Unannounced Care Inspection Report
6 September 2017

Movilla House

Type of Service: Nursing Home
Address: 51 Movilla Road, Newtownards, BT23 8RG
Tel No: 028 9181 9399
Inspector: Sharon Mc Knight

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 50 persons.

3.0 Service details

Organisation/Registered Provider: Movilla House Ltd **Responsible Individual:** Derek Alfred Bell	**Registered manager:** Tracey Anderson
Person in charge at the time of inspection: Liz O'Neill, nursing sister	**Date manager registered:** 19 September 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of registered places:** 50

4.0 Inspection summary

An unannounced inspection took place on 6 September 2017 from 09:40 to 16:10.

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 management of staffing and staff development, adult safeguarding and ensuring the home's environment was safe.

Care records were well maintained and contained details of patients' individual needs and preferences. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities and the caring and compassionate manner in which staff delivered care.

An area for improvement was identified with regard to the completion of a monthly monitoring visits and the preparation of a written report required in accordance with Regulation.

Areas for improvement under the standards were identified with regard to the following; the environment of the sluice rooms and the recording of prescribed wound care.

Patients said:
"I couldn't say a word about them; they treat me with great respect."
"If you need something you only have to say and they get it for you."
"…good attention from staff."
"It's a lovely place."

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Jenny Bell, general 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 07 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 7 February 2017. 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 we met with eight patients and five staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff for the week of the inspection
- 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
- two staff recruitment files
- competency and capability assessments of nurses
- staff register
- three patient care records
- record of staff meetings
- patient register
- complaints and compliments record
- record of audits
- RQIA registration certificate
- certificate of public liability
- monthly monitoring reports

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 general manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 07 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and were validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 07 February 2017

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 21(1)(b) **Stated:** Second time	The registered person must ensure that all information required in regard to the selection and recruitment of staff is obtained prior to the commencement of employment.	**Met**
	Action taken as confirmed during the inspection: A review of three recruitment files evidenced that all information required in regard to the selection and recruitment of staff is obtained prior to the commencement of employment. This area for improvement has been assessed as met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** Second time	It is recommended that contemporaneous notes are kept of all nursing interventions, activities and procedures carried out in relation to each patient. Repositioning charts should be accurately maintained to evidenced care delivery.	**Met**
	Action taken as confirmed during the inspection: Records of nursing interventions were maintained. A review of three patients records evidenced that repositioning and pressure relief care was delivered regularly. This recommendation has been met.	

Area for improvement 2 **Ref**: Standard 35.6 **Stated:** Second time	It is recommended that a review is undertaken of the systems in place for data inputting to care records to ensure that they fully support the recording of contemporaneous records. Records should accurately reflect the actual time care is delivered and not the time the entry is recorded.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that they could now input the time they delivered care. When the actual time care was delivered differed from the time the care was recorded, both times were recorded. This area for improvement has been assessed as met	
Area for improvement 3 **Ref**: Standard 4.1 **Stated:** First time	It is recommended that a comprehensive, holistic assessment of patients' nursing needs is be commenced at the time of admission to the home.	**Met**
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that a comprehensive, holistic assessment of patients' nursing needs had been completed. For those patients admitted since the previous inspection the assessment had been commenced at the time of admission to the home. This area for improvement has been assessed as 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 charge nurse confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 4 September 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; one was returned following the inspection. The staff member answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?"

Patients spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in timely manner.

We sought relatives' opinion on staffing via questionnaires; two were returned in time for inclusion in this report. The relatives were both very satisfied that staff had enough time to care for their relatives.

A nurse was identified to take charge of the home when the registered manager was off duty. The general manager confirmed that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. These assessments were completed by the registered manager.

A review of three staff recruitment records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. Records were also maintained of care staff registration with NISCC.

The charge nurse confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with the general manager and staff. Staff were of the opinion that there was a good range of training available and that it was relevant to their role and the care they were required to deliver to needs of the patients Training records evidenced good compliance; for example 92% of staff had completed training in safeguarding within the last 12 months, 89% attended a practical moving and handling training and 95% have completed the e learning theory component. Practical fire awareness training has been attended by 91% of staff and 95% have completed the e learning fire awareness training. Provision of training was ongoing with compliance and attendance monitored regularly by the registered manager.

