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Inspector: Bridget Dougan
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Unannounced Care Inspection
of
Mountvale

8 March 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1 Summary of Inspection

An unannounced care inspection took place on 08 March 2016 from 11.00 to 17.30 hours.

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

Overall on the day of the inspection, the care 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.

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

For the purposes of this report, the term 'patients' will be used to described those living in Mountvale Care Home which provides both nursing and residential care.

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 05 November 2014.

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	1	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Mrs Linda Kennedy, Registered Manager and Mr Trevor Gage, Responsible Person as part of the inspection process. The timescales for completion commence from the date of inspection.

2 Service Details

Registered Organisation/Registered Person: Mountvale Private Nursing Home Ltd / Mr William Trevor Gage	**Registered Manager:** Mrs Linda Kennedy
Person in Charge of the Home at the Time of Inspection: Mrs Linda Kennedy	**Date Manager Registered:** 18 June 2012
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 51
Number of Patients Accommodated on Day of Inspection: 50	**Weekly Tariff at Time of Inspection:** £593 - £677

3 Inspection Focus

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

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4 Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from previous inspections
- the previous care inspection report.

During the inspection, the inspector met with 20 patients individually, two registered nurses and eight care staff.

5 The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 9 September 2015. The completed QIP was returned and approved by the pharmacy inspector.

Review of Requirements and Recommendations from the Last Care Inspection on 5th November 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 19(1)(a) Schedule 3, 2(k) **Stated:** Third time	The registered person must maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts must be accurately maintained to evidence the care delivered and the date the record was completed. **This requirement is stated for the third and final time. Failure to comply will result in enhanced enforcement actions.**	**Met**
	Action taken as confirmed during the inspection: A sample of repositioning charts were reviewed and had been accurately maintained to reflect the care provided.	
Requirement 2 **Ref**: Regulation 15(2)(a) **Stated:** First time	The responsible person must ensure that patient risk assessments are updated monthly as required.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of six patients' care records evidenced that risk assessments had been updated monthly as required.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 19.2 **Stated:** First time	It is recommended that the responsible person review and update the policy documentation on continence management, stoma care and catheter care to ensure that it fully reflects current professional guidance documentation. Once updated the documentation should be available for all staff. The responsible person should also ensure that the following professional guidance documentation is readily available for staff; • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN continence care guidelines	**Met**
	Action taken as confirmed during the inspection: The policy documentation on continence management, stoma care and catheter care had been updated to ensure that it fully reflects current professional guidance documentation. The above professional guidance documentation was also available in the home for staff to review.	
Recommendation 2 **Ref**: Standard 25.9 **Stated:** First time	It is recommended that the responsible person establish a residential category register separate from nursing category patients. This should minimise the risk of breaching current registration conditions which limit the number of residential category persons permitted to be resident in the home at any given time.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that a system had been devised where the names of the residents were highlighted on the board in the registered manager's office. Registered nurses were familiar with the residential category persons accommodated in the home.	

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with two registered nurses and six care staff confirmed that they were knowledgeable regarding this policy and procedure.

A sample of training records reviewed evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. Training in relation to palliative and end of life care included guidance for breaking bad news as relevant to staff roles and responsibilities. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

Is Care Effective? (Quality of Management)

Six care records examined reflected patients' individual needs and wishes regarding end of life care. Recording within records included reference to the patient's specific communication needs, including sensory and cognitive impairments.

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

Two registered nurses consulted, demonstrated her ability to communicate sensitively with patients and /or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

Is Care Compassionate? (Quality of Care)

Observations of delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Discussion with 20 patients individually evidenced that they were happy living in the home. Patients confirmed staff were polite and courteous and that they felt safe in the home.

Areas for Improvement

No areas for improvement were identified.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These policies and procedures referenced current best practice guidance.

