



The Regulation and
Quality Improvement
Authority

Movilla House
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Newtownards
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Unannounced Care Inspection
of
Movilla House
14 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 14 April 2015 from 10.00 to 17.00.

This inspection was underpinned by **Standard 19 – Communicating Effectively; Standard 20 - Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection the care was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section, 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection of 29 July 2014.

1.2 Urgent Actions/Enforcement Resulting from this Inspection

An urgent action record regarding staffing was issued to the registered person at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients.

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	3

The details of the QIP within this report were discussed with the Mr Derek Bell, registered provider, Ms Jenny Bell, general manager and Ms Rosemary Lappin, registered nurse in charge of the home, as part of the inspection process. The timescales for completion commence from the date of inspection. An urgent action report was issued at the conclusion of the inspection visit in respect of staffing issues.

2. Service Details

Registered Organisation/Registered Person: Mr Derek Bell	Registered Manager: No current registered manager
Person in Charge of the Home at the Time of Inspection: Ms Rosemary Lappin, registered nurse	Date Registered: N/A
Categories of Care: RC-I x 2, NH-TI, NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 50
Number of Patients Accommodated on Day of Inspection: 48	Weekly Tariff at Time of Inspection: £581 - £736

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 19: Communicating Effectively

Standard 20: Death and Dying

Standard 32: Palliative and End of Life Care

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were examined:

- 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 plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 18 patients, six care staff, two nursing staff, two visiting professionals and two patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- accident/notifiable events records

- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for Admission to the home, Safeguarding of Vulnerable Adults (SOVA), Complaints, Communication;
- policies for dying and death and palliative and end of life care were unavailable.

5.0 The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 26 August 2014. The completed QIP was returned and the actions recorded by the registered person were approved by the pharmacy inspector.

Further validation of compliance will be followed up by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (1) (d)	The registered person shall confirm in writing to the prospective patient that having regarded the assessment the nursing home is suitable for the purpose of meeting the patient's needs in respect of health and welfare.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that all prospective patients received written confirmation of the suitability of the placement.	
Requirement 2 Ref: Regulation 15 (1) (a)	The registered person shall not provide accommodation to a patient at the nursing home unless the needs of the patient have been assessed by a suitably qualified or suitably trained person.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that all new patients undergo a pre-admission assessment by a suitably trained person.	

<p>Requirement 3</p> <p>Ref: Regulation 16 (2) (a)</p>	<p>The registered person shall ensure that the assessment of the patient's needs is undertaken at the time of admission and is kept under review.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the assessment of patient need is completed at the time of admission and updated as required not less than annually.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 16 (1)</p>	<p>The registered person shall ensure that a written care plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that written care plans were available and up to date at the time of inspection.</p>		

Previous Inspection Recommendations	Validation of Compliance
<p>Recommendation 1 Ref: Standard 26.2</p> <p>It is recommended that the 'Admission Policy' is further developed to include the following;</p> <ul style="list-style-type: none"> • The arrangements to ensure referral forms from the referring Health and Social Care (HSC) Trust prior to admission are signed on admission. • The arrangements to provide written confirmation to the prospective patient that the home is suitable to meet their needs. • The arrangements to respond to any unplanned admission. • The arrangements to respond to self-referred patients. • Detail of the specific clinical risk assessments to be undertaken on the day of admission. <p>Action taken as confirmed during the inspection:</p> <p>The inspector was unable to evidence that the admission policy was updated as required. This recommendation is raised as a requirement as a consequence of this inspection.</p>	<p>Not Met</p>
<p>Recommendation 2 Ref: Standard 3.1</p> <p>The patient's guide is further developed to included the roles and responsibilities of named nurse so that prospective patients and their representative are informed and understand the function of the named nurse.</p> <p>Patients and their representative are informed of the identity of their named nurse.</p> <p>Action taken as confirmed during the inspection:</p> <p>The general manager advised that work is continuing with display boards for each patient's bedroom which will signpost the name of the named nurse. The function of the named nurse is now captured in the patient's guide.</p>	<p>Partially Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 6.4</p>	<p>Wound care records should clearly state how often the patient's wound is to be redressed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that appropriate records were available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 28.4</p>	<p>Swallowing awareness training should be provided to all staff involved in assisting patients with meals and drinks.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Staff training records demonstrated that swallow awareness training has been provided. Further training is also planned for the incoming year.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was not available on 'communicating effectively'. Discussion with eight staff including the registered nurse in charge of the home confirmed that whilst communication skills are developed and referenced throughout the induction process, a formal policy and procedure has yet to be developed. In developing this policy the registered persons must ensure that it references current best practice, including regional guidelines on Breaking Bad News.

