



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 March 2019



Mount Lens

Type of Service: Nursing Home (NH)
Address: 166 Kings Road, Belfast BT5 7EL
Tel No: 02890485483
Inspector: Lyn Buckley

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

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: Dr Maureen Claire Royston | Registered Manager: See below |
| Person in charge at the time of inspection: Violeta Bote – acting manager | Date manager registered: Violeta Bote - acting manager |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. | Number of registered places: 31 Category NH-I for 4 identified persons only with no further admissions to take place in this category. |

4.0 Inspection summary

An unannounced inspection took place on 7 March 2019 from 10:45 to 14:15 hours.

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.

The inspection focused on assessing the level of the progress and compliance with the areas for improvement identified during the last care inspection on 12 April 2018.

We can confirm that one area for improvement relating to reposition charts has been stated for a second time but no new areas for improvement have been made.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *1 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Violeta Bote, manager, and the 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken following 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 returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with patients and staff. Ten patients' questionnaires and 10 family members' questionnaires were left for distribution by the manager. A poster was provided for display in the staff room inviting staff to provide feedback to RQIA on-line. The inspector also provided the manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients and their family members, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- five patients' food and fluid intake charts
- five patients' repositioning records
- two patients' care plans
- nursing and care staff duty rotas from 11 February to 10 March 2019
- a sample of infection prevention and controls audits.

Areas for improvement identified at the last care 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 areas for improvement from the most recent inspection dated 22 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 April 2018

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 4 Stated: First time | The registered person shall ensure that all entries made in supplementary charts are recorded accurately and contemporaneously and are reflective of the actual time of care delivery. | Not met |
| | Action taken as confirmed during the inspection: We reviewed repositioning records and food and fluid intake charts for five patients. Inconsistencies regarding the timing of entries to records were identified. Details were discussed with nursing staff and the manager. This area for improvement has not been met and is stated for a second time. | |
| Area for improvement 2 Ref: Standard 4 Stated: First time | The registered person shall ensure that within patient's fluid intake records, the fluid intake is totalled correctly and reported accurately to the registered nurse. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager, nursing and care staff; and review of patients' charts and care records evidenced that this area for improvement had been met. | |
| Area for improvement 3 Ref: Standard 46 Stated: First time | The registered person shall ensure that the audit system in place to ensure compliance with best practice in infection prevention and control is adhered to and actions taken in accordance with the home's own policy and procedure. | Met |
| | Action taken as confirmed during the inspection: We requested evidence of infection prevention and control audits undertaken since April 2018. Review of a sample of the audits provided, observation of the home's environment and discussion with staff evidenced that this area for improvement had been met. | |

6.3 Inspection findings

6.3.1 Staffing Arrangements

Since the last care inspection a temporary or acting manager has been appointed for the home and RQIA were notified as required. It was good to meet with the manager during this inspection and to discuss her plans for managing the nursing home. The regional manager also informed us that they hoped to recruit a permanent manager for the home soon and that RQIA would be informed when the process had been completed.

The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. The manager was aware of the minimum standard requirements for skill mix to ensure the delivery of safe and effective care.

All those spoken with during the inspection confirmed that there was enough staff on duty and that calls for assistance were responded to quickly.

One patient said, "Staff are lovely". Patients unable to provide their opinion were seen to be relaxed and comfortable with each other and with staff.

As part of the inspection we also asked patients, family members and staff to comment on staffing levels via questionnaires. We received five questionnaires back from family members. All five indicated that they were either satisfied or very satisfied that they could raise concerns with staff and that there was enough staff. One family member added a comment about recent staff changes but added, "I have the greatest respect for the remaining staff who work so hard."

We saw that staff were available in the lounges and in the dining rooms during the serving of the lunchtime meal. Staff were attentive towards patients' needs during the meal and provided support to ensure each patient had their preferred choice of meal and that they enjoyed the mealtime experience.

We also saw staff responding to nurse call bells and assisting patients in their bedroom with their mid-morning tea or coffee and during the lunchtime.

We also saw that fire safety measures and infection prevention and control measures were in place to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Areas for improvement

No areas for improvement were identified during the inspection in relation to staffing arrangements.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3.2 Care records

As stated previously we reviewed a number of patients' records and charts as part of this inspection. In addition we also reviewed two patients' care plans regarding repositioning. One of the two records did not have a care plan in place to manage the patient repositioning despite evidence on the reposition record that the patient was regularly repositioned.

This was discussed with the nurse in charge of the first floor and the manager. The nurse in charge of the first floor agreed to write the care plan required and to ensure all other patients requiring repositioning had a care plan in place. The manager agreed during feedback to ensure this task was completed.

Areas for improvement

No new areas for improvement were identified during the inspection in relation to care records.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3.3 Consultation

As stated previously we spoke with patients and staff during this inspection and we provide the manager with questionnaires for patients and their family members. We received five questionnaires from family members before we issued this report. All recorded that they were either satisfied or very satisfied that their loved ones' care was safe, effective, and compassionate; and that the home was well led. One comment was recorded regarding staffing, as stated in 6.3.2.

We did not receive any staff comments from the online survey. Staff spoken with confirmed that they were well supported by their colleagues and senior staff, that they received regular training to enable them to care for the patients and that they had the right equipment and supplies to meet the needs of the patients.

Patients were observed to be relaxed in either their own bedroom or in one of the home's lounges. We also saw patients and staff on the first floor enjoying a singing/music session with the home's activity therapist. It was evident that patient felt relaxed and comfortable with staff and that the staff knew their patients well.

Areas for improvement

No areas for improvement were identified during the inspection in relation to staffing arrangements.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Violeta Bote, manager, and the 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 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 DHSSPS 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2019.</p> | <p>The registered person shall ensure that all entries made in supplementary charts are recorded accurately and contemporaneously and are reflective of the actual time of care delivery.</p> <p>Ref: 6.2</p> |
| | <p>Response by registered person detailing the actions taken: Supervision sessions have been carried out with all care and nursing staff regarding supplementary charts. This will be closely monitored by the named nurse, Unit Managers and Home Manager by way of spot checking.</p> |

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



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