

Unannounced Care Inspection Report 11 October 2016



Mount Lens

Type of Service: Nursing Home
Address: 166 Kings Road, Belfast, BT5 7EL
Tel no: 02890485483
Inspector: Karen Scarlett

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mount Lens took place on 11 October 2016 from 09.45 to 16.00 hours.

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

Is care safe?

Records were reviewed in relation to staffing, training, recruitment and accidents and incidents. The environment and care practices were observed. The home was clean and well presented. A recommendation has been made in relation to further developing the environment to meet the needs of patient in relation to dementia care. There were a number of negative comments and observations in relation to staffing and a recommendation has been made. A recommendations was also made in relation to appropriate use of personal protective equipment by staff.

Is care effective?

There was evidence of risk assessments being undertaken, in consultation with patients and their representatives, which informed the care planning process. Some deficits were identified in relation to completion of repositioning and bowel charts; two recommendations were made. Staff were not always signing and dating entries in the care records and a recommendation was made. Staff and patient representatives were of the opinion that communication in the home was good and concerns could be raised with staff and management.

Is care compassionate?

There was evidence of good relationships between staff and patients. Staff were knowledgeable regarding the needs and preferences of the patients. Questionnaires were issued to staff, patients and patient representatives and their comments are included within the report. No requirements of recommendations were made in this domain.

Is the service well led?

There was a clear organisational structure within the home. Systems were in place to manage complaints, incidents and urgent alerts. Audits were completed on a regular basis and actions taken to address any issues identified. Staff, patients and their representatives confirmed that the manager was approachable. No requirements of recommendations were made in this domain.

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.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 6 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joli Shibu, 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 medicines management inspection undertaken on 9 May 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

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|---|---|
| Registered organisation/registered person: Four Seasons Healthcare | Registered manager: Mrs Joly Shibu |
| Person in charge of the home at the time of inspection: Mrs Joly Shibu | Date manager registered: 29 June 2016 |
| Categories of care: NH-DE, NH-I Category NH-I for 4 identified persons only with no further admissions to take place in this category. | Number of registered places: 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 returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit

The inspector met with six residents, five care staff, two registered nursing staff, one domestic assistant, the activities coordinator and three resident's visitors/representative.

The following information was examined during the inspection:

- three patient care records and a selection of daily charts
- staff duty rotas from 10 until 23 October 2016
- staff training records
- records relating to NMC and NISCC checks
- a random sample of incident and accident records from the previous three months
- complaints records from the previous two months
- a sample of audits
- monthly quality monitoring reports for the previous two months
- minutes of staff meetings
- minutes of relatives' meeting
- one recent recruitment file

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11/04/2016

| Last care inspection recommendations | | Validation of compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 23 Stated: First time | The registered person should ensure that any specialist, pressure relieving equipment used by patients is specified in the care plan. | Met |
| | Action taken as confirmed during the inspection: A review of three patients' care records evidenced that pressure relieving equipment used by the patients was specified in the care plan. This recommendation has been met. | |

4.3 Is care safe?

On entering the premises the inspector was greeted by the housekeeper who stated that the registered manager was at training and two agency registered nurses were on duty. The manager returned to the home shortly after this to assist with the inspection. She confirmed that as there were two registered nurse vacancies they were 'block booking' agency staff to cover. Interviews had also been arranged for next week to fill the two vacancies. The agency registered nurses confirmed that they had received an induction on commencing work in the home. They were able to confirm which of them was in charge in the absence of the registered manager.

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. The dependency levels of patients were completed on a monthly basis. Discussion with the registered manager and a review of the staffing rota for week commencing 10 to 23 October 2016 evidenced that the planned staffing levels were adhered to. There were concerns raised by one patient, one relative and by staff in discussion and via the questionnaires. The relative stated that, in his opinion, the home were 'short staffed' and that they often had to ask staff to put their loved one to bed as they were very tired. A patient commented that her needs were met but she was concerned that other patients were not being tended to as required as there were not enough staff. Staff commented that they were 'put under a lot of pressure because of the workload' and they did not 'feel that there is the right staff for the workload given.'

Observations of care delivery, particularly on the first floor, did raise some concerns. Staff were observed to be very busy and tending to the needs of patients as best they could. Patients were clean and well-presented, were being assisted with breakfast and were transferred into comfortable chairs in the lounge. The inspector did have to intervene on three occasions to ensure that the needs of patients were met in a timely manner.