No formal training on communication including breaking bad news has been provided for staff. A sampling of training records evidenced that 10 staff had completed palliative care training two years ago and that this training included reference to communication skills and 'breaking bad news'. This training has not been updated nor extended to additional staff in the intervening years.

One patient's care records examined evidenced that the patient's consent had been obtained regarding the sharing of bad news with others.

Is Care Effective? (Quality of Management)

Two care records examined reflected patient individual needs and wishes regarding end of life care. Whilst this referenced resuscitation issues there was no consideration of fundamental choices such as religious or cultural needs or specific family wishes etc. Staff did appear knowledgeable regarding the patient's wishes however this was not recorded in care plan records.

There was evidence within all three records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Six care staff and two registered nursing staff consulted discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised three of the care staff felt that they would benefit from further training in this area.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with eight staff including the registered nurse in charge of the home regarding how staff communicates with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives. We observed a number of communication events throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, speaking to frail, ill patients, delivering care to ill patients and supporting patient representatives. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. This relationship would allow the delivery bad

news more sensitively and with greater empathy when required. This level of support was confirmed during discussion with one patient representative.

We consulted with 18 patients and two patient representatives during the inspection visit. All patients confirmed that staff treated them with respect and dignity at all times. Both patient representatives stated that the staff were very supportive and that they felt that the home was like an extended family in many respects.

Areas for Improvement

The registered persons must develop a communication policy and procedure. Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home. Improvements in recording communication outcomes into care records must be made. The induction programme records for all staff should be updated to reflect this essential skill and evidence necessary competencies.

Number of Requirements	2	Number Recommendations:	1
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5.4 Standard 20 - Death and Dying

Is Care Safe? (Quality of Life)

A policy and procedure on death and dying was not available in the home to guide staff in the best practice guidance in the management of death and dying. This policy should be developed and should include the management of the deceased person's belongings and personal effects.

Training records evidenced that 10 staff were trained in palliative care / death, dying and bereavement two years ago. This training should be made available to all staff in keeping with their roles and responsibilities in the home. We were informed that training in bereavement is also provided by a local funeral undertaker.

Discussion with two registered nursing staff and a review of one relevant care record confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered nurse in charge of the home and seven additional staff, and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

Is Care Effective?

A sampling of care records and discussion with two registered nursing staff evidenced that death and dying arrangements were discussed with patients and/or their representatives as appropriate when a decision in regards to resuscitation is considered. There was no evidence in care records that a holistic discussion in respect of the patient's wishes and their social, cultural and religious preferences had been considered.

Staff were aware of the environmental factors to be considered when a patient was near death. These included privacy, lighting and a quiet / calm atmosphere. Management had made arrangements for relatives/representatives to be with patients who had been ill or dying. A fold out bed was available for patient representatives to stay in the home overnight should their relative's death become imminent.

Review of notifications of death to RQIA during previous inspection year were appropriately maintained.

Is Care Compassionate? (Quality of Care)

Discussion with two registered nursing staff and one patient representative confirmed that the patient and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding death and dying. The discussion outcomes however were not appropriately recorded in care records. Of the other two patient care records examined death and dying (other than for resuscitation reasons) had not been discussed although death was not considered imminent.

From discussion with the registered nurse in charge of the home, one registered nurse, four care staff and one patient's representative there was evidence that arrangements in the home were sufficient to accommodate and/or support relatives during this time. There was evidence from records of compliments received and from discussion with the two family members present during inspection that relatives had commended the management and staff for their efforts towards the family and patients.

Discussion with the registered nurse in charge of the home and a review of complaints records evidenced that no concerns were raised in relation to the arrangements regarding the death and dying of patients in the home.

