

# Inspection Report

19 July 2022



## Movilla House

Type of service: Nursing

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Movilla House Ltd  <b>Responsible Individual:</b> Mr Derek Alfred Bell	<b>Registered Manager:</b> Michaela Campbell – not registered
<b>Person in charge at the time of inspection:</b> Liz O'Neill, Sister until midday.  Michaela Campbell, Manager thereafter.	<b>Number of registered places:</b> 50
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 50 persons. The home is divided into two units with one on the ground floor and one on the first floor.	

## 2.0 Inspection summary

An unannounced care inspection took place on 19 July 2022 from 9.20am to 7.45pm by two care Inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was found to be clean and there was a welcoming atmosphere. Patients looked well cared for in that they were comfortable in their surroundings and attention had been paid by staff to patients' personal care and dressing needs.

Staff were seen to be busy throughout the day attending to patients' needs. Interactions between staff and patients were seen to be warm and compassionate.

There was an activity programme in place; patients' artwork was displayed on the walls and on the afternoon of the inspection, live musical entertainment was provided with many patients singing along.

Areas for improvement were identified in relation to records of staffs' registration status with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), infection prevention and control (IPC) practices, and governance. A number of areas for improvement identified at the last care inspection were assessed as not met and have been stated for a second time. Given the areas for improvement identified a serious concerns meeting resulted from the findings of this inspection.

The Responsible Individual (RI) attended the serious concerns meeting with RQIA on 16 August 2022.

During the meeting the RI discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Michaela Campbell, Manager, throughout and at the conclusion of the inspection.

Following the inspection RQIA received feedback from staff at Movilla House, this included issues around medication management, staffing arrangements and the general running of the home. This was discussed with the manager via a telephone call, who was aware of these issues and provided assurances that the issues discussed would be addressed.

#### **4.0 What people told us about the service**

Patients said that living in Movilla House was a positive experience. Patients said that they were happy with the cleanliness of the home, they enjoyed the activities on offer, and that the food was “excellent.” Patients said that they could avail of regular visits from family and friends.

Patients said that staff were pleasant and polite in manner and generally available to them when they needed. Some patients described staff as busy and rushed and that there was “not enough staff” to meet their requests. All of the comments were shared with the Manager who agreed to discuss them further with the patients. Staffing is discussed further in section 5.2.1.

Patients said that they enjoyed the activities programme and that they could pick and choose which sessions they participated in. Patients said that the food provided in the home was very good and that they enjoyed a variety of choices at each meal sitting.

Staff spoke openly of what they enjoyed about working in the home and what challenged them. All of the comments were shared with the Manager who agreed to address the comments which required further follow up.

Relatives told us that the care partner initiative was working well and described the care as “excellent” and they had “no complaints”.

Relatives said that the home was “always clean”, and that communication from the home was very good and they were kept informed about their loved ones needs and the running of the home.

Some relatives commented that they saw staff to be very busy at certain times of the day, and that they “don’t feel staff always have the time” required to assist at mealtimes. A selection of cards thanking staff for their care and attention were displayed in the home. Staffing is discussed further in section 5.2.1

