



Unannounced Care Inspection Report 19 December 2019



Mount Lens

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Rachel Downing (acting)
Person in charge at the time of inspection: Rachel Downing	Number of registered places: 31
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. Category NH-I for 4 identified persons only with no further admissions to take place in this category.	Number of patients accommodated in the nursing home on the day of this inspection: 28

4.0 Inspection summary

An unannounced inspection took place on 19 December 2019 from 10.00 hours to 14.30 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Mount Lens which provides nursing care.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of care homes, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Patients in nursing homes have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents

- governance arrangements.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Staff had a good knowledge of the needs of the patients and worked well as a team to deliver the care patients' required. The delivery of care took into account personal choice and independence for patients.

No areas for improvement were identified during this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and staff.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
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.

4.2 Action/enforcement taken following the most recent inspection dated 30 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home

- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. Three patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were reviewed during the inspection:

- duty rota information for all staff from 09 December 2019 to 22 December 2019
- incident and accident records
- two patient care records, including food and fluid intake charts
- a sample of governance audits/records
- complaints records
- adult safeguarding records
- the monthly monitoring reports for October and November 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall review the storage of equipment in bathrooms where there are toilets, in line with the regional guidelines for infection prevention and control; and ensure that staff adhere to these guidelines. Ref: 6.3	Met

	Action taken as confirmed during the inspection: Bathrooms viewed were noted to be clean and uncluttered.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 16 Stated: First time	The registered person shall ensure that staff are aware of their role and responsibilities in dealing with complaints or any expression of dissatisfaction.	Met
	Action taken as confirmed during the inspection: Staff who spoke to the inspector demonstrated that they had a clear understanding of their role and responsibilities in dealing with complaints or any expression of dissatisfaction.	
Area for improvement 2 Ref: Standard 6.1 Stated: First time	The registered person shall ensure that the named patient's information is maintained confidentially and only those entitled to see this information have access to it.	Met
	Action taken as confirmed during the inspection: It was identified that confidential information relating to the identified patient was retained confidentially. Information displayed in the patient's bedroom was noted to have been anonymised.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements within the home. The home is currently managed by an acting manager who has submitted an application to RQIA to be registered as the manager. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. Discussions with the manager and staff evidenced that there was a clear organisational structure within the home. The manager coordinates a team of registered nurses which included a nursing sister and a number of care workers, housekeeping, laundry and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager and staff, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced

persons available to meet the assessed needs of the patients. Discussions with a small number of patients during the inspection identified that they had no concerns regarding the level of care and support they received.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The manager stated that they have recently reviewed that staff arrangement and requested funding to recruit additional staff. A review of the staffing rota from 9 December 2019 to 22 December 2019 evidenced that the planned staffing levels were adhered to. The duty rota reflected the staffing levels discussed with the manager during inspection. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included agency staff; it was felt that this supports the home in ensuring continuity of care. Staff stated that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. It was identified that four new care workers are due to commence employment in the home.

Staff could describe their roles and responsibilities. Discussions with patients and relatives demonstrated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Staff demonstrated that they had a good understanding of the individual assessed needs of patients and could describe the importance of respecting patients' personal preferences and choices. Patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Patients were offered choice; staff provided care in a manner that promoted privacy, dignity and respect. Patients consulted spoke positively in relation to the care provided to them in the home. 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. During the inspection call bells were noted to be answered promptly.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

The entrance areas and a number of shared areas were noted to be well decorated, clean and uncluttered. A number of areas throughout the home had been decorated for the festive period. Patients' bedrooms were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients.

There were no malodours detected in the home. Compliance with best practice on infection prevention and control (IPC) had been well adhered to. A supply of gloves and aprons were readily available to staff and noted to be used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for patients and their visitors.

We identified that a small number of squealer door alarms located at fire exits were not sounding. This was discussed with the manager who stated that the batteries were required to be changed; this was actioned immediately following the inspection and written confirmation received that they were fully operational.