The general manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the general manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The general manager explained that the registered manager has been identified as the safeguarding champion and is awaiting a date to attend the next available training. The safeguarding policy was reviewed and updated in June 2016 to reflect the new regional policy.

A file containing the new regional policy and the contact details of the safeguarding teams in the four health and social care trusts was available in the nursing office as a reference for staff. Following discussion with the general manager we were assured that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

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 records pertaining to accidents, incidents and notifications forwarded to RQIA since April 2017 confirmed that these were appropriately managed. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges and dining room. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Patients spoken with were complimentary in respect of the home's environment.

We observed that systems were in place to support good practice in infection prevention and control. For example personal protective equipment (PPE) such as gloves and aprons were available and stored appropriately, hand sanitising gel dispensers were located throughout the home and equipment such as mops, buckets and cloths were provided in accordance with the National Patient Safety Agency (NPSA) national colour coding scheme. We observed the sluice rooms in the home were cluttered with items such as flower vases, spare bin bags and rolls of disposable cloths. Sluice rooms are defined as dirty utility rooms and as such should be maintained clutter free in accordance with good infection prevention and control practice. Sluice rooms throughout the home should be decluttered and maintained clutter free. This is identified as an area for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of staffing, adult safeguarding and the home's general environment.

Areas for improvement

One area for improvement under the standards was identified in relation to infection prevention and control. Sluice rooms throughout the home should be decluttered and maintained clutter free.

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

6.5 Is care effective?

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

A review of three patients' care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient at the time of admission to the home. Assessments were reviewed as required and at minimum monthly. There was evidence that assessments informed the care planning process. Care records contained good details of patients' individual needs and preferences.

We reviewed the management of wound care for one patient. Care plans contained the grade and size of the wound and the prescribed dressing regime. The frequency with which the dressing was required to be changed was not recorded. This was identified as an area for improvement under the standards. A review of wound care records for the period 10 August to 02 September 2017 evidenced that prescribed dressing regimes were adhered to.

We reviewed the management of catheter care for one patient. Care plans were in place which detailed the type of catheter and how frequently it was required to be changed. Systems were in place to alert staff to when the next change was due. Care records evidenced that catheter care was delivered in accordance with the prescribed care. Fluid intake and urinary output was recorded daily and totalled at the end of every 24 hour period.

Records reflected that patients were weighed on admission to the home. There were systems in place to ensure that patients' weight were checked a minimum of monthly to ensure that any weight loss was identified and appropriate action taken in a timely manner.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Supplementary care charts such as repositioning charts and food and fluid intake records were maintained for identified patients. Staff were knowledgeable regarding the importance of ensuring prescribed care, for example the frequency with which patients were required to be repositioned, was delivered and that records were maintained to evidence care delivery.

Discussion with the nursing sister and 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.

A review of records confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meeting held was with all staff on 18 May 2017 with the registered nurses.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held as part of the electronic record for each patient.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the planning and delivery of care, record keeping and communication between staff and other healthcare professionals.

Areas for improvement

One area was identified for improvement in relation to including in the care records the frequency with which dressings are required to be changed.

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

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.

We arrived in the home at 09:40. There was a calm atmosphere and staff were busy attending to the needs of the patients. The majority of patients were in their bedrooms as was their personal preferences; some patients were seated in the lounges or reception area of the home and others remained in bed, again in keeping with their personal preference.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

There was evidence that patients were involved in decision making about their care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. The registered manager and activity co-ordinator meet with the patients monthly to discuss issues regarding the day to day life in the home. The records of the meetings evidenced that suggestions or comments raised at the previous meeting are discussed and updates given of any action taken at the start of the next meeting. This is good practice.