Fifteen questionnaires were received from staff. Whilst some positive comments were provided, the respondents raised issues about staffing levels. All of the responses were shared with the Manager who provided a written response and action plan detailing how the issues would be addressed.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2)  <b>Stated:</b> First time	The registered person shall ensure that the required records about people employed in the home are maintained and available for inspection.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that staff recruitment records were more organised since the last care inspection and some pre-employment checks such as Access NI were in place. However, review of a sample of three staff recruitment records identified concerns that staff had begun working in the home prior to references being sought and other pre-employment information was not available within the files reviewed.  This area for improvement has not been met and is stated for second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time	The registered person shall ensure that access to sluice rooms containing cleaning or other chemicals and the electrical cupboard is restricted to staff only to ensure patients are protected from potential hazards to their safety.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Sluice rooms were safely locked. However, a storage cupboard along a main corridor was unlocked and contained cleaning chemicals and the electrical cupboard in the unlocked hairdressing room was also accessible to patients.  This area for improvement has not been met and is stated for second time.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that suitable arrangements are in place to reduce the risk of the spread of infection. This was relating to environmental issues, staff handling of used linen and the storage of incontinence products.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 10 (1) (2) (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider shall ensure that there is a clear plan to support the manager in relation to training specific to the role and ongoing clinical and managerial supervision. And that the registration for responsible person is reflective of actual day to day arrangements.</p> <p><b>Action taken as confirmed during the inspection:</b> Records pertaining to the manager's induction were not available for review during the inspection. During the meeting with RIQA on 16 August 2022 the Responsible Individual (RI) confirmed that a full handover of three weeks had taken place between the former and current managers. In addition the current manager was undertaking additional external professional development training with plans to attend further training in the near future. Given the assurances from the RI; RQIA are satisfied that this area for improvement has been met.</p> <p>Records pertaining to the current manager's induction will be reviewed during subsequent care inspections.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that care plans accurately reflect changes in the assessed needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	The registered person shall ensure that rationale for restrictive practices for the identified patient is clearly documented in a care plan: and that there is evidence of best interest discussions and regular review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A number of staff recruitment files were reviewed and some deficits were found. Employee references were not obtained prior to staff starting work in the home. One reference was obtained for one employee, but the reference was not adequate as the referee was not detailed in the person's employment history. Some employment histories were found to be incomplete. The human resources manager and home manager acknowledged some gaps in their own knowledge relating to safe recruitment in nursing homes. An area for improvement was identified.

During the serious concerns meeting with RQIA the Responsible Individual (RI) provided assurances regarding how recruitment practices were to be brought into compliance with regulations and standards and monitored to ensure compliance was sustained. As stated in section 5.1 an area for improvement in relation to recruitment has been stated for a second time.

Nursing Homes are required to ensure that nursing and care staff working in the home are registered with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). The manager did have a system in place for checking staffs' registration status and there was evidence that this was reviewed regularly. However, new nursing and care staff were not on the system nor was there a record maintained of the actions taken by the manager to address gaps found during the regular review. There was the potential that because of these gaps in the system that staff could work unregistered. Details were discussed



with the RI during the meeting on 16 August 2022 and assurances provided that a new more robust tracker would be developed. An area for improvement was identified.

There were systems in place to support staff with both online and face to face mandatory training. Some staff said that they would benefit from training in a wider range of topics relevant to the current patient conditions within the home, such as catheter care, stoma care, and diabetes awareness. The manager agreed to review the training needs of staff. Staff training will be reviewed during subsequent inspections.

Staff said there was good team work and this was evident throughout the day. However, some staff said that morale was low at times due to workload demands and recent changes in shift patterns. Some staff felt they were not listened to or supported by senior staff. Some staff felt that there was a lack of communication from management. This was discussed with the manager who provided assurances about planned improvements for communication for the whole home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

While staff were observed to be busy, the numbers of staff on duty did meet the care needs of the patients.

Feedback from staff, relatives, and patients indicated that they were sometimes concerned about staffing levels and they felt that staff were not always available in a timely manner.

Review of the staff duty rota and discussion with the manager confirmed that staffing levels were kept under regular review and adjusted to ensure the needs of patients were met. However, the manager agreed to monitor staffing levels given the comments made. Staffing arrangements will be reviewed during subsequent inspections.

It was observed during lunchtime that many patients needed full assistance with their meals. Meals were kept warm until care staff were available to those who needed assistance. Care staff were very attentive and encouraging and chatted with patients, the atmosphere was warm and social. Tables were set and condiments available. Some patients took a long time to assist but care staff did not rush them in any way.

Patients said staff always answered call bells and despite being busy they made themselves available, and that there were activities to do most days. This was evident by the displays of artwork and musical afternoon. Patients seemed to enjoy this.

Patients' relatives/visitors said that care is excellent and they had no complaints. The home was always clean, which was evident on inspection. Relatives said they were kept informed.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were seen to be interacting well with patients and chatting politely, and demonstrated a good understanding of individual patients' routines and preferences.



At times some patients were required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care. This was evident from the care records reviewed.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. There were computerised input systems on the walls throughout the home and staff were seen regularly inputting nutrition and manual handling activities they had carried out. It was evident from review of records that care was being accurately recorded.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected these patients' needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example use of correct footwear, and patient areas were maintained free from clutter or obstacles.