The main entrance door located at the front of the home is locked at all times and accessed via a keypad system. The door has an alarm that is activated overnight. The inspector discussed the need to ensure that those using the entrance were aware that the door should remain locked at all times. Following the inspection the manager provided information that indicated that a notice had been placed on the door to alert those using the entrance to ensure the door is closed correctly.

6.2.3 Care records

Care records viewed during the inspection were noted to be retained in a well organised and secure manner. The review of care records for two patients identified that they were detailed and individualised; they included details of patient's likes and preferences. Records viewed included relevant referral information received from a range of HSCT representatives and in addition included risk assessments, safety assessments and care plans.

Care plans viewed were noted to provide a detailed account of the specific care required by individual patients; they included details of any practice deemed to be restrictive. Staff record daily the care provided to patients. Staff stated that their aim is to support patients to be as independent as possible.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in an individualised manner.

There was evidence of regular communication with representatives within the care records. A review of the care provided is facilitated at least annually in conjunction with relevant representatives. Staff described the benefits of regular reviews to ensure that the needs of patients were being appropriately met and that risks are identified.

The home has a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids.

6.2.4 Dining experience

We observed the serving of the midday meal. The dining room was clean and uncluttered and table settings were noted to be well presented with appropriate table coverings, napkins and cutlery. Food served was well presented and discussion with some patients evidenced that they enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Food was covered when being transferred from the dining room to patients who were not eating in the dining room. A number of patients spoken with stated that the food was good and confirmed that they had a choice of menu. The inspector

discussed with the manager the need to ensure that condiments are made available as appropriate.

6.2.5 Activities

The inspector observed a varied range of activities available to patients in the home especially in relation to the festive period. Activities, such as art, music and crafts were part of the weekly programme.

6.2.6 Complaints

A review of complaints received evidenced that complaints had been managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 and other relevant legislation. Complaints are audited monthly as part of the quality monitoring audit. A copy of the complaints procedure was available in the home in a variety of formats. It was identified from records viewed that details of the investigation, the actions taken and outcomes of the complaint are retained.

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last care inspection had been managed in accordance with the policy and procedures. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. A safeguarding champion was identified for the home. There is currently one ongoing investigation in relation to an adult safeguarding referral; the manager agreed to update RQIA of the outcome of the investigation.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There are systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke to three patients, small groups of patients in the dining room or lounge areas, and two staff. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patients' comments:

- "Happy here."

- “Food is good; get too much.”
- “Staff are good.”
- “I want to go home but know I can’t.”

Staff comments:

- “Very happy.”
- “The residents are safe.”
- “I have no concerns; I can speak to the manager.”
- “Staff care well for the residents.”
- “We take time to talk to residents.”

Patients stated that staff were friendly and took time to listen to them; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge; they were encouraging and supporting the patients to be involved in the organised activity. Staff indicated that they were respectful of the patients by asking them their choices in relation to a range of matters such as food. There was a relaxed, welcoming atmosphere in the home.

Discussion with the manager and staff provided evidence that there were systems in place to obtain the views of patients, their representatives and staff on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; three responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied or satisfied that care provided was safe, effective and compassionate and that the service was well led. Comments received were discussed with the manager prior to the issuing of this report.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance Arrangements

The manager provided evidence that effective systems were in place to monitor and report on the quality of nursing and other services provided. The inspector viewed a sample of audits completed monthly that are in accordance with best practice guidance in relation to infection prevention and control, dependency levels, wound management, restrictive practice, medication, complaints, incidents/accidents and adult safeguarding.

The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The inspector reviewed records that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan is generated to address any areas for improvement. The records indicated engagement with patients, and where appropriate their representatives. The reports available were noted to include details of the review of the previous action plan, review of patient care records, staffing arrangements, accidents/incidents, adult safeguarding referrals, weight loss, wound management and complaints.

It was good to note that the number of actions detailed on the action plan for October 2019 had reduced considerably since the previous monitoring visit. The manager described the actions they have taken to ensure that areas for improvement identified are actioned.

Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, provision of individualised care and engagement with patients, relatives and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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