Movilla House
RQIA ID: 1270
51 Movilla Road
Newtownards
BT23 8RG

Inspector: Sharon McKnight
Inspection ID: 021972

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Unannounced Care Inspection
of
Movilla House

19 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 19 January 2016 from 09:45 hours to 16:30 hours.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 14 April 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within 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 on 14 April 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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	**0**	**3**

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Jenny Bell, general manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Movilla House Ltd	**Registered Manager:** No current registered manager
Person in Charge of the Home at the Time of Inspection: Nursing sister Tracey Anderson	**Date Manager 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: 45	**Weekly Tariff at Time of Inspection:** £581 - £736

3. Inspection Focus

In September 2015 RQIA received an anonymous complaint regarding staffing, the serving of breakfast and care practices. At that time, management in the home investigated the issues and provided a written response to RQIA. We were satisfied with the outcomes of the investigation and with the assurances given of the action taken.

In January 2016 three anonymous complaints were received by RQIA. The complainants raised concerns regarding the morning routine, patients not receiving breakfast to 10 30 hours and the standard of food. The complainants were advised to contact the health and social care trust who commission care to raise their individual concerns.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with RQIA senior management, it was agreed that, as an inspection to Movilla House was already scheduled, the focus would be extended to include staffing and the management of meals and nutrition.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

- discussion with the general manager
- discussion with the nursing sister
- discussion with staff
- discussion with patients
- discussion with relatives
- discussion with a visiting health care professional
- review of records
- observation of lunch
- observations during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events 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 plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection, the inspector met with 14 patients, nursing sister, one registered nurse, six care staff, the house keeper, one visiting healthcare professional and five patient's visitors/representative.

The following records were examined during the inspection:

- four patient care records
- four week menu
- patient food and fluid charts
- staff roster
- staff training records
- a selection of policies
- complaints and compliments records
- incident and accident records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 23 June 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care (Same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 20 (1)(a) **Stated: First time** **To be Completed by: immediate from 14 April 2015**	The registered person must ensure that sufficient registered nursing staff are available in the home at all times to meet the needs of patients. A copy of the staff duty rota must be forwarded to the inspector on a fortnightly basis until further notice.	**Met**
	Action taken as confirmed during the inspection: Discussion with patients, relatives and staff and a review of staff duty rosters evidenced that there sufficient registered nursing staff available in the home to meet the needs of patients. Staff duty rosters were submitted to RQIA for a period following the previous care inspection.	

Requirement 2 **Ref:** Regulation 20(1)(c)(i) **Stated: First time** **To be Completed by: 14 July 2015**	The registered person must ensure that <u>all</u> staff received training in keeping with their roles and responsibilities in the following; 1. Palliative care 2. Care of the dying patient This training must reference current regional guidance.	**Met**
	Action taken as confirmed during the inspection: A review of staff training records evidenced that training in palliative care and care of the dying patient has been delivered by the local health and social care trust. The general manager confirmed that this training had been attended by nursing, care and housekeeping staff. RQIA were satisfied that there were appropriate systems within the home to ensure that all staff received training in keeping with their role.	
Requirement 3 **Ref:** Regulation 13(1) (a) **Stated: First time** **To be Completed by: 14 June 2015**	The registered person must ensure that a policy and procedure is maintained to reflect current regional guidelines for each of the following areas; 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.	**Met**
	Action taken as confirmed during the inspection: The policies referred to in this requirement had all been reviewed following the previous inspection. The date of review was clearly recorded on each individual policy.	

Last Care Inspection Recommendations		Validation of Compliance
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; 1. Palliative and end of life care 2. Communicating effectively including breaking bad news	**Met**
	Action taken as confirmed during the inspection: A review of induction records evidenced that palliative and end of life care and communicating effectively, including breaking bad news, were included. Induction records included a statement re the competency of staff.	
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.	**Met**
	Action taken as confirmed during the inspection: Care records evidenced that discussion had taken place regarding end of life care issues.	
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.	**Met**
	Action taken as confirmed during the inspection: Written guidance on end of life support and bereavement were available in the home. The home were also in the process of devising guidance individual to Movilla House.	

5.3 Additional Areas Examined

5.3.1. Staffing

On arrival there was a calm atmosphere throughout the home and staff were observed attending to patients' needs. Prior to the inspection concerns were raised that there were insufficient staff in the morning and this resulted in some patients being assisted to wash and dress by the night staff from 06 00 hours and some patients not receiving their breakfast until 10 30 hours.

The issue of patients being assisted to wash and dress by the night staff was discussed with the general manager who agreed to undertake an early morning, unannounced visit to review the morning routine and ensure that patients' needs were met on an individual basis and not in response to staff routine. It was agreed that a report of this visit would be forwarded to RQIA. A recommendation was made.

RQIA arrived in the home at 09 45hours and observed that the serving of breakfast in the dining room had finished. Discussion with staff confirmed that all of the patients had been assisted with their breakfast and that, generally, the serving of breakfast was finished by 10 00 hours. Patients spoken with confirmed that they received their breakfast anytime from 8 30 hours onward. No issues were raised by patients or staff regarding breakfast.

The general 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 roster for week commencing 30 November 2015 and 18 January 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing provision within the home.

5.3.2. Meals and mealtimes

Prior to the inspection RQIA received anonymous correspondence expressing concern that there had been a decline in the standard of food served. RQIA discussed at length the current menu with the chef. A review of the four week menu evidenced that there was a choice of dishes available at each mealtime and that each dish was available to all of the patients, including those who required a modified diet. A review of catering records evidenced that the planned menu was adhered to.