Examination of records and discussion with the manager confirmed that the risk of falling was well managed. However some records showed that neurological observations were not routinely being carried out following an unwitnessed fall. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was calm and unhurried. There was a good choice of food available which patients enjoyed. The food served was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Staff were aware of specialist advice when supporting patients to eat their meals. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

There was evidence that patients' weights were checked at least monthly to monitor for unplanned weight loss or gain. If required, records were kept of what patients had to eat and drink daily. Drinks were provided in all rooms; however these were not always within reach of the patient. This was discussed with the manager who gave assurances that she would address this.

Patients described the food served as "excellent". Catering staff said there was always three choices on the menu at each sitting. Staff were seen to visit each patient to assist with meal choices.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and

included any advice or recommendations made by other healthcare professionals such as speech therapy, dieticians, GPs, podiatrists etc. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. A selection of care records indicated that patients' preferred times for going to bed were not always followed. This was discussed with the manager and assurances were provided that this would be reviewed.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home environment evidenced that the home was clean, homely and free from malodours. Bedrooms were personalised with pictures and items important to the patient. Communal areas were well decorated with up to date calendars. Furniture was suitable and comfortable. A few fabric chairs were frayed at the arms and would be difficult to clean. This was discussed with the manager who agreed to remove or repair any furnishings that could not be effectively cleaned.

Patients confirmed that they had choice in how and where they spent their time and were seen to utilise communal lounges and dining rooms and also to avail of the privacy of their own bedrooms.

Patients said that their rooms were kept clean and tidy and relatives stated that the home was always clean. Relatives said that they always found the home to be clean

There was a hairdressing salon onsite for the patients. It was noted that the hairdressing room was kept unlocked when not in use and there was access to an electrical cupboard in this room. Sluice rooms were found to be secured properly, however a cleaning store containing chemicals was found to be easily accessible and did not meet Control of Substances Hazardous to Health (COSHH) regulations. This was discussed with the manager and action was taken immediately to make safe.

During the serious concerns meeting with RQIA the RI provided assurances regarding how risks to patients were to be managed and monitored to ensure the improvements made were sustained. As stated in section 5.1 a previous area for improvement has been stated for a second time.

Fire exits were mostly clear; however one fire exit on the first floor had bin bags of rubbish sitting near it which may have impeded wheelchairs in event of an evacuation. This was discussed with the manager who agreed to address this practice with staff, and arranged for the bags to be removed immediately.

Other fire safety measures were in place. For example fire extinguishers were easily accessible and fire drills were conducted regularly.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, visiting/care partner arrangements included lateral flow testing, signing in, hand hygiene and appropriate use of personal protective equipment (PPE). Also any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at key moments and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. It was observed that some staff, including senior staff, were not bare below the elbow in line with the regional infection prevention and control manual. Two staff were seen to wear gel nails/polish, and one staff wore a wrist watch. It was also incorrectly recorded in an IPC audit that staff were allowed to wear nail polish. In addition, the wearing of wrist watches is not conducive to safe moving and handling of patients and has the potential to cause harm to patients' skin. An area for improvement was identified. Details were also discussed with the RI during the serious concerns meeting to clarify the IPC guidelines and the role of senior staff as role models in accordance with their professional standards.

Visiting arrangements were managed in line with DoH and IPC guidance. Patients and relatives commented positively about the visiting arrangements.

Some relatives availed of the DoH care partner initiative and said that this was working well.

#### **5.2.4 Quality of Life for Patients**

Discussions with patients confirmed they could choose how they spent their day. For example if they wanted to take part in activities or watch TV or just stay in their rooms. Care staff were observed offering choice of meals and drinks. Many patients were seen to participate in the afternoon musical entertainment session, with many singing along to the live music.

There was a range of activities offered within the home including arts and crafts, music, animal therapy etc. There were different activities every day and patients had choice in whether or not they participated in these. Patients' birthdays were marked with a 'this day in history' newsletter, personalised for each patient.

It was positive to see patients' artwork on display throughout the home and other homely touches such as scenic pictures of Northern Ireland. There was an activities board, which was up to date and included the afternoon of music. The activities coordinator demonstrated awareness of patient likes and dislikes and understood the importance of patient involvement in planning activities.

Patients said that they enjoyed the choice of activities available. One patient suggested more old time movies such as *The Quiet Man*. This was discussed with the activities coordinator who immediately made arrangements for that patient.

Patients could attend the communal dining room for meals and there was seen to be a social atmosphere at the lunch time sitting.

