out by a care inspector.

RQIA received information on 20 April 2023 which raised concerns in relation to care provision and communication in the home. RQIA shared this information with relevant stakeholders in the Belfast Health Trust (BHSCT) and the home's management team for information and appropriate action. A detailed response to the concerns raised was provided by the home's management team.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection.

Patients said that living in the home was a good experience and that they felt well cared for. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to treat the patients with kindness and consideration, to be attentive to their needs and to communicate effectively with the patients and with each other.

It is positive to note that all areas for improvement identified at the last inspection have been assessed as met.

RQIA were assured that the delivery of care and service provided in Mount Lens was safe, effective, compassionate and that the home was well led.

New areas for improvement identified are discussed in the main body of the report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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

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

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

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

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

4.0 What people told us about the service

Patients said that there were enough staff to help them and that they found the staff to be kind and helpful. Due to the nature of dementia not all of the patients were able to fully share their opinions on life in the home but patients were seen to look well cared for and comfortable in their surroundings. Comments made by patients included that “the staff are very good to me”, “the staff do everything for me”, “the staff are just fantastic” and “this is a great place”.

Patients said that it was their choice how to spend their time, they felt listened to and that they were confident that staff would help them sort out any concerns or troubles they might have. One patient said that “I do what I want, when I want”. Patients were aware of the activities provided in the home and confirmed that it was very much their own choice whether to join in with these or not; one patient said that “I either join in or watch the activities, whatever I prefer”.

The majority of patients said that they enjoyed the food. Patients confirmed that they were given options at each meal time. One patient said the “food is lovely, good choice”. However, another patient said that the “food can be a boring and is not very adventurous”.

Relatives commented positively about the care provided, the staff, communication and how concerns were managed. Comments made by relatives included “very pleased with everything”, “communication is good and we are kept well informed”, “staff are fantastic”, “delighted with everything, this is a great place”, “communication is second to none”, “no issues at all” and “communication is very good, very thorough”. Relatives also said that they were satisfied the home was kept clean and tidy and that the food was good.

Staff said that staffing levels were “better” and “good” and that they enjoyed working in the home. All the staff said that teamwork was good, they were kept up to date with what was happening in the home and had no issues with communication among the staff team.

Staff said they found the manager to be approachable and that they felt staff relationships have improved since she took over. There has been recruitment of new staff and while this was welcomed staff did acknowledge that it takes time to get used to the routine but they said that they were “hopeful that things will improve further as a result”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, relatives and staff were brought to the attention of the management team for information and action if required.

No completed questionnaires or responses to the staff survey were submitted to RQIA following the inspection.

5.0 The inspection

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

Areas for improvement from the last inspection on 08 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (5) (a) Stated: Second time	The registered person shall ensure that prescribed topical medicines are stored securely.	Met
	Action taken as confirmed during the inspection: Topical medications were seen to be stored appropriately. This area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that where indicated; care records accurately reflect the expected daily intake fluid target and give clear instruction to staff of what action to take when a patient does not meet their target.	Met
	Action taken as confirmed during the inspection: Review of relevant care records confirmed that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • care plans are up to date • where more than one medicine is prescribed, the care plan and personal medication record state which should be used first/second line • the regular use of “when required” medicines is referred to the prescriber for review • the reason for and outcome of administration are recorded <p>Action taken as confirmed during the inspection: Review of relevant care records and medication administration records confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria 4 and Standard 12 Criteria 7 and 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that recommendations made by dietetics in relation to the monitoring of patients’ weights are adhered to. Any rationale for veering from specialist recommendations should be clearly stated in the patients’ individual care records, and the specialist should be informed of any changes to the recommended plan.</p> <p>Action taken as confirmed during the inspection: Review of relevant care records confirmed that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that accurate records are maintained of the administration of topical creams and lotions.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of relevant administration records confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' personal hygiene items are cleaned and stored in accordance with infection prevention and control standards. This is with specific reference to razors and toothbrushes.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of storage of patients' razors and toothbrushes confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2022</p>	<p>The registered person shall ensure that communal furnishings that cannot be effectively cleaned due to damaged or worn surfaces are repaired or replaced.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of communal furnishings confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that training in infection prevention and control is embedded into practice and that all staff remain bare below the elbows to ensure effective hand hygiene.</p> <hr/> <p>Action taken as confirmed during the inspection: Staff were observed to be bare below the elbow in order to ensure that effective hand hygiene can be carried out. This area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

All staff, including agency staff, were provided with a suitable induction on commencement of employment.

