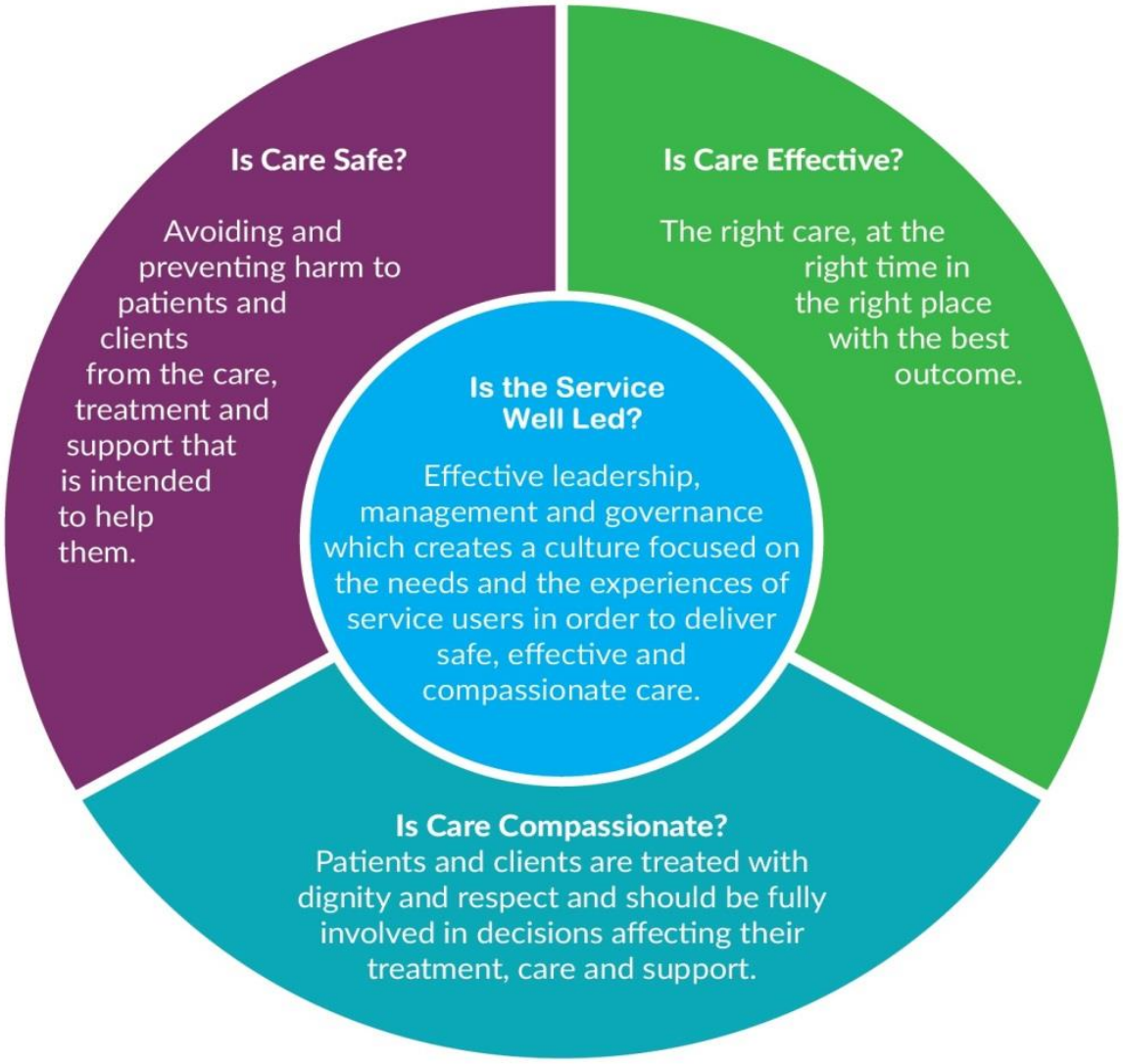
Unannounced Care Inspection Report
15 May 2018

Movilla House

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

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: Tracey Anderson	**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 15 May 2018 from 10.00 to 16.35 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 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 staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control and the home's environment. There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition and wound care and the communication of patient needs between staff. Good practice was also observed in relation to the culture and ethos of the home, provision of activities and valuing patients and their representative views. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

An area for improvement under the regulations was identified in relation to the secure storage of cleaning chemicals. Areas for improvement under the standards were identified with the completion of supplementary care charts and post fall evaluations and how the daily menu was displayed.

Patients said they were happy living in the home. Those 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	**1**	**3**

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Anderson, registered manager, and 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 13 December 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on13 December 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 13 patients, 10 staff and five patients' relatives. 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.

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 for week commencing 14 May 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
- two staff recruitment and induction files
- four patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample 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 13 December 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 6 September 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 29 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Monthly monitoring reports were available in the home and evidenced that unannounced visits were completed for the period October 2017 – May 2018. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that the sluice rooms throughout the home should be decluttered and maintained clutter free.	**Met**
	Action taken as confirmed during the inspection: Observations confirmed that the sluice rooms throughout the home were clutter free. This area for improvement has been met.	
Area for improvement 2 **Ref**: Standard 23 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Wound care records reviewed included the frequency with which dressings were required to be changed. This area for improvement has been 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 for week commencing 14 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

We spoke with relatives of four patients during the inspection; all were complimentary regarding staff. One completed questionnaire was received from a relative during the inspection; they responded that they were very satisfied with the provision of staff. No questionnaires were received following the inspection.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an electronic learning programme. Training records included the date the training was attended/completed, the names and signatures of those who attended face to face training and provided compliance rates of staff that have completed training in each topic via electronic learning. Records evidenced good compliance with mandatory training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period January - April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats. Records did not clearly reflect who had been involved in the decision making process and the care plan for one patient did not include the use of an alarm mat. Minutes of a recent staff meeting evidenced that the registered manager has identified these issues and was currently working with the registered nurses to address them. Progress with this issue will be reviewed at a future inspection.