Patients said they had regular visitors and relatives said they could attend the home every day if they wished. Visiting was encouraged by the home and this added to the homely atmosphere.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been a change in management of the home since the last inspection, Mrs Michaela Campbell has been in post since October 2021. It was positive to note that the manager was taking part in the 'My Home Life' programme run by the University of Ulster and sponsored by the Department of Health.

The manager was in the process of applying for registration with RQIA and was aware of tools to help support this process such as the RQIA manager's self-assessment.

The manager was very familiar with the patients' needs and the routines of the home, having stepped up from a senior nursing role within the home. The manager acknowledged that the role of manager was vastly different from that of a senior nurse and that they were learning the role and responsibilities 'on the job'. The manager demonstrated openness to learning and developing their knowledge.

Each service is required to have monthly monitoring visits completed by the RI or a representative on their behalf. Monthly monitoring records were reviewed and found to include consultation with patients, relatives and staff, and to comment on some aspect of the running of the home. The RI had delegated the monthly monitoring visits and reports to the human resources manager who was based in the home. It was evident during discussions and review of recruitment records, they had some gaps in knowledge around care home regulations. To ensure that the report is sufficient to provide the RI with an accurate overview of how the home is performing in relation to regulatory requirements and to drive quality improvement an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. She had recently completed adult safeguarding training. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff competencies were reviewed and the only available records were medication management. These were up to date. However, we discussed with the manager that further competencies were advisable for nurses in charge of the home in the absence of the manager.

Online training was up to date and face to face training was in progress, just a bit slower due to annual leave and the trainer being unavailable. The manager stated she is looking at further training for staff.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*5	1

\*The total number of areas for improvement includes two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michaela Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the required records about people employed in the home are maintained and available for inspection.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A full audit of recruitment records has been carried out and all are complete. The Interview Assessment Form has been updated for clarity.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that access to sluice rooms containing cleaning or other chemicals and the electrical cupboard is restricted to staff only to ensure patients are protected from potential hazards to their safety</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Staff meeting took place to reinforce this. Cupboard checks added to the management Daily Checks. During the period surrounding the inspection there was no Domestic Supervisor in post, this position has now been filled and the Domestic Supervisor took up post in the latter part of October 2022.</p> <p>Electrical contractors written to to ensure their staff are aware that electrical cupboards must not be left unlocked and unattended for any period of time.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all staff adhere to infection prevention and control guidance when working in the home, and that issues relating to the wearing of gel nails, nail polish, and wrist watches are addressed.</p> <p>Ref :5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Infection Control Hand Hygiene training arranged and completed. Uniform policy has been updated to include gel nails for the avoidance of doubt.</p> <p>The staff member who wore a smart watch on the day of the inspection, and at no other time, did so due to their own health concern. They removed it immediately.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29 (1) (a) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p> <p>With immediate effect</p>	<p>The registered provider shall ensure that if the monthly monitoring visit and report is delegated to another person, that the nominated person has sufficient knowledge and skill to undertake this task and to provide the home manager with information to drive improvement necessary to maintain compliance with regulations and standards.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The gaps identified have been addressed and the report has been updated in line with the inspectors recommendations.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p> <p>With immediate effect</p>	<p>The registered provider shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are recorded to rule out head injury.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> CNS observations are now completed for all unwitnessed falls for a period of 24 hours even if there is no concern regarding a head injury.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2005)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p> <p>With immediate effect</p>	<p>The registered person shall ensure that a robust system is in place that prevents nurses or care staff working unregistered with their respective regulatory bodies. It is good practice to ensure a record is kept of any actions taken by management as part of this system.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Whilst the system may not have been documented in the manner in which RQIA/inspector prefers it has worked without issue for many years.</p> <p>The same system for monitoring staff registration with NMC and NISCC has been in place for many years without issue and RQIA have not reported an area for improvement previously. However Movilla House has developed a new more robust tracker to suit the inspector's preferences.</p>

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



## **Appended Comments**

### ***4.0 What people told us about the service & 5.2.1 Staffing Arrangements***

Whilst staff may be busy at times recommended staffing levels are maintained at all times. All mandatory training is up to date and additional training is given where appropriate. Movilla House does not understand why any such comments would be made. In the 10 months prior to the inspection training carried out includes: manual handling, fire, BLS, infection control, continence training, wound care and diabetes.



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