Patients completed a menu choice sheet each morning with their choice of meals for the following day. Staff confirmed that some families completed these cards for patients who were unable to express their opinion

Meals were served in the dining room on the ground floor or in patients' individual bedrooms as was their choice. During the inspection there were only four out of 45 patients who came to the dining room to have their lunch. Due to the high number of patients who had their meals outside the dining room staff were allocated to specific areas of the home to ensure that all of the patients received their meal in a timely way. Records were maintained of the allocation staff at mealtimes.

Patients who chose to stay in their room, or lounge, were served their meal on a tray, appropriately set with cutlery and condiments and the meal was covered prior to leaving the kitchen. The menu on the day of the inspection was a choice of roast chicken or fisherman pie, broccoli, carrots and creamed potatoes. The dessert was ice cream and fruit. The serving of the lunch was observed to be well organised. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance. All of the patients spoken with enjoyed their lunch. Comments received from patients included:

"Very happy with the food."
"Good choice, I choose what I want the day before."
"The food is very good, like home cooking."

Mealtimes were observed to be a busy time in the home; this was largely due to the number of patients who preferred to have their meals in their room. This was discussed with staff who were confident that patients individual needs were met at breakfast and lunch, however staff were less satisfied with the time available to serve the evening tea. Staff views were discussed with the general manager who agreed to review the serving of evening tea to ensure it met individual patient need. This review should include the opinion of patients and the deployment of staff. RQIA should be notified of the outcome of this review.

A choice of a hot or cold drink and homemade scones or buns were served to patients mid-morning and afternoon. There were no snacks available for patients who required a specialised diet; for example a soft or pureed diet. It is recommended that the provision of snacks at morning and afternoon tea is reviewed to ensure that there is provision for patients who require a specialist diet.

5.3.3. Management of nutrition

A review of care records evidenced that patients were weighed a minimum of monthly or more often in response to patient need. A review of five patients' care records evidenced that, where a patient was identified as losing weight appropriate action was taken and referrals were made to the relevant healthcare professionals. A dietician from the local health and social care trust visited the home monthly and review patients who staff had identified as at risk of malnutrition. Care records contained good details of the interventions prescribed and follow up by the home. The nursing sister, registered nurse and care staff spoke positively regarding these monthly visits and felt supported when managing patients' nutritional needs.

Food and fluid charts were maintained for those patients who were assessed as at risk of inadequate food or fluid intake. Fluid charts were reconciled at the end of each 24 hour period.

5.3.4. Comments of Patients, Patients' Representatives, Staff and visiting healthcare professionals

Discussion took place with 14 patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, staff response to nurse call bells and life in the home were positive. Patients did not raise any issues or concerns about care delivery in the home.

Comments included:

"I am content here, food is great."
"I have been here over 10 years and am very content with the care."
"I couldn't say a word about them, they look after me well."
"Activities are great."

Five patients' representatives spoken with confirmed that they were happy with the standard of care, meals and communication with staff in the home. One patient's relative asked to speak directly with the general manager. This request was shared with the general manager who readily agreed to arrange to meet with the relative individually.

Staff commented positively with regard to the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences.

RQIA met with one visiting healthcare professional who commented positively with regard to communication between staff within the home and with the South Eastern Health and Social Care Trust (SHSCT). The individual was confident that staff knew their patients, made referrals to the service in a timely manner and implemented recommendations made for any patient.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with general manager Ms Jenny Bell 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 DHSSPS 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 must be completed by the registered person/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. 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 35.7 **Stated:** First time **To be Completed by:** 1 March 2016	It was recommended that the general manager under an early morning unannounced visit to review the morning routine and ensure that patients' needs are met on an individual basis and not in response to staff routine.
	Response by Registered Person(s) Detailing the Actions Taken: The General Manager completed an early morning unannounced visit to review the morning routine. The residents who have expressed their wishes to get up between 6-7am are assisted with personal hygiene, dressing and they are taken a cup of tea. After discussing the review with the inspector we have reinforced to staff that resident wishes must be taken into account in the morning round.
Recommendation 2 **Ref**: Standard 12 **Stated:** First time **To be Completed by:** 1 March 2016	It is recommended that the serving of the evening tea is reviewed to ensure it meets individual patient need. This review should include the opinion of patients and the deployment of staff. RQIA should be notified of the outcome of this review.
	Response by Registered Person(s) Detailing the Actions Taken: The serving of evening tea was reviewed and discussed with the inspector. We have changed our routine - staff no longer have specific tasks so all assist with giving residents their meals and delivering trays. This ensures the evening tea service is completed in a timely manner.
Recommendation 3 **Ref**: Standard 12.1 **Stated:** First time **To be Completed by:** 1 March 2016	It is recommended that the provision of snacks at morning and afternoon tea is reviewed to ensure that there is provision for patients who require a specialist diet.
	Response by Registered Person(s) Detailing the Actions Taken: On the morning, afternoon and evening tea trolley a range of snacks is available, such as yogurts, fruit, home made traybakes (including pureed options), smoothies and mousses.

Registered Manager Completing QIP	Rosemary Lappin	**Date Completed**	15/03/2016
Registered Person Approving QIP	Derek Bell	**Date Approved**	15/03/2016
RQIA Inspector Assessing Response	Sharon McKnight	**Date Approved**	16-03-16

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

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