Training records evidenced that twenty seven staff were trained in palliative and end of life care during June 2015. Six nurses completed a three day palliative care course in 2014 and two nurses attended syringe driver training in 2015. In discussion with the registered manager it was agreed that the number of staff who have completed training in respect of end of life care should increase with a focus on care staff. A recommendation has been made.

Discussion with registered nursing staff and a review of six care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and other specialist practitioners.

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

The registered manager was the palliative care link nurse for the home and attended regular liaison meetings with the Trust.

There was no formal protocol for timely access to any specialist equipment or drugs. However, nursing staff consulted with demonstrated an awareness of the procedure to follow, if required.

Is Care Effective? (Quality of Management)

A review of six care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. However, there was no evidence that the patient's religious, social and cultural preferences were also considered. A recommendation has been made.

A computerised care records system was in operation and the care plan evaluation records could not be made available, therefore the inspector was unable to validate that care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. Discussion with two registered nurses and the registered manager advised that care plans had been reviewed at least monthly. Audits of care records were completed by the registered manager on a monthly basis and the findings indicated that assessments and care plans were in place and reviewed regularly. A requirement has been made with regard to the availability of care records.

A named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the registered manager, two registered nurses and a review of six care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/ representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications of deaths to RQIA evidenced these were notified in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

Is Care Compassionate? (Quality of Care)

Discussion with nursing staff demonstrated an awareness of patient's expressed wishes, needs and preferences regarding end of life care. However, as previously discussed six care plans reviewed did not include the patient's specific wishes in respect of their cultural and spiritual needs.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating them to stay overnight with their loved ones.

From discussion with the registered manager, registered nurses and care staff and a review of the compliments records there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Eight staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included support from management, peer support and also reflections at staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

The registered person must ensure that records of the review of patients care plans are at all times available in the home for inspection.

It is recommended that update training on palliative and end of life care is provided for all care staff relevant to their roles and responsibilities

Number of Requirements:	**1**	**Number of Recommendations:**	**1**

5.4 Additional Areas Examined

5.4.1 Consultation with patients and staff

Discussion took place with 20 patients individually. Comments from patients regarding the quality of care, food and in general the life in the home were very positive.

A number of patients were unable to express their views due to the frailty of their condition. All patients appeared well presented and comfortable in their surroundings. Nine patients completed questionnaires. No concerns were raised. A few comments are detailed below:

- "everything here is quite good."
- "the food is good and you get as much as you want."
- "I feel it is a very good home and have been made to feel very welcome."
- "I am well looked after and I wouldn't want to change."

The inspector did not have an opportunity to speak with patient representatives on the day of the inspection. Questionnaires were left with the registered manager for relatives to complete and none were returned at the time of writing this report.

Eight staff took the time to speak with the inspector and seven staff completed questionnaires. The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. One member of staff raised an issue regarding communication. The staff member was concerned that staff were not always made aware of when patients' diets had been changed. This was discussed with the registered manager and a recommendation has been made.

A few staff comments are detailed below:

- "this home is like one big family. The majority of staff have been here a considerable amount of years. In my opinion the residents are very well looked after."
- "I am very happy working in Mountvale. I think it is a good nursing home and I would be happy to put my relatives in here."
- "We have a good team of carers who are all dedicated and show great empathy with the residents and relatives and the staff will try and cover shifts that need to be covered. Half of the staff have been here five years or more and this helps with the consistency of care and training of new staff."

5.4.2 Staffing

Staff duty rotas for weeks commencing 29 February, 7 and 14 March 2016 were reviewed.