There were systems in place to ensure staff were trained and supported to do their job. The manager maintained an overview of staff training. Review of the training overview identified that not all staff had completed training in Deprivation of Liberty Safeguards (DoLS); an area for improvement was identified.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Bank staff were used, or agency staff were block booked, to cover shifts when required.

Staff said that they were satisfied with staffing levels and that teamwork and communication was good.

Patients said there enough staff to help them and that they found the staff to be helpful and friendly.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity. Staff knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. Patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, crash mats and alarm mats.

Care records accurately reflected the patients' recommended care needs if they had a wound and relevant care plans had been developed for individual wounds. If required nursing staff consulted with the Tissue Viability Nurse (TVN) and/or the Podiatrist regarding wounds and followed the recommendations they made. Gaps were noted in the recording of wound care on wound charts and in care plan evaluations; an area for improvement was identified. However, discussion with staff and observation of wounds confirmed that these were redressed as recommended.

Staff were observed to effectively reassure and redirect a patient who was displaying slightly challenging behaviours; staff recognised triggers for this patient and were prompt to take appropriate action.

Review of care records evidenced that these were regularly signed off as having been reviewed by staff. Care plans were detailed and person centred. Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Records of the administration of topical creams and ointments were well maintained but an identified care plan for skin care required further development to ensure that the specific cream or ointment in use was recorded. This was brought to the attention of the manager for information and appropriate action.

Staff were seen to be respectful of patients' choices and to provide them with assistance in a timely manner. Staff said that the daily routine was flexible and patient led and that most of the patients preferred to have a lie in and then enjoy a later breakfast, however, it was observed that time intervals between meals and snacks might not be sufficient as a result of this.

It was positive to note that the management team were reviewing and monitoring the morning routine as they had already identified a risk of a lack of sufficient time between meals and snacks. They discussed the importance of balancing patient choice around when and where to eat their meals alongside promoting good appetites and nutritional intake. Progress in this area will be reviewed at the next care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the level of support they required from simple encouragement through to full assistance. Staff ensured that patients were comfortably seated in their preferred location for their meal and the daily menu was on display. Lunch was well organised, relaxed and unhurried.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal. Condiments were not seen to be offered and staff were reminded that this was an important aspect of the meal time which could help enhance patients' appetite and enjoyment of the food.

Alternative choices were available for those patients who preferred something not on the daily menu. Staff were seen to be alert to the needs of a patient who was drowsy and not eating; staff recognised that this was unusual for this patient and took appropriate action.

Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the Dietician. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and that appropriate action was taken in the event of weight loss.

As previously mentioned patients thought the food was good with the exception of one patient who thought it could be "boring". This was discussed with staff who said that the chef often prepared dishes such as curry specially for this patient. Review of care records evidenced that patients' food likes and dislikes were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy, warm and fresh smelling. The main communal areas were nicely decorated, bright and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

A refurbishment/redecoration plan had been developed but this did not include a timeline or identify who was responsible for the actions. Following the inspection RQIA were provided with an updated plan which included these details.

Patients' bedrooms were personalised with items that were important to them, such as, family photos, ornaments, pictures and flowers. The décor in some bedrooms looked a bit tired but it was confirmed that the redecoration plan included painting bedrooms and updating furnishing.

It was observed that some equipment, such as hoists and wheelchairs, required more effective cleaning; an area for improvement was identified.

