



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 30 May 2019



## Mount Lens

**Type of Service: Nursing Home**  
**Address: 166 Kings Road, Belfast BT5 7EL**  
**Tel no: 02890485483**  
**Inspector: Lyn Buckley**

[www.rqia.org.uk](http://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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 31 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Mrs Violeta Bote – acting manager
<b>Person in charge at the time of inspection:</b> Registered Nurse Mongomezulu – Night Duty Mrs Violets Bote – Manager - from 07:45 hours	<b>Number of registered places:</b> 31 comprising: 4 – named patients under NH- I
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 26

### 4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 07:00 to 14:50. This inspection was undertaken by the care inspector.

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

There were examples of good practice found in relation to the delivery of care took into account personal choice and independence for patients. Staff were aware of patients' needs, wishes and preferences and worked well as a team.

Areas requiring improvement were identified regarding infection prevention and control measures, management of complaints and patient information.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Violeta Bote, manager, Roxana Mitrea, support manager, and the home's regional 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 7 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 March 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, registration information, and any other written or verbal information received. For example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 13 May to 2 June 2019
- 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
- one staff recruitment and induction files
- three patient care records including food and fluid intake charts and reposition charts

- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring from 1 January 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. One area for improvement was made and this was assessed as met.

Areas of improvement identified at previous medicines management inspection have been reviewed. One area for improvement was made and this was assessed as met.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager explained that the number of staff and the skill mix of staff on duty at any given time was decided through regular monitoring of patient dependency levels. We reviewed of the staff duty rota from 13 May to 2 June 2019 which confirmed that the planned staffing levels and skill mix were achieved. When staff did not turn up for duty or rang in at short notice to cancel their shift, there was evidence to support that 'cover' was sought. We also saw that catering and housekeeping staff were on duty every day to support the care staff.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. At the start of the inspection staff were observed completing their early morning routines. Night staff spoken with confirmed that they worked well as a team overnight and if required could contact the manager for additional support in the event of an emergency. All of the nursing and care staff coming on duty attended a 'hand over' meeting. The nurse in charge of the night duty gave a detailed report on each patient describing their nursing needs and any changes overnight. During the early morning, from 08:00, we saw staff responding to nurse call bells and assisting patients with their usual morning routines. Nurse call bells were answered promptly. We saw that staff were busy but that they had time to deliver care.

We observed the care provided for one named patient and discussed the details with the manager. It was agreed that the manager would arrange a care review with the patient's representative from the Trust.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We received one response. The family member indicated that they were very satisfied that there were enough staff to help.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control measures (IPC) were in place to ensure patients, staff and visitors to the home were safe. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment. However, we did identify the inappropriate storage of equipment in bathrooms where there was a toilet and an area for improvement was made.

Staff spoken with were aware of their training in relation to fire safety and IPC and how to respond to any concerns or risks.

We can confirm that staff were recruited safely and in keeping with adult safeguarding requirements. The manager also had systems and processes in place to ensure new staff received an induction and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff spoken with confirmed that they had received training and were aware of their role in protecting patients, how to keep patients safe and how to report concerns. Discussion with the manager confirmed that they were aware of their role within the regional adult safeguarding policy and procedures.

We reviewed three patients' care records which evidenced that, if required, risk assessments were completed when each patient was admitted to the home, and reviewed regularly thereafter. Care plans had also been developed which were reflective of the risk assessments and these were also reviewed regularly. Records also evidenced that nursing staff managed the risk of a patient falling and the care of a patient when they had a fall, correctly.

### Areas for improvement

An area for improvement was identified in relation to infection prevention and control measures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0



## 6.4 Is care effective?

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

We spoke with patients and one family member regarding the delivery of care. Patients were relaxed and comfortable in their surroundings and in their interactions with staff. Patients able to comment confirmed they were well cared for. The family member confirmed that their loved one was well cared for, staff were responsive to changes and kept the family informed.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. Through discussion staff confirmed their knowledge of how to manage the risk of falls or developing pressure ulcers. We also confirmed from records that mandatory training was planned and monitored for all staff.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge.

