

Unannounced Care Inspection Report 12 April 2018



Mount Lens

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 31 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Dr Maureen Claire Royston	Registered Manager: Joly Shibu
Person in charge at the time of inspection: 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

4.0 Inspection summary

An unannounced inspection took place on 12 April 2018 from 09.55 to 16.00 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 assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the delivery of compassionate care by staff with respect for dignity and privacy. There was also evidence of effective team working, communication and leadership. Staff reported being happy working in the home. There was evidence of governance systems in place to ensure quality of care. Care delivery and recording in relation to wounds and nutrition was noted to be particularly well managed.

Areas requiring improvement were identified under the standards in relation to record keeping and audits.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Joly 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.

4.2 Action/enforcement taken following the most recent inspection dated 18 July 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 July 2018. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 5 patients individually and with the majority of patients in groups and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey for those not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 22 April 2018
- 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 file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts

- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 18 July 2017

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 10 May 2017

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 of improvement 1 Ref: Standard 23 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of a selection of reposition charts evidenced that there were regular skin checks completed and that these were recorded using the correct grading terms. This area for improvement was met.	

<p>Area of improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure that care plans are kept under review to ensure that they are reflective of the current, assessed needs of the patients.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The three care records reviewed evidenced regular review and were reflective of the current, assessed needs of the patients. This area for improvement was met.</p>		
<p>Area of improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should that the decision as to whether or not to use bed rails is clearly documented in the patients' care records.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the care records evidenced that where patients required bed rails that an appropriate care plan was in place. Consent/discussion forms did not consistently evidence if the patient would have preferred or not preferred bed rails to be used. This was discussed with the registered manager who agreed to address this with staff. Given that care plans were in place the area for improvement was assessed as met.</p>		
<p>Area of improvement 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the pictorial menu board is reflective of the food choices for that day in order to enable patients to make decisions.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The pictorial menu in the upstairs dining room was up to date and reflective of the meal choices for the day. There was no pictorial menu board for the downstairs dining room. This had been identified at the monthly monitoring visits. The manager was able to evidence that the board had been purchased but was not yet displayed as they were updating the photographs of the meals. We were assured that this would be completed. This area for improvement was met.</p>		

Area of improvement 5 Ref: Standard 12 Stated: First time To be completed by: Immediately from date of inspection	The registered provider should take measures to ensure that food is served at it optimal temperature.	Met
	Action taken as confirmed during the inspection: The lunchtime meal was observed and food was served at the optimal temperature. This area for improvement was met.	

6.3 Inspection findings

6.4 Is care safe?

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

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. A review of the staffing rota from 9 to 22 April 2018 evidenced that the planned staffing levels were adhered to.

Of the six staff spoken with, one raised their concern that they were very busy downstairs with one registered nurse and one care assistant. However, care was observed to be delivered in a timely and compassionate manner during the inspection. There was also a care assistant designated to 'float' between upstairs and downstairs, so assistance was available at busier times.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. 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. Discussion with the registered manager and a review of the records evidenced that staff had completed training specific to the needs of the patients in the home, for example, dementia experience, challenging behaviours and dysphagia. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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). Checks for NMC registration were completed twice each month and all registered nursing staff were appropriately registered.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation 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. Where any shortcomings were identified safeguards were put in place.

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.

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.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, adult safeguarding, infection prevention and control and management of the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Wound care records were maintained in accordance with best practice and regular audits demonstrated that wounds were healing effectively. Current care plans were in place, reflective of the input of the tissue viability nurse and supported by photography. There was evidence of regular review and re-assessment of wounds.

Nutritional care plans were in place supported by regular weights and regular re-assessment of need. Patients' weights were compared with the previous month and there was evidence that any weight loss was appropriately addressed and/or referred to a dietician if required. In addition, food and fluid charts were reviewed. Food and fluid intake were recorded consistently and evidenced a satisfactory intake for the patients reviewed. However, it was noted that fluid intake had not been consistently, correctly totalled. On discussion with the registered manager there was a system in place in which staff communicated the fluid totals to the registered nurse at each handover. Whilst this is commendable practice it was agreed that the totals needed to be accurate. An area for improvement under the standards was made.

In three of the repositioning charts reviewed there was evidence of regular repositioning and skin checks, but it was evident that staff were not consistently recording the actual time of repositioning but were recording entries on the hour. RQIA were in two patients' rooms at or about the time repositioning entries had been made in the chart and, whilst we were satisfied that care had been delivered, the record was not accurate. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff, team working, wound care and nutrition.

Areas for improvement

Two areas for improvement were identified under the care standards in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

On arrival at the home patients were just finishing their breakfast in the dining room and were being assisted to the lounge and transferred into comfortable seats. The activity co-ordinator was conducting a sing-a-long in one of the lounges. Some patients remained in bed, in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required. Staff were also observed supporting patients in their bedrooms, who required assistance and encouragement to eat and drink, as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Good relationships were evident and patients were observed laughing and chatting with staff. Patients were afforded choice, privacy, dignity and respect. Even at very busy periods, staff were observed to be delivering care in an unhurried and kind manner. One patient expressing pain was attended to immediately. The atmosphere of the home was very calm and settled. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, colour coding of doors and the display of photographs.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse and the registered manager were overseeing the mealtime. It was noted that all available staff were on hand to supervise and assist with the meal to ensure that patients who required assistance received this in a timely manner. Tables were appropriately set and the meal appeared appetising and was being enjoyed by the patients. Clothing protectors and modified utensils were available to maintain the dignity and independence of the patients. Staff demonstrated knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients were transferred to the dining room for their meal but this resulted in some patients sitting for a period and becoming agitated. The order of transfer to the dining rooms was discussed with the registered manager who explained the usual arrangements for the mealtime had not been able to be carried out due to the circumstances that day. This will continue to be monitored at subsequent inspections.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

'Thank you for all the excellent care and attention you gave to our mum We couldn't have asked for better. We highly recommend Mount Lens as a good care home.'
 'Staff at Mount Lens showed great dedication and professionalism in ...'s care. The nurse always took time to keep in touch with us re her care and showed respect and compassion.'

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Patient who could express their opinion expressed their satisfaction with the care and raised no concerns with RQIA. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

No patient's representatives spoke with RQIA at the inspection but two questionnaire respondents indicated that they were very satisfied with the care. One respondent commented:

'My wife gets excellent care.'

Those staff spoken with were all happy working in the home and although they were busy, they were of the opinion that patients' needs were met. One registered nurse commented that it was like a family. Staff were asked to complete an on line survey about their views but we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and the compassion and patience demonstrated by staff toward patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. The registered nurse in charge of the home in the absence of the registered manager was clearly indicated on the duty rota.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Equality data was collated for staff in relation to best practice and equality data was sought in relation to patients within the care records. The registered manager was directed to the Equality Commission for Northern Ireland website for further information if required.

Review of the home's complaints records from January to March 2018 evidenced that systems were in place to ensure 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. There was evidence that actions had been taken to address complaints and ensure the satisfaction of the complainant.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents/falls, IPC practices, care records, wounds, patient weights, restrictive practices, infection prevention and control and the environment. A schedule to guide the frequency of auditing was in place and adhered to.

Records for audits conducted in relation to hand hygiene and the wearing of Personal Protective Equipment (PPE) were reviewed. It was noted that the overall compliance fell below 85% in both audits. Where the hand hygiene audits demonstrated improvement, the PPE audit fell below the required percentage at the two most recent monthly audits. In accordance with the home's policy, these should have been conducted weekly until improvement was noted, but this had not been initiated. An area for improvement under the care standards was identified. It should be noted that no issues with the use of PPE by staff were identified on inspection. In discussion the registered manager confirmed that when staff

were noted to be falling below the required standard it was addressed with them in one to one supervision.

Audits in relation to care records, wounds and restrictive practice were found to be robust and there was evidence of action taken to address any deficits.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence of actions taken to address any identified issues.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed. It was noted that two head injuries had not been notified. This was discussed with the registered manager who had misunderstood the guidance and assured us that these would be notified going forward. This will continue to be monitored.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and quality improvement.

Areas for improvement

An area for improvement was identified under the standards in relation to infection control audits.

	Regulations	Standards
Total number of areas for improvement	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 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 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 Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</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: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: All staff are instructed to ensure that the entries on supplementary charts are recorded accurately and reflective of the actual time of care delivery. Manager and Nurse in Charge of each shift will monitor the supplementary charts on a daily basis.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>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.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: All staff are instructed to ensure accuracy when totalling the fluid intake. Manager to spot check fluid chart to ensure compliance on a regular basis.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>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.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: An action plan has been devised following the infection control audit to address any shortcomings identified in line with the best practice.</p>

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



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