



Announced Care Inspection Report 4 June 2020



Mount Lens

Type of Service: Nursing Home (NH)
Address: 166 Kings Road, Belfast, BT5 7EL
Tel No: 028 9048 5483
Inspector: Caroline Rix

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 nursing home registered to provide nursing care for up to 31 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Rachel Downing – 19 March 2020
Person in charge at the time of inspection: Rachel Downing	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) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 16

4.0 Inspection summary

An announced inspection took place on 4 June 2020 from 10.00 to 15.30 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA were aware of a significant Covid-19 outbreak in this home. RQIA also received information on 1 June 2020 which raised concerns in relation to care delivery, communication with relatives and complaints management. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- The use of Personal Protective Equipment (PPE)
- Infection prevention and control (IPC) practices
- Care delivery / care records
- Governance and management arrangements

Short notice of the inspection was provided to Rachel Downing prior to the inspectors' arrival in order to ensure that arrangements could be made to safely facilitate the visit during the ongoing pandemic.

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Rachel Downing, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- Incident and accident records
- three patients' care records
- a sample of governance audits/records
- monthly quality monitoring reports for the period March 2020 to May 2020
- RQIA registration certificate.

Area for improvement identified at the last pharmacy inspection was reviewed and assessment of compliance recorded as met.

Questionnaires were provided to give patients and their relatives the opportunity to contact us after the inspection with views of the home. Two relatives' questionnaires were returned to RQIA prior to the issuing of this report. Feedback indicated that they were 'satisfied' or 'very satisfied' that the care was safe, effective, and compassionate and that the service was well led. All comments received from questionnaires were shared with the manager following the inspection for consideration and review, as appropriate.

A poster was provided for staff detailing how they could complete an electronic questionnaire with their views. No responses were received within the relevant timescales.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 19 December 2019. There were no areas for improvement identified as a result of the last care inspection.

The quality improvement plan from the previous pharmacy inspection undertaken on 22 June 2018 was reviewed at this inspection and assessment of compliance recorded as met.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall closely monitor the administration of citalopram oral drops, solution. Any further discrepancies should be referred to the prescriber for guidance and should be reported to RQIA.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the auditing of oral drops administration is in place. The citalopram oral drops are no longer prescribed for any patients at the time of inspection.	

6.2 Inspection findings

6.2.1 Staffing

Staffing levels within the home were discussed and reviewed with the manager who confirmed that they were planned and kept under review to ensure that the needs of patients were met. The manager stated that staff had been very flexible and prepared to work additional shifts when able, to ensure there was sufficient staff to attend to the patients. The manager stated that agency staff had been used to cover shifts on a weekly basis to ensure the required staffing levels are maintained. Agency staff shifts have now reduced, with one shift scheduled during the week of inspection.

Some staff commented that it was challenging looking after patients between two areas in the home.

This feedback was discussed with the manager, who was aware of this issue and acknowledged that the occupancy of the home had reduced during the current COVID-19 pandemic. Following this inspection, we have been informed that a review of the service has resulted in all patients now being cared for in one area of the home.

Staff told us that communication between staff and the senior management team took place regularly and that they were supported by management throughout this difficult time. The manager stated that she has an 'open door' policy for staff who wish to speak with her.

6.2.2 Personal protective equipment / Infection prevention and control practices

We observed that there was a good supply of PPE at the entrance to the home and PPE stations within the home were well stocked. Signage relating to the use of PPE was on display and accurately reflected current regional guidance.

Observation of staff evidenced that they were able to don and doff PPE appropriately and also handled laundry items appropriately. No issues were raised by staff in regard to the supply and/or availability of PPE.

Staff who were spoken with demonstrated a good understanding of how and when to effectively wash their hands as part of their care delivery to patients. Laminated posters showing the seven stages of handwashing were also displayed throughout the home. Staff members we spoke with were able to confirm that they had attended their mandatory infection, prevention and control training within the last 12 months and had received updated training on the use of PPE at the start of this pandemic.

We noted that staff temperatures were not being obtained twice daily in adherence with regional guidance; this was discussed with the manager who agreed to commence this with immediate effect.

We observed the environment of the home and found that it appeared neat and tidy throughout. Alcohol based hand sanitiser was available throughout the home. There were no malodours detected and patients were observed relaxing either in a communal lounge or their own bedrooms. The manager confirmed that systems were in place for enhanced cleaning, with increased frequency of the cleaning of touch points such as door handles and light switches. Care staff demonstrated a good knowledge of their role and responsibility in this area when domestic staff are not on duty.