Ground floor – occupancy on the day of the inspection: 23 patients

08.00 – 14.00 hours - 1 registered nurse, 4 care assistants **(**plus 1 registered nurse working between the two floors)
14.00 – 20.00 hours - 1 registered nurse, 3 care assistants
22.00 – 08.00 hours - 1 registered nurse, 2 care assistants

First floor – occupancy on the day of the inspection: 27 patients

08.00 – 14.00 hours - 1 registered nurse, 4 care assistants
14.00 – 20.00 hours - 1 registered nurse, 3 care assistants
22.00 – 08.00 hours - 1 registered nurse, 1 care assistant plus twilight shift (19.30 – 23.00)

Staffing levels and patient dependency levels were discussed with the registered manager. The registered manager confirmed that staffing levels were kept under review to ensure the care needs of patients were being met. The registered manager advised that two registered nurses and four care assistants had recently been recruited and were awaiting pre-employment checks.

5.4.3 Accident/Incident Records

Accident/incident records were reviewed for months September 2015 – February 2016. While monthly audits of accident/incidents had been completed, they were not comprehensive and did not include an analysis of any trends or an action plan to reduce the likelihood of similar accidents/incidents occurring in the future. A recommendation was made.

5.4.4 Infection Prevention and Control

A member of staff was observed leaving a patients bedroom with a soiled incontinence pad and disposing of it in a nearby bin in the sluice room. Whilst the staff member was wearing personal protective equipment, best practice guidance had not been adhered to. A recommendation was made.

Areas for Improvement

A recommendation has been made to ensure that any changes to patients' nutritional requirements have been included in their care plans and communicated to all relevant staff in a timely manner.

Monthly audits of accidents/incidents should be comprehensive and include an analysis of any trends and an action plan to reduce the likelihood of similar accidents/incidents occurring in the future.

The registered manager should ensure that staff adhere to infection prevention and control guidelines with regard to the disposal of clinical waste.

Number of Requirements:	**0**	**Number of Recommendations:**	**3**

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Linda Kennedy, Registered Manager and Mr Trevor Gage, Responsible Person 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	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 19 (2) (b) **Stated:** First time **To be Completed by:** 30 April 2016	The registered person must ensure that records of the review of patients care plans are at all times available in the home for inspection. **Reference: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Discussed with Caresys (Electronic Record Provider) and records of the review of patients care plans are now available in the Home at all times
Recommendations	
Recommendation 1 **Ref**: Standard 32 **Stated:** First time **To be Completed by:** 30 June 2016	The registered manager should provide update training on palliative and end of life care for all care staff relevant to their roles and responsibilities **Reference: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Training sessions arranged for remaining staff inPalliative care
Recommendation 2 **Ref**: Standard 12.5 **Stated:** First time **To be Completed by:** 31 March 2016	The registered manager should put in place an effective system to ensure all relevant staff are made aware of the individual dietary needs and preferences of patients. Any changes to patients' nutritional requirements should be included in their care plans and communicated to all relevant staff in a timely manner. **Reference: Section 5.4.1**
	Response by Registered Person(s) Detailing the Actions Taken: Staff meeting held with Care Staff and have discussed the importance of including this information in patient care plans updating staff at handover
Recommendation 3 **Ref**: Standard 35.8 **Stated:** First time **To be Completed by:** 31 March 2016	The registered manager should ensure that monthly audits of accidents/incidents are comprehensive and include an analysis of any trends and an action plan to reduce the likelihood of similar accidents/incidents occurring in the future. **Reference: Section 5.4.3**
	Response by Registered Person(s) Detailing the Actions Taken: Monthly audit Tool adapted to include Action Plan

Recommendation 4 **Ref**: Standard 46.2 **Stated:** First time **To be Completed by:** 31 March 2016	The registered manager should ensure that staff adhere to infection prevention and control guidelines with regard to the disposal of clinical waste. **Reference: Section 5.4.4** **Response by Registered Person(s) Detailing the Actions Taken:** Discussed this issue at staff meeting and clinical waste bags willl kept discreetly in patient bedrooms to reduce this risk.

Registered Manager Completing QIP	Linda Kennedy	**Date Completed**	12/04/16
Registered Person Approving QIP		**Date Approved**	
RQIA Inspector Assessing Response	Bridget Dougan	**Date Approved**	22/04/16

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