Eight staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and were provided with bereavement support, if required. The registered nurse in charge advised that staff are supported to attend the funeral of patients if requested.

From discussion with the registered nurse in charge and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 counselling support with the palliative care link nurse or through staff meetings.

Areas for Improvement

Development of appropriate policies and procedures to guide and inform staff on the management of death and the dying patient will strengthen care provision. Care records as discussed previously need to be updated to fully reflect the discussion outcomes with patients and their representatives in respect of their end of life care and after death wishes.

Number of Requirements	One included above	Number Recommendations:	1
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5.5 Standard 33 - Palliative and End of Life Care

Is Care Safe? (Quality of Life)

As discussed previously, there is currently no policy or procedure developed to guide and inform staff on the management of palliative and end of life care. The GAIN Palliative Care Guidelines November 2013 were available in the home. Two registered nursing staff were aware of the GAIN guidelines however the further development of an appropriate policy incorporating the guidelines will enhance the staff knowledge of the document.

A review of staff training records evidenced that 10 staff had completed training in respect of palliative/ end of life care. This training was undertaken two years previously. The registered nurse in charge accepted that this training should be further developed and provided to all staff in line with their roles and responsibilities.

The home have purchased two syringe drivers for use in the home. This specialised equipment is an asset to the home and allows for timely interventions when parenteral analgesia is required. All registered nursing staff are trained in the use of this equipment and their competency is recorded on competency and capability assessments.

A palliative care link nurse has been identified.

Is Care Effective? (Quality of Management)

A review of one relevant care record evidenced that the patient's needs for palliative and end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, pain management and symptom management. The review of the patient's care records evidenced consultation with the patient and/or their representative in respect of the decision making processes, care planning and delivery of end of life care. The care records reviewed were current and up to date in accordance with patient's needs. A key worker/named nurse is identified for each patient approaching end of life care. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's GP.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. We were able to discuss with two patient representatives the level of support provided by the home. It was confirmed that the home offer open visiting when patients are ill or at the end of life. Relatives are able, when death is imminent, to stay overnight and a folding bed can be set up either in the patient's bedroom or in a separate area within the home. Meals and snacks are always offered by day and night. Both relatives who were present during the inspection visits were very praiseworthy of the kindness, support and empathy given to them by all grades of staff in the home.

We were able to briefly meet with one very ill patient and it was confirmed that the patient felt well cared for and was happy with the staff attending. The patient appeared well cared for and comfortable. Pain management was well maintained and the general atmosphere around the room was calm and supportive.

All eight staff who met with the inspector demonstrated the importance of ensuring the cultural, spiritual and religious needs of the patient and their family are identified and met in a sensitive manner.

Areas for Improvement

Development of appropriate policies and procedures to guide and inform staff on the management of palliative care will strengthen care provision. As previously discussed care records need to be updated to fully reflect the discussion outcomes with patients and their representatives in respect of their end of life care and after death wishes.

Number of Requirements	One already identified	Number Recommendations:	1
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5.6 Additional Areas Examined

Staffing

The registered manager has informed the authority in writing that she has resigned from her position within the home. The registered manager was therefore not present during this inspection.

We discussed the management arrangements with the general manager at the commencement of the inspection and have required written submission of the new management arrangements be forwarded to RQIA in accordance with Regulation 31 of the Nursing Homes Regulations (Northern Ireland) 2005.

Further examination of the current staff duty rota raised concerns regarding the availability of registered nursing staff.

We were informed that there have been a number of recent staff changes within the home and staff recruitment is ongoing. Until new staff are recruited and fully inducted into the home the registered persons must ensure that there are sufficient, appropriately trained staff to ensure that the patient's needs are fully met.

The general manager confirmed that she will be seeking the immediate support of agency staff to supplement the current registered nursing team until permanent staff are recruited.

A requirement is raised in regards to staffing. We have also asked that a copy of the staff duty rota is forwarded to the authority on a fortnightly basis until further notice. This matter was raised in an urgent actions record at the conclusion of the inspection.