Infection prevention and control measures were adhered to. We spoke with one member of housekeeping staff who was knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. A number of containers of cleaning chemicals were observed accessible to patients; they were not stored securely. This was identified as an area for improvement.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout and, with the exception of one identified bedroom, fresh smelling. The management of odours in one bedroom was discussed with the registered manager who confirmed that the odour was a result of an issue that had occurred that day and that arrangements were in place to ensure the matter was addressed.

Areas of good practice

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

Areas for improvement

An area for improvement under the regulations was identified in relation to the secure storage of cleaning chemicals.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of four 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 falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained daily, however, the charts contained gaps in recording and did not consistently evidence the patient's daily intake. This was identified as an area for improvement.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place but were not consistently evaluated following falls. A post falls review should be completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly. This was identified as an area for improvement under the standards.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of care records for the period 2 April – 13 May 2018 evidenced that dressings were renewed in accordance with the prescribed care. Repositioning charts for two patients were reviewed; the charts contained gaps in recording and did not consistently evidence that patients were assisted to change their position for pressure relief in accordance with their care plans. The improvements required with the completion of repositioning charts is included in the area for improvement of supplementary care charts.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to general record keeping, the management of nutrition and wound care and the communication of patient needs between staff.

Areas for improvement

Areas for improvement under the standards were identified with the completion of supplementary care charts and post fall evaluations.

	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.

We arrived in the home at 10:00 hours and were greeted by staff who were helpful and attentive. Patients were relaxing in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

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. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients and staff spoken with were looking forward to the events organised for the royal wedding later that week; an afternoon tea was organised and invitations had been sent to all the patients and their relatives.

The environment of the home 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, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room tables or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. The four week menu was available in the foyer of the home; however, patients in the dining room were unaware of what was on the menu for lunch on the day of inspection. Following discussion with the registered manager it was agreed that they would review how the menu was displayed to ensure it was effective in informing patients. This was identified as an area for improvement. Those patients who had specific needs, for example, if they required modified texture diets and/or thickened fluids, had placemats which detailed their personal needs. The placemats were laminated and completed in a tasteful and appropriate manner and were a useful aide memoire for the patient, their relatives and staff. These were commended by the inspector.

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

"…we were so touched by your caring attitude and we just want to let you know that your care and loving attention meant so much to us."

"We never would have believed that … would be content anywhere but in her own home but she was, and that was down to the staff."

"Thank you so much for the loving care and support given to …."

Patients said that they were happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

" I would tell anyone don't go to any other home this is the best – and if it wasn't I would soon tell you."
"Everyone is extraordinarily good."
"I am happy here the staff are wonderful."
"The food is five star."

We spoke with the relatives of five patients. All of the relatives commented positively regarding the care their loved ones were receiving. Issues raised by one relative regarding menu choices were shared with the registered manager who readily agreed to meet with the relatives and discuss the issues further.

Relative questionnaires were also provided. As previously discussed, one was returned prior to the end of the inspection; they responded that they were very satisfied with the care provided across the four domains. No questionnaires were received following the inspection.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses 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, provision of activities and valuing patients and their representative views.

Areas for improvement

An area for improvement under the standards was identified with the displaying of the menu.

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

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 to the registered manager 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 relatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager. A new general manager had recently been appointed to support the registered manager with the operational duties of the home.

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. The registered manager explained that diversity and equality of patients was supported by staff and training would be provided to staff to support patients, as required.

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.

A review of records evidenced that the registered manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, catheter and wound care and analysis of patients' weights.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 incidents, quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Anderson, registered manager, and 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 14(2)(c) **Stated:** First time **To be completed by:** Immediate from the day of inspection.	The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. Cleaning chemicals must be stored securely in accordance with COSHH regulations. Ref: section 6.4
	Response by registered person detailing the actions taken: The sluice rooms have been fitted with key padded locks to ensure chemicals are secured
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** 12 June 2018	The registered person shall ensure that supplementary care charts are accurately maintained to evidence delivery of care. Ref: section 6.5
	Response by registered person detailing the actions taken: The supplementary care charts in question are usually completed by the health care assistants. This will now be monitored by a healthcare assistant with level 3 NVQ qualification. On each shift someone is allocated this duty and this allocation is documented. The nurses on shift will check the documentation at the end of each shift and the Matron will audit these records as necessary to ensure improvements in documentation are embedded into practice. All staff have been required to complete a record keeping training module
Area for improvement 2 **Ref**: Standard 22.9 **Stated:** First time **To be completed by:** 12 June 2018	The registered person shall ensure that a post falls review is completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly. Ref: section 6.5
	Response by registered person detailing the actions taken: All staff have been made aware that a post falls review is required within a timely manner. At present there is a monthly falls audit that is conducted by the Matron which will look for trends and action plans are implemented from this. However, Matron has updated the falls policy to include a post falls review and updating of care plans and risk assessments. Staff have been given a copy of this policy

Area for improvement 3 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location showing what is available at each mealtime. Ref: section 6.6
To be completed by: 12 June 2018	**Response by registered person detailing the actions taken:** The menu was originally displayed on the wall leading into the dining room, these have now been moved into the dining room and displayed on a wall in close location to the residents dining tables

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

The Regulation and Quality Improvement Authority

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