We also reviewed patients' care records in relation to the management of falls, skin care, nutrition and wounds. The records confirmed that nursing staff ensured that patients' records were generally up to date and reflective of patients' assessed nursing care needs. One of the records reviewed required to be updated. Details were discussed with the manager and an email sent to RQIA confirmed that the record had been update immediately after this inspection.

It is important that where choice and control are restricted due to a patient's understanding, restrictions are carried out sensitively and in line with good practice, for example, when a patient requires the use of bed rails or an alarm/alert mat. This is so that patients and/or their next of kin feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making and patients' care records reviewed supported the assessment of risks, the decision making process and the delivery of care on a daily basis.

It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

### Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 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.**

When we arrived in the home patients were still asleep or resting in their beds. Only one patient was awake and being supported by staff. Later we saw patients enjoying their morning tea/coffee in one of the lounges or in their own room. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate; and that staff were aware of patients' preferences and wishes.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were well dressed in clean clothing that matched; and attention had been paid to personal grooming such as finger nails and jewellery. There was also a number of magazines/newspapers available as well as the television on low in the lounge on each floor.

We also provided questionnaires for patients and family members; one response was received from a family member. The person indicated that they were either satisfied or very satisfied across the questions asked. They also commented that they were "happy with the care given to our relative..." and that staff were "kind and helpful." They did say that they felt fingernails "should be cleaned and cut every week." As mentioned above we did not observe any concerns regarding the presentation of the patients we met.

Any comments from patients, their family members received after the return date will be shared with the manager for their information and action, as required.

It was good to see how well staff provided care for patients who at times found it difficult to express exactly what they required. For example, one patient was calling for a family member; each time a staff member would approach the patient and quietly confirm and reassure them that their loved one was coming to visit and at what time. Another member of staff was commended for how they supported a patient during the staff hand over report at 07:45.

Details regarding how information for one named patient was managed were discussed with the manager during feedback. It was agreed that this would be reviewed in keeping with the patient's right to privacy. An area for improvement was made.

### Areas for improvement

An area for improvement was made regarding patient information

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1



## 6.6 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.**

Since the last care inspection in March 2019 there has been no changes to the management arrangements for the home. Mrs Violeta Bote continues as the manager for the home. Nursing and care staff confirmed that they had confidence in the manager and that she could be contacted at any time outside of her usual working hours. The regional manager confirmed that the organisation was seeking to employ a permanent manager for the home.

The manager was aware of her role and responsibilities, and a review of a sample of governance records assured us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

The manager confirmed that they had recently identified deficits in communication with the Trust. We were assured that this was being managed appropriately by the home and the improvements implemented were being monitored.

A member of nursing staff informed us of a concern raised by a relative; the complaint/concern had not been reported to the manager or recorded appropriately. An area for improvement was made.

Nursing and care staff spoken with confirmed that they were supported by the manager. Staff spoke with confidence regarding their duties, believed they provided good quality care and that they worked well as a team.

We also invited staff to provide comments via an online questionnaire. We did not receive any responses.

Based on these inspection findings we were assured that this home was delivering safe, effective and compassionate care and that the home was well led.

### Areas for improvement

An area for improvement was made regarding the management of complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Violeta Bote, manager; Roxana Mitrea, support manager; and the home's regional manager, as part of the inspection process. 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall review the storage of equipment in bathrooms where there are toilets, in line with the regional guidelines for infection prevention and control; and ensure that staff adhere to these guidelines.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Supervisions have been carried out with all care and nursing staff in the Home regarding equipment storage and infection prevention and control Compliance will be monitored during the daily auditing process.</p>

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that staff are aware of their role and responsibilities in dealing with complaints or any expression of dissatisfaction.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Supervisions have been carried out with all staff in the home regarding the reporting of any concerns.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that the named patient's information is maintained confidentially and only those entitled to see this information have access to it.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> NOK advised of our concerns and agreed to keep all confidential information in a separate folder in resident's room.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care