On two occasions patients, who were unable to use call bells, were calling out for urgent attention from their bedrooms, but no staff had responded. Once alerted to their needs by the inspector, they were responded to promptly. It was also noted that staff were missing opportunities to supervise patients in the lounge. For example, care staff were noted to be completing their daily charts in the empty dining room or at the nurses' station rather than in the lounge where they could have supervised patients.

This was discussed with the registered manager who stated that staffing levels were kept under review according to patient dependencies and was of the opinion that the daily routine was usually calm and organised but may have been affected by agency staff being in charge on the day. A recommendation has been made that staffing levels are reviewed, in response to the observations and comments made, to ensure that patients' needs are being met in a timely manner.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. The current, overall compliance with mandatory training was at 91%. 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 and this was followed up on a monthly basis by their regional manager. Staff confirmed that they had undertaken the necessary training.

It was noted that care staff were not always wearing the correct personal protective equipment in accordance with best practice in infection prevention and control. A recommendation has been made. With the exception of this, staff 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. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection 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.

At the last care inspection, Mount Lens had recently changed its category of care to Nursing Dementia and RQIA were assured that the environment would be made more dementia friendly. It was reassuring that since the last care inspection progress had been made in relation to adapting the environment appropriately. Dementia friendly signage was evident throughout and bathroom and ensuite doors had been colour coded. Patients' bedroom doors had been colourfully painted and their rooms were identified with a sign with their names and their pictures. Some patients were also benefiting from 'doll therapy'. Apart from a few photo boards showing patients' activities, it was noted that there were few displays or points of interest for patients in the corridors or rummage boxes in lounges, for example.

The registered manager did explain that a new dementia framework was being introduced by Four Seasons Health care which would include an audit of the dementia environment. A recommendation is made that this is prioritised for Mount Lens in order to develop the environment to meet the needs of the patients.

Fire exits and corridors were observed to be clear of clutter and obstruction. Equipment was appropriately stored.

Areas for improvement

A recommendation is made that staffing is reviewed to ensure that the assessed needs of the patients are met.

A recommendation is made that the registered persons ensure that staff use personal protective equipment appropriately to minimise the risks of infection.

A recommendation is made that the environment is further developed to meet the needs of the patients in relation to dementia care.

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| Number of requirements | 0 | Number of recommendations | 3 |
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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. In one record the instructions of the SALT were correct on the care plan but had been inaccurately stated on the daily chart. The registered manager agreed to address this urgently. It was evidenced that dysphagia training had been held in June 2016 with six staff attending and two further dates had been arranged for staff.

Supplementary care charts including food and fluid charts were well completed in accordance with best practice guidance, care standards and legislative requirements. Repositioning charts were in place for patients and were mainly well completed to reflect the frequency of repositioning and the actual position of the patient. There was a section to record the condition of the skin and this included comments such as, 'safe in bed', 'safe in chair', 'repo' or 'skin ok'. A recommendation has been made that skin is checked at least twice daily and comments regarding skin condition are made using grading terms reflected in best practice guidelines. It was further noted that bowel charts were not being maintained appropriately. A recommendation has been made.

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. It was noted that not all staff were appropriately signing and dating records including daily charts and nursing assessments. It is recommended that staff complete records in accordance with best practice guidelines.

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. Relatives spoken with confirmed that they were involved in decisions regarding their loved ones' care.

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.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained appropriately.

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. In the returned questionnaires, however, one staff member stated that they had raised concerns but had not heard back from the registered manager. On discussion with the registered manager it was evident that the matter was being investigated and that the staff member would be informed of the outcome at the conclusion of this.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. A daily diary was also in use to aid communication between registered nurses.

Discussion with the registered manager and review of records evidenced that a relatives' meetings had been held and minutes were available. Relatives spoken with confirmed that they knew the manager and would be able to speak with her or any of the staff should they have a concern. They were confident that these concerns would be dealt with appropriately.

Areas for improvement

A recommendation is made that all entries in care records are dated, timed and signed in accordance with best practice guidelines.

A recommendation is made that bowel charts are kept accurately.

A recommendation is made that patients' skin is checked at least twice daily and comments regarding skin condition are made using grading terms reflected in best practice guidelines.