The underside of one soap dispenser was found to be clogged with old soap and was brought to the attention of the manager, who arranged for its immediate cleaning. Otherwise, all patient equipment observed was found to be clean and well maintained.

6.2.3 Care delivery

Staff were observed interacting with patients in a compassionate, patient and dignified manner throughout. The inspector observed that staff were responsive to patients' needs and that assistance was provided in a timely manner with call bells being answered promptly. Staff were seen to interact in a meaningful way with patients and to be attentive to those patients who were in their bedrooms. Patients looked well cared for, they were wearing clean clothes and attention had been paid to patients' hair and nail care. Patients were observed to be comfortable and content in their surroundings. We observed that staff encouraged patients to regularly drink fluids and were mindful of the fact that it was a warm day.

We observed the serving of the lunch time meal. Staff took time to assist patients with their meal. The number of patients sitting together had been reduced in order to facilitate social distancing measures. Patients were offered a choice of main meal and hot or cold drinks. The food looked and smelled appetizing, and patients told us their lunch was nice.

The manager told us that during the months of April 2020 and May 2020, there was an increase in the number of patients requiring palliative care. We were told that as staff attended to the increased needs of these patients; they had less time to engage with patients' families. The manager indicated that the area of palliative care has now been included within their staff update training plan for completion within the next 3 months.

6.2.4 Care records

We reviewed the care records for three patients during the inspection. We reviewed pressure area care, wound care and nutritional care to patients.

The patients' care records were found to be up to date and relevant care plans were in place in relation to pressure area care; the daily records reflected that the recommended skin care regime was carried out.

Patients' wound care records were detailed and provided assurance that wounds had been redressed as required. Furthermore, there was evidence of effective collaboration with other health care professionals such as the tissue viability nurse (TVN) and podiatrist where required.

We reviewed record keeping regarding the dietary management of patients including dietary recommendations made by the speech and language therapist (SALT). We observed that risk assessments and care plans fully reflected the SALT recommendations in place. Food and fluid intake records reviewed were also up to date. Patients' weights had been monitored and a record of these was maintained.

6.2.5 Governance and Management

Staff confirmed that given the current pandemic, there are currently no visits into the home by patients' relatives/friends. Staff who were spoken with demonstrated a good understanding of how this may adversely affect the mental and emotional health of residents. Staff told us that in order to mitigate such an impact, they assist residents' communication with their loved ones by methods such as video telephony ('FaceTime') or hosting family visits outside residents' bedroom windows. Staff told us: "We try and do a wide variety of activities such as painting their nails, but patients just want to talk to their family and friends. We show films such as 'The Sound of Music' in the lounge which is popular."

The manager was also complimentary regarding the support they had sought and received from the Belfast Health and Social Care Trust (BHSCT) in relation to communicating with patients' relatives. The manager also told us that she felt well supported in her current role by the home's regional manager.

We discussed the delayed submission of statutory notifications to RQIA with the manager who assured us that every effort would be made to submit these in a timely manner. The submission of such notifications will continue to be monitored by RQIA.

Staff generally commented positively about working in the home and told us that they felt supported. Comments received from staff included:

- "I can go to anyone here."
- "We work as a good team."

A review of adult safeguarding records and discussion with the manager provided evidence that robust safeguarding arrangements were in place. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussion with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was a system in place to ensure that complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found these had been investigated and managed appropriately with one complaint still ongoing.

Review of a sample of governance records established that the manager maintained an effective level of oversight in the home. Audits contained clear action plans, which were reviewed in a timely way.

Monthly quality monitoring reports were reviewed for the period March 2020 to May 2020. It was identified that an action plan was generated to address any areas for improvement. The records indicated engagement with staff, patients, and where appropriate, their representatives and other professionals. Reports were noted to include reviews of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

Areas of good practice

Areas of good practice were identified in relation to the recommended use and availability of PPE, hand hygiene, and IPC measures. Good practice was also identified in relation to care provided to patients, and compassionate staff interaction with patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of the inspection, the home was observed to be clean and tidy throughout.

Patients looked well cared for, while staff displayed a friendly, kind and respectful attitude towards them.

Staff adhered to appropriate IPC measures including the use of PPE as required. Robust managerial arrangements were in place which promoted effective governance oversight and support for staff.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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