

Inspection Report

31 January 2023



Movilla House

Type of service: Nursing

Address: 51 Movilla Road, Newtownards, BT23 8RG

Telephone number: 028 9181 9399

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Movilla House Ltd Responsible Individual: Mr Derek Alfred Bell	Registered Manager: Michaela Campbell – not registered
Person in charge at the time of inspection: Michaela Campbell	Number of registered places: 50
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 patients accommodated in the nursing home on the day of this inspection: 47
Brief description of the accommodation/how the service operates: 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 inspection took place on 31 January 2023 from 10.35 am to 5.00 pm by two care inspectors.

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

Patients were well presented in their appearance and looked comfortable. Patients spoke in positive terms about their experiences living in Movilla House and were complimentary about the services provided and their interactions with staff. Some patients in one unit expressed their concern that staffing levels were not sufficient. This was discussed with the Manager who agreed to review the deployment of staff on that unit. Further details of patients' feedback can be found in section 4.0 and throughout the body of this report.

Staff were seen to be busy in the delivery of care throughout the inspection. Good teamwork and communication was observed to help staff meet the needs of patients in a timely and efficient manner.

The home was clean, warm, well-lit, decorated to a good standard, and free from malodour.

Areas for improvement identified from the last care inspection were reviewed and assessed as met. New areas for improvement were identified in relation to the recording of Nurse in Charge competencies and capabilities, and infection prevention and control practices in communal bathrooms; specifically, around clinical waste management and clutter.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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.

4.0 What people told us about the service

During the inspection we consulted with patients, staff and relatives who were visiting their loved ones. Their experiences are detailed in this section and throughout the body of this report.

No relative questionnaires were received within the allocated timeframe.

Patients told us that their overall experience living in Movilla House was positive. Particular highlights for patients were the food, the care, and their relationships with staff. Patients said the food was "excellent" and described staff as "hard working", "lovely", and "extremely good at their jobs." About care delivery and availability of staff, patients said, "we are spoilt", "the place is brilliant", "great care", and "staff come when I press the buzzer."

While patients were very complimentary about staffs' efforts, attitude, and interactions, some patients in one unit expressed concern about staffing arrangements and told us how this sometimes impacted on their experience; "the care is second to none but the staff are extremely busy...the girls never stop and do the work of two or three people", "you can't expect perfection when they are short staffed", "the staff are excellent but run off their feet...they don't have time for anything above the very basics", "sometimes I have to wait a long time if they are busy", and "I don't get up because I have to wait too long to get back to bed."

Patients' comments were discussed with the Manager who agreed to review the staffing arrangements and deployment in that unit. The Manager gave assurances that staffing arrangements and patients' dependencies were kept under regular review.

Relatives said that they were very satisfied with the care and services provided in the home and that they were kept informed of any changes in their loved ones' needs. No relative questionnaires were returned to RQIA within the allocated timeframe.

Staff described good teamwork and were well supplied with materials and training to carry out their roles and responsibilities. Ten survey responses were received from staff following the inspection, nine of which raised concern about staffing arrangements. Staff concerns raised as a result of this feedback have been addressed directly with the Provider.

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 19 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Stated: Second time	The registered person shall ensure that the required records about people employed in the home are maintained and available for inspection.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Regulation 14 (2) Stated: Second time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 4 Ref: Regulation 29 (1) (a) (b) (c) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 5 Ref: Regulation 13 (1) (a) (b) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff recruitment records were reviewed and it was established that improvements had been made in the staff pre-employment recruitment process to protect patients. The home's recruitment policy had also been reviewed and rewritten since the last inspection.

New staff were provided with an induction to their role and were allocated protected time to work alongside more experienced staff and to become familiar with the policies and procedures in the home.

Staff demonstrated an understanding of their roles and responsibilities within the home.

It was established that improvements had been made with regards to the system for monitoring staffs' registration with their professional bodies. Newly employed staff were added to the tracking system as soon as they commenced work.

Review of records and discussions with staff showed that there were systems in place to ensure good communication between departments, staff and management. Each department had a communication record which contained memos and updates from management, and there was evidence of regular staff meetings taking place.

Duty rotas accurately reflected the name of the Nurse in Charge of the home when the Manager was not on duty, the staffing levels and the staff skill mix working in the home on a daily basis. It was noted that the initials for staffs' first names were used on the rota. However, duty rota records should clearly state the first and surnames of staff to ensure transparency and avoid miscommunications. This was discussed with the Manager who explained that another version of the duty rota which contained staffs' full names was available on a master template but was unsure why this alternative version was published. The Manager agreed to rectify this by discontinuing any unauthorised versions of the rota.

To ensure that at all times the Nurse in Charge of the home, when the Manager is not on duty, is equipped in with the necessary competencies and capabilities, it is required that that person undergoes a Nurse in Charge assessment. Records showed that the nursing staff had medication competencies in place but did not have Nurse in Charge competencies. The Manager agreed to address this and an area for improvement was identified.

Staff were seen to be very busy and conducted their duties in a warm and compassionate manner. Staff told us that patients' welfare and comfort were important to them.

Staff said that there was good teamwork and described staff comradery as "like being in a family." Staff spoken with said that they were supported to do their jobs through a good supply of materials and equipment, and that they were kept informed of issues and events relevant to their department.