Policies

During the inspection it was noted that the policy document on Safeguarding of Vulnerable Adults (SOVA) and Management of Complaints were out of date and did not fully reflect current regional guidance. The updating of these policies must be undertaken with urgency. The general manager is referred to 'Safeguarding Vulnerable Adults a Shared Responsibility' for reference. This guidance document should be made available in the home. A requirement is raised.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	8	5
Patients	6	3
Patients representatives	2	2

All comments on the returned questionnaires were in general positive. Some comments received are detailed below;

Staff

'I am very happy working here. There is a strong team and the quality of care is very good'
 'I feel that the entire team are very committed to delivery good care'
 'I would recommend this home to anyone. The team are passionate about care'

Patients

'I feel that this is a very good home and I am happy here'
 'If anything was wrong I could speak to the staff'
 'I feel safe in Movilla House'

Patient's representatives

'The quality of care is excellent and I am made to feel very much part of the larger family that is Movilla House'
 'My has received excellent care and the staff are very willing to help and support me with anything needed'

6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Derek Bell registered person, Ms Jenny Bell general manger and Ms Rosemary Lappin, registered nurse in charge of the home as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes April 2015 They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: immediate from 14 April 2015</p>	<p>The registered person must ensure that sufficient registered nursing staff are available in the home at all times to meet the needs of patients.</p> <p>A copy of the staff duty rota must be forwarded to the inspector on a fortnightly basis until further notice.</p> <p>Response by Registered Manager Detailing the Actions Taken: The staff duty rota has been and will continue to be forwarded to the inspector on a fortnightly basis. Our new Sister started at Movilla on 11th May 2015 and if short staffed we employ agency. We are continuing to advertise for another Sister/Charge Nurse to aim to always have a nurse at management level on duty.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 14 July 2015</p>	<p>The registered person must ensure that <u>all</u> staff received training in keeping with their roles and responsibilities in the following;</p> <ol style="list-style-type: none"> 1. Palliative care 2. Care of the dying patient <p>This training must reference current regional guidance.</p> <p>Response by Registered Manager Detailing the Actions Taken: We have booked Donna Dillon to carry out training on this topic for our Care Assistants on 4th Aug and 10th Sept and for nurses on the 18th Aug. Our registered manager will then carry out a Palliative Care Awareness talk to all remaining anillary staff.</p>
<p>Requirement 3</p> <p>Ref: Regulation 13(1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 14 June 2015</p>	<p>The registered person must ensure that a policy and procedure is maintained to reflect current regional guidelines for each of the following areas;</p> <ol style="list-style-type: none"> 1. Safeguarding of Vulnerable Adults 2. Complaints 3. Palliative care and end of life care 4. Communication to include breaking bad news 5. Pain management 6. The Admission policy should be updated as previously recommended in July 2014. <p>Response by Registered Manager Detailing the Actions Taken: As of today 26th May we have devised policies for Numbers 1, 3 and 5. Numbers 2, 4 and 6 are in the process of being finalised, but will be completed by 14th June.</p>

Recommendations			
Recommendation 1 Ref: Standard 39 Stated: First time To be Completed by: 14 June 2015	The registered person must ensure that staff induction records and competency and capability assessments include reference to the following; <ol style="list-style-type: none"> 1. Palliative and end of life care 2. Communicating effectively including breaking bad news 		
	Response by Registered Manager Detailing the Actions Taken: The staff induction forms now include reference to both the above areas.		
Recommendation 2 Ref: Standard 20 Stated: First time To be Completed by: 14 June 2015	The registered person must ensure that end of life care and after death wishes are discussed and outcomes fully recorded in the patient's care records.		
	Response by Registered Manager Detailing the Actions Taken: Care plans are currently being updated to include end of life care and after death wishes of our residents. For any residents not wishing to discuss these topics we have made a note of this in their Care Plan.		
Recommendation 3 Ref: Standard 32 Stated: First time To be Completed by: 14 June 2015	The registered person must ensure that written guidance on end of life support / bereavement support is provided for staff and patient's representatives.		
	Response by Registered Manager Detailing the Actions Taken: Our Manager is devising a leaflet which will be distributed to all current staff , any new staff members, patients and their representatives.		
Registered Manager Completing QIP	Rosemary Lappin	Date Completed	26/05/2015
Registered Person Approving QIP	Derek Bell	Date Approved	27/05/2015
RQIA Inspector Assessing Response	Linda Thompson	Date Approved	01/06/2015

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: