Unannounced Care Inspection Report
18 March 2021

Mountvale

Type of Service: Nursing Home (NH)
Address: Brewery Lane, Meeting Street, Dromore, BT25 1AH
Tel No: 028 9269 9480
Inspector: Heather Sleator

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 51 persons.

3.0 Service details

Organisation/Registered Provider: Mountvale Private Nursing Home Ltd **Responsible Individual:** William Trevor Gage	**Registered Manager and date registered:** Heather Joan Maxwell – 13 January 2020
Person in charge at the time of inspection: Heather Maxwell, Manager 12:00 to 15:00 hours Kathy Chambers, Deputy Manager	**Number of registered places:** 51 There shall be a maximum of one named resident receiving residential care in category RC-I.
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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 31

4.0 Inspection summary

An unannounced inspection took place on 18 March 2021 from 09.10 to 17.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Areas for improvement were identified regarding the care planning and review of care regarding responding to behaviours and fluid intake management, the patients dining experience, fire safety, accurate recording within the supplementary care records and ensuring a consistent approach to the daily taking and monitoring of staffs temperatures is in evidence.

Patients said that they felt they were well cared for by staff and commented, “You just have to ring the buzzer and the staff are there.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Heather Maxwell, Manager and Kathy Chambers, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with nine patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. Ten patients’ questionnaires and ten patients’ relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Tell Us’ cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 1 to 18 March 2021
- three staff competency and capability assessments
- three patients’ care records
- complaint records

- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- three staff recruitment and selection records
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 21 October 2019.

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 4

Stated: First time</td><td>The registered person shall ensure that care plans for the management of pain are completed for patients requiring regular pain relief.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The review of three patient care records evidenced that care plans for the management of pain were present and that the manager has included this aspect of care when auditing patient care records.</td></tr>
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6.2 Inspection findings

6.2.1 Staffing

We were assisted throughout the inspection by the deputy manager; Kathy Chambers as the manager was unable to be present for the whole of the inspection.

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The deputy manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "Good teamwork, I get job satisfaction here."
- "Good home, I like coming into the patients, you get to know them so well."
- "Good support, I could go to any of the nurses if I needed to."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. However, the assessments had not been signed by the registered nurse to verify that they deemed themselves to be competent. This was discussed with the manager who agreed to ensure that both her signature and the signature of the registered nurse were present. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going however, the manager also stated that due to Covid-19 individual supervision had not been undertaken as frequently as was usual. The manager stated that individual supervision with staff was recommencing. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

Discussion with the manager and a review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records evidenced that the manager had reviewed the registration status of nursing and care staff on a monthly basis.

We reviewed the minutes of staff meetings which evidenced that the last staff meeting held was in January 2021. In discussion with the manager it was stated that general staff meetings had been 'put on hold' due to Covid-19 . The manager stated that group supervision sessions with staff were held instead of a general meeting. Care staff spoken with confirmed that they receive a handover report before they commence duty.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and that the information was recorded. However, consistent records were not being maintained in regarding staffs temperatures and this has been identified as an area for improvement.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "I've had my Covid training and I feel better for having had the vaccine and weekly swabbing."

Visiting arrangements were pre-arranged with staff and a 'pod' which was accessed by the patio doors on the ground floor. The location of the visitors' pod meant that visitors were not walking through the main home and the responsible person stated that this minimised the potential health risk for other patients and staff. The responsible person stated that relatives were happy with the visiting arrangements; relatives receive a daily update via social media and can have 'facetime' phone calls with their relatives. The manager had implemented the care partner arrangements and there were a number of identified care partners at the time of the inspection.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. Walkways throughout the home were kept clear and free from obstruction. Shelving in one of the downstairs bathrooms required attention and the manager agreed to action this.

A copy of the fire risk assessment report and action plan was reviewed. The report was dated 25 June 2019. This was discussed and it was stated that due to Covid-19 in 2020 the fire risk assessment had not been updated. We were informed that the fire risk assessment inspection was planned for 8 April 2021. We received confirmation from the manager on 13 April 2021 that

the inspection had taken place and that a small number of recommendations had been made, for example adjustment of fire doors and fire warden training. The fire risk assessment should be reviewed annually and the home should be required to review the assessment with a short timescale. The review of the record of fire drills undertaken did not evidence that all staff had attended at least one fire drill per year. This has been identified as an area for improvement.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner throughout the inspection.

Some comments made by patients included:

- “Staff are very kind.”
- “Staff are fine, very friendly.”
- “It’s a lovely home but there’s no place like your own home.”
- “We’re not too badly done by.”
- “The girls try their hardest, they’re very kind.”
- “You just have to ring the buzzer and the girls are there.”
- “The food is brilliant; they give you as much as you want.”

One questionnaire from a patient’s representative was completed and returned to RQIA. The respondent indicated that they were very satisfied that the care was safe, effective and compassionate and that the service was well led. There were no additional comments made. We also spoke to the relative of a patient. The relative commented;” They’re very good here, they keep us informed when we visit and we phone every day.”

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible) and to assist patients to the visitors pod when their planned visit was due to take place. As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives and care partners visiting their loved ones at the home.