Pressure relieving mattresses in use were seen to be set correctly for the individual patients although not all had the recommended setting on display for ease of checking. This was brought to the attention of the manager for information and appropriate action.

En-suite bathrooms were clean and tidy but items such as toiletries and wipes tended to be inappropriately stored on toilet cisterns and the interior of identified vanity units required cleaning and tidying; an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients and their relatives were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm and friendly. Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, what they would like to eat and drink and whereabouts they preferred to spend their time. Patients were also offered the option to take part in activities or not.

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said they were aware of the planned activities on offer and it was very much their choice whether to join in with these or not.

Patients' birthdays and holidays were celebrated. Activity planners were on display and recent options had included a Coronation Party, a National Baking Day event, memory films and games. Singers were regularly invited in to the home to entertain the patients.

The activity co-ordinator, who was still being inducted into the role by a more experienced activity co-ordinator, discussed planned upcoming activities and how much she was looking forward to helping the patients in this important aspect of life in the home. Patients were helping to colour in flower pictures for a summer display and a D Day celebration was being planned.

It was positive to note that staff spoke to the patients in a very polite and caring manner, they were attentive to the needs of the patients and ensured patients did not feel rushed. Staff were seen to communicate effectively with patients, relatives and each other at all times during the inspection. Relatives commented very positively about communication and none of the patients or staff raised any issues regarding communication.

A relatives meeting had recently taken place and the manager said that notices would be displayed for relatives in communal areas to pass on relevant information when required. The manager said that she operated an open door policy for patients, relatives and staff in order to be as accessible as possible.

Patients spoke positively about the staff, the activities, the food, communication and the choices they were offered.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Sandisiwe Mngomezulu has been the acting manager in this home since 27 February 2023.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and that they felt well supported.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. It was noted that some audits lacked robust action plans and therefore evidence to show that required actions had been completed. This was discussed with the manager who agreed it would be beneficial to further develop action plans. Progress in this area will be reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager and the Operations Manager were identified as the appointed safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Relatives said that they knew how to report any concerns or complaints and were confident that these would be dealt with effectively. The manager told us that learning from concerns and complaints were seen as an opportunity to for the team to develop and improve.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 (April 2015)	
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 11 August 2023	<p>The registered person shall ensure that all staff in the home are provided with training in Deprivation of Liberty Safeguards appropriate to their role and responsibilities.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Since Inspection all the nurses and carers had been requested to complete their training. There are now only 2 staff members who still need to complete. To be fully completed by Monday 10th July 2023.</p>
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that staff consistently and contemporaneously record delivery of wound care in the relevant records in line with best practice guidelines.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Supervision for nurses has been carried out with regards to consistent and contemporaneous record keeping in relation to wound care. Wound care documentation training will be delivered by Beaumont Care Quality Manager on Tuesday 8th August 2023. The Acting Home Manager is monitoring the compliance by completing wound care documentation audits and any deficits identified will be addressed as appropriate. This will be monitored during the completion of the monthly Regulation 29 visit.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment, such as hoists and wheelchairs, is decontaminated according to the cleaning schedules in place and also as and when required.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision for nurses has been carried out with regards to consistent and contemporaneous record keeping in relation to wound care. Wound care documentation training will be delivered by Beaumont Care Quality Manager on Tuesday 8th August 2023. The Acting Home Manager is monitoring the compliance by completing wound care documentation audits and any deficits identified will be addressed as appropriate. This will be monitored during the completion of the monthly Regulation 29 visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that toiletries and wipes are stored in appropriate areas in en-suite bathrooms and that the interiors of vanity units are kept clean and tidy.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Domestic staff have been reminded in relation to the thorough cleaning of the vanity units. These will be spot checked by housekeeper when on shift and via walkabout by the Acting Home Manager or Deputy Manager. The storage of wipes has been discussed with carers and these are now being kept in the wardrobes together with incontinence aids. Spot checks are being completed during the walkabout audit completed by Acting Home Manager and Deputy Manager. Compliance will be also be monitored during the completion of monthly Regulation 29 visit.</p>

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