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| Number of requirements | 0 | Number of recommendations | 3 |
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4.5 Is care compassionate?

The majority of patients were unable to comment on the care or the staff. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. As previously stated, one patient was concerned that there were insufficient staff to care for some of the other patients. Relationships between patients and staff were observed to be cordial and friendly and there was good banter evident. It was noted that some staff tended to frequently use terms of endearment such as, 'sweetheart' or 'pet'. This was discussed with the registered manager who agreed that this was inappropriate and that this would be addressed with the staff concerned.

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 relatives 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 were recorded using the 'Quality of Life' system in which comments of relatives, patients and staff could be captured on an i-pad device. These were analysed and an action plan was developed and shared with staff, patients and representatives. Three relatives spoken with confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Questionnaires were left in the home for the registered manager to distribute. Ten questionnaires were distributed to staff and five were returned. Comments regarding staffing are discussed in Section 4.3. Four of the five respondents were either very satisfied or satisfied with the care in all four domains. One respondent was unsatisfied in regards to safe care, specifically regarding staffing and in relation to communication of issues by the manager.

Two relatives returned a questionnaire within the timeframe for inclusion in the report. One relative was very satisfied with the care in all four domains. The other respondent indicated that they were unsatisfied with the care in all four domains citing agency nursing use, provision of continence products, staffing at night and lack of response by management as concerns. The respondent stated, within the returned questionnaire, that a meeting has been arranged with the registered manager to discuss these concerns and this was confirmed in discussion with the registered manager.

Five patient questionnaires were left in the home and three responded. There were no concerns raised and patients expressed satisfaction with the care delivered.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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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. In discussion, relatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

An agency registered nurse was in charge of the home until the arrival of the registered manager. On discussion, the registered manager had assured herself that the nurse in charge was competent and had received an induction to the home. This was confirmed on discussion with the nurse in charge.

The registration certificate and certificate of public liability insurance was up to date and displayed appropriately. Discussion with the registered manager and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. New policies were shared with staff to read and sign as appropriate.

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.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered 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 falls, care records, infection prevention and control, environment, complaints and incidents/accidents. 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.

There were systems and processes in place 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 Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. 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. Two staff questionnaire respondents were of the opinion that the manager could be more visible on the floor and that they were not kept fully informed of changes. This was contrary to the observations of RQIA on the day and the comments of relatives. These comments were shared with the registered manager for her information.

Areas for improvement

No areas for improvement were identified during the inspection. Recommendations made in the other three domains will help to drive improvement within the home.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joly Shibu, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the RQIA web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements – no requirements were made as a result of this inspection

Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 41, criteria 1 and 2</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2016</p> | <p>The registered provider should review staffing in the home to ensure that the assessed needs of patients are met.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The staffing level in the home has been reviewed and is in line with the assessed needs of the residents and care is being safely and effectively. Staffing levels will continue to be kept under review.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p> | <p>The registered provider should ensure that at all times staff use personal protective equipment appropriately to minimise the risks of infection.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Individual supervisions have been carried out with all the staff to ensure that the use of PPE has been adhered to minimise risk of infections. This will be monitored through the auditing process.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2016</p> | <p>The registered provider should ensure that the environment is further developed to meet the needs of the patients in relation to dementia care.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: FSHC Dementia Care FrameWork will be commencing in the home in January 2017 which will further develop the environment and enhance the knowledge of staff to ensure a more Dementia friendly approach towards the residents.</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2016</p> | <p>The registered provider should ensure that patients' skin is checked at least twice daily and comments regarding skin condition are made using grading terms reflected in best practice guidelines.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Skin checks are carried out twice daily and more often if required and comments are made using grading terms in line with best practice guidelines.</p> |

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| <p>Recommendation 5</p> <p>Ref: Standard 4, criterion 9</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p> | <p>The registered provider should ensure that bowel charts are kept accurately.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Individual supervisions have been carried out with the staff to ensure that the bowel charts are completed on a daily basis and the record is kept accurate.</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p> | <p>The registered provider should ensure that all entries in care records are dated, timed and signed in accordance with best practice guidelines.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: All entries to care records are dated, timed and signed. These will be reviewed through the audit process to ensure best practice guidelines are adhered to.</p> |

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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