Discussion with the general manager confirmed that there were systems in place to obtain the views of relatives on the running of the home. A satisfaction survey was conducted annually; the most recent survey was conducted in July 2016. The general manager confirmed that they were currently working to complete a survey for 2017.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. 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. Discussion with patients individually and with others in smaller groups, confirmed that living in Movilla House was a positive experience.

As previously discussed the following are examples of comments provided by patients:

"I couldn't say a word about them; they treat me with great respect."
"If you need something you only have to say and they get it for you."
"…good attention from staff."
"It's a lovely place."

We reviewed the provision of activities and were informed by patients that they looked forward to the different events that were planned throughout the day. We spoke with the activity co-ordinator who continues to be well motivated and enthusiastic regarding their role in the home. They confirmed that there was wide a variety of activities planned each week. A copy of the weekly activity programme was displayed throughout the home, with an individual copy available in each bedroom. The activity co-ordinator spoke at length about a recent initiative they have introduced where they visit patients in the morning and engage in a daily reflection with each of them. This may take the form of a religious/spiritual reflection but can also be a poem or song or a reflection of something that is in the newspaper that day; the reflection will be determined by what the patient wants or needs on that day. This initiative was commended.

We issued questionnaires for ten relatives; two were returned within the timescale for inclusion in this report. All of the relatives were very satisfied that care was safe, effective and compassionate.

We issued ten questionnaires to nursing, care and ancillary staff; one was returned within the timescale for inclusion in this report. The staff member was either very satisfied with the care provided across the four domains.

Areas of good practice
There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities and the caring and compassionate manner in which staff delivered care.

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 and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

The registered manager was on planned leave at the time of the inspection. Staff spoken with were aware of the management arrangements and who to raise concerns with in the absence of the registered manager. 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 patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required. However, in the two questionnaires returned from relatives both responded that they did not know who the manager was and they did not feel they were available if they wanted to speak with them. This opinion was shared with the registered manager and general manager.

A review of the home's complaints records 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.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"It really is hard to find words to do justice to the Movilla staff –they are truly remarkable."
"Many thanks for all the loving care you gave to mum over the years."
"I would just like to say thank you for all your care, compassion and also friendship…"

A review of records evidenced that monthly audits were completed, for example care records and infection prevention and control. The records of audits evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

As previously discussed there were systems in place to ensure that notifiable events were investigated as appropriate and reported to the relevant bodies. A review of notifications of incidents submitted to RQIA from April – August 2017 confirmed that these were managed appropriately.

There were arrangements in place to receive and act on health and safety information, urgent communications, safety alerts and notices; for example from the Northern Ireland Adverse Incident Centre (NIAIC).

We discussed the arrangements for the completion of the monthly monitoring visits required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The general manager explained that the most recent visit had been undertaken in August 2016; they were aware of the need for immediate improvement in this area. The completion of monthly monitoring visits and preparation of a written report was identified as an area for improvement under Regulation.

The responsible person must ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided. An area for improvement under Regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and the day to day management of the home.

Areas for improvement

One area was identified for improvement in relation to the completion of a monthly monitoring visits and the preparation of a written report required in accordance with Regulation.

	Regulations	Standards
Total number of areas for improvement	**1**	**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 Jenny Bell, general 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 29 **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided. A written report on the conduct of the home must be prepared and available in the home. Ref: Section 6.7
	Response by registered person detailing the actions taken: The registered provider realises the importance of the regulation 29 reports. This has since been completed and the report available to inspect. This will be completed every month as is required
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall ensure that the sluice rooms throughout the home should be decluttered and maintained clutter free. Ref: Section 6.4
	Response by registered person detailing the actions taken: The registered manager has inspected all sluice rooms and has decluttered the same. The registered manager will complete random inspections of the sluice rooms to ensure they remain decluttered
Area for improvement 2 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall ensure that the frequency with which dressings are required to be changed is included in the care records for wound care. Ref: Section 6.5
	Response by registered person detailing the actions taken: The registered manager will complete a monthly audit on wound care to ensure standards are maintained. All staff nurses have been reminded to use the diary to carry forward dressings to ensure continuity of care, also to ensure documentation is completed satisfactorily with regards wound care, including frequency and type of dressing required

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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