Staff spoken with did not express any concerns in relation to the staffing levels and observations evidenced that patients' needs were met as previously stated. However, 10 survey responses were received from staff following the inspection, nine of which raised concern about staffing arrangements. As stated in section 4.0, questions raised as a result of this feedback have been addressed directly with the Provider.

Patients spoke highly of staff saying that staff were excellent and "they always have a smile...nothing seems too much for them."

In one of the units the comments about staffing arrangements were overwhelmingly positive, with no concerns expressed, while patients on the other unit said that there was not always enough staff in the home to provide a timely response to their needs or to carry out duties "above the very basics." Patient experience was discussed with the Manager who agreed to review the deployment of staff on that particular unit. Staffing arrangements will be reviewed again at future inspections.

Relatives said that they were satisfied with the staffing arrangements and described staff as excellent.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff demonstrated knowledge of patients' needs, their daily routine and preferences. Each unit maintained a diary to ensure important activities such as blood tests and appointments were not missed.

The management of falls was reviewed. Records showed that patients assessed as being at increased risk of falling had care plans in place which detailed the person-centred measures used to reduce this risk. For example, the use of mobility aids, direct assistance or supervision from staff with mobility, or the use of specialist equipment such as grab bars or alarm mats.

Care records showed that appropriate action was taken in the event of a patient falling and neurological observations were recorded as part of the post falls protocol for actual or suspected head injuries; this included falls not witnessed by staff.

Good nutrition is vital for the physical health of patients and a positive dining experience not only supports social wellbeing but encourages overall nutritional health. The serving of lunch was observed and found to be a relaxed, social, and unhurried experience for patients. A range of drinks and condiments were available.

Menus showed at least two options of meals per sitting, including options for those patients on modified diets. The food was attractively presented and portion sizes were generous. One patient commented that they found the portion sizes to be too big and overwhelming. The menu choice records showed that patients were asked about their preferred meal size, however this patient said that their preference was often ignored. This was brought to the attention of the Manager who gave assurances that this would be followed up with the patient and resolved.

Patients said that they enjoyed the food, describing it as “excellent”, “one hundred percent, top class”, and “tastes great.” Patients also confirmed that if they did not like the choices on the menu that they could ask for an alternative.

Staff were seen to maintain food handling standards and to provide assistance and/or encouragement where required. Staff told us how they were made aware of patients’ individual nutritional needs and confirmed that patient care records and good communication were important to ensure patients received the correct diet.

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.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home’s environment included reviewing a sample of bedrooms, storage spaces, communal lounges, communal bathrooms, and the dining room.

The home was clean, warm, well lit, and decorated to a standard in keeping with a homely style. There were no malodours detected.

Corridors were clean and clear from unnecessary clutter and fire doors and exits were free from obstruction.

Areas containing potentially hazardous materials such as cleaning chemicals, electrical equipment, and medications were secured and accessible only to relevant staff.

A number of communal bathrooms were found to be cluttered with commodes and trolleys obscuring clear access routes to the toilet or sink. In addition, it was noted that some clinical waste bags were overflowing and in one bathroom filled clinical waste bags were on the floor. An area for improvement was identified.

Patients told us that they were happy with the level of cleanliness in the home. Domestic staff confirmed that they maintained records of cleaning duties and that they were adequately supplied with cleaning materials.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, visitors were encouraged to wear face coverings and to use the hand hygiene facilities, and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to be bare below the elbow, to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

5.2.4 Quality of Life for Patients

There was a range of activities provided for patients by the activities coordinators and the programme showed a variety of sessions which included social, community, cultural, religious, spiritual and creative events.

Patients told us that they were able to choose how they spent their day and it was observed that staff offered choices to patients throughout the day which included preferences for where they wished to sit, outfit choices, and music or television shows they wished to have on.

Patients comments regarding their experience of living in the home are detailed in section 4 and the patients' mealtime experience was discussed in section 5.2.2.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Visitors were seen to come and go without issue and patients confirmed that they could avail of communal spaces or host their visitors in the privacy of their bedrooms.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Michaela Campbell had been in post since October 2021 and is in the process of applying for registration with RQIA.

Each service is required to have monthly monitoring visits completed by the RI or a representative on their behalf. Review of records and discussion with the HR Manager confirmed that monitoring was carried out each month and the findings were reported to the Provider via a Director at monthly senior management meetings.

Monitoring visits resulted in a written report each month and these reports were available for review by patients, their representatives, the Trust and RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Patients said that they knew how to report any concerns and said they were confident that the person in charge would address any concerns appropriately.

Staff spoken with during the inspection said that the Manager was approachable and that they felt listened to if they raised any concerns or suggestions. The staff survey responses received following the inspection raised concerns in relation to some management arrangements. Staff concerns raised have been addressed directly with the Provider.

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
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Michaela Campbell, Manager, and Catherine Archibald, HR 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	
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 28 February 2023	The registered persons shall ensure that any nurse taking charge of the home in the absence of the Manager has completed a Nurse in Charge competency and capability assessment. Ref: 5.2.1
	Response by registered person detailing the actions taken: Previous Nurse in Charge competency and capability assessment had lapsed this has been reviewed and has been reinstated.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	The registered persons shall ensure that communal bathrooms are maintained clutter free and clinical waste bags are managed in accordance with regional IPC guidance. Ref: 5.2.3
	Response by registered person detailing the actions taken: Meeting held in February with staff to highlight outcomes and learnings from inspection. Checking communal bathrooms in relation to the above has been added to the management Daily Checks.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