We spoke with the staff who led the activity programme in the home. An activities programme was displayed with a range of activities. The activities coordinator chairs monthly patients meetings with the last meeting being held in February 2021. The activities coordinator provides a range of activities including; beauty therapy, spelling bee, proverbs, quizzes, arts and crafts and armchair exercises. The staff member also stated that currently their focus is providing one to one social engagement and support to patients during this period of restrictions. The review of patient care records evidenced that the activities coordinator records in the patient progress notes any activity the patient had participated in.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Social distancing was maintained in the dining room and lounge areas during the mealtime. Patients' were offered a choice of fluids to accompany their meal and their menu choice.. Staff were helpful, attentive and in discussion they demonstrated their knowledge of patients' dietary preferences. However, there was a lack of an appropriate tray service to patients in their bedrooms or lounge areas. The need for a review of the patients' dining experience was discussed with the manager and has been identified as an area for improvement.

6.2.4 Care records

We reviewed three care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exceptions were in relation to care planning for responding to behaviours that challenge and fluid intake management. The review of a patient's care plan regarding behaviour management did not clearly specify how the behaviour presented, any known triggers or how to respond/diffuse the behaviour. The review of fluid intake management did not identify a clear rationale as to why fluid intake management was required or the steps to take if the daily fluid intake was over or under the desired daily target for a consecutive number of days. This was identified as an area for improvement. The review of the management of wound care management and post falls management was in accordance with best practice guidance.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

The review of the supplementary care records, for example repositioning records and weight management records, maintained by care staff, did not evidence a clear and consistent approach to recording. These records should also be reviewed and monitored by the registered nurse responsible for the delivery of care in the home or specific floor of the home to ensure the appropriate and timely intervention is given. This has been identified as an area for improvement.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: "Good support, I could go to any of the nurses or the manager, I have gone to the manager in the past."

There were numerous 'thank you' cards displayed and messages received via social media, comments included:

- "You are all very kind, keep up the good work in keeping all safe, including yourselves."
- "Well done to you all, keep up the good work."
- "Fantastic job management and staff have done throughout Covid-19."
- "Keep up the good work."

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion. We observed the use of third party bedrails on a number of patients' beds. This was discussed with the manager who stated bedrails are checked on a regular basis by the maintenance personnel. We discussed the specific guidance regarding third party bedrails issued by the Department of Health. The manager was aware of the guidance and stated that she would print the guidance and give this to the maintenance person to ensure the correct measurements and direction for the use of the bedrails is followed and monitored.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A designated visit by the responsible person was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for December 2020 and January and February 2021 were reviewed. An action plan within these reports had been developed, where necessary, to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified regarding the care planning and review of care regarding responding to behaviours and fluid intake management, the patients' dining experience, fire safety, accurate recording within the supplementary care records and ensuring a consistent approach to the daily taking and monitoring of staffs temperatures is in evidence.

	Regulations	Standards
Total number of areas for improvement	1	4

6.3 Conclusion

Feedback was given to the deputy manager at the conclusion of the inspection. Findings of the inspection were also discussed with the manager up to the time the manager was available. Areas of good practice were identified and the areas for improvement were discussed and agreed.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Maxwell, Manager and Kathy Chambers, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 12 (1) (a) and (b) **Stated:** First time **To be completed by:** 30 April 2021	The registered person shall ensure that the treatment and other services provided to each patient meet individual needs and reflect current best practice in relation to : • responding to behaviours • fluid intake management. Ref: 6.2.4
	Response by registered person detailing the actions taken: Responding to behaviours. Staff are now clear that they are required to record the exact content of resident conversations and detail their behaviour . Care plans now reflect behaviour and identifiable triggers and the response/management in relation to difussion using current best practice. Fluid intake management Where a resident has a restriction or a requirement, this is detailed within the care plan and on each fluid intake recording sheet. General monitoring of intake to identify potential issues continues.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time **To be completed by:** Immediate action	The registered person shall ensure that accurate records are maintained, on a daily basis, of staffs' temperatures as per regional and departmental guidance. Ref: 6.2.2
	Response by registered person detailing the actions taken: One central record is now kept at the entrance for all staff temperatures. This is checked regularly to ensure compliance.
Area for improvement 2 **Ref**: Standard 48 **Stated:** First time **To be completed by:** Immediate	The registered person shall ensure that evidence is present that all staff have participated in a fire drill at least once a year. Ref: 6.2.2
	Response by registered person detailing the actions taken: Fire drills have recommenced following Covid restrictions within the home and are ongoing on a monthly basis. Attendance and performance is recorded.

Area for improvement 3 **Ref**: Standard 12 **Stated:** First time **To be completed by:** Immediate	The registered person shall ensure that the patient dining experience is reviewed to ensure it is in accordance with best practice. The dining experience should be monitored on a regular basis. Ref: 6.2.3
	Response by registered person detailing the actions taken: The resident dining experience has been reviewed and is monitored as an ongoing process.
Area for improvement 4 **Ref**: Standard 4.8 and 4.9 **Stated:** First time **To be completed by:** Immediate	The registered person shall ensure that supplementary care records, for example, repositioning records and weight management records are maintained in a clear and consistent manner and reviewed by the registered nurse in charge of the delivery of care. Ref: 6.2.4
	Response by registered person detailing the actions taken: Repositioning recording sheets have been reviewed. Staff have been reminded to ensure weight management records are consistant and are routinely transferred to the digital recording system maintained within the home. The Manager continues to retain a separate record and continues to audit weight management within the home.

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

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