Unannounced Secondary Care Inspection

Name of establishment:	**Mountvale**
RQIA number:	**1491**
Date of inspection:	**5 November 2014**
Inspector's name:	**Linda Thompson**
Inspection number:	**20123**

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Mountvale
Address:	Brewery Lane Meeting Street Dromore Co Down BT25 1AH
Telephone Number:	028 92699480
E mail Address:	nursemanager@mountvalepnh.co.uk
Registered Organisation/ Registered Provider:	Mountvale Private Nursing Home Ltd
Registered Manager:	Ms Jean Dougan (Acting)
Person in Charge of the Home at the Time of Inspection:	Eileen Kennedy registered nurse in charge
Categories of Care:	Nursing NH - I NH - PH NH - PH (E) RC - I (Max 7 persons)
Number of Registered Places:	51
Number of Patients Accommodated on Day of Inspection:	47
Scale of Charges (per week):	£581 Nursing / Physical disability £461 Residential
Date and Type of Previous Inspection:	4 July 2014, secondary unannounced inspection
Date and Time of Inspection:	5 November 2014 09.30 – 13.00 hours
Name of Inspector:	Linda Thompson

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

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

- Discussion with Responsible individual
- Discussion with the registered nurse in charge of the home in the absence of the manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Consultation process

During the course of the inspection, the inspector spoke with:

Patients	15 individually and to others in small groups
Staff	9
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service. Matters raised from the questionnaires were addressed by the inspector either during the course of this inspection.

Questionnaires were also available for patients/residents and their representatives. The inspector assisted a number of patients/residents with the completion of the questionnaires.

Issued to	**Number issued**	**Number returned**
Patients / residents	9	9
Relatives / representatives	0	0
Staff	10	9

1.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Mountvale Private Nursing Home is located centrally in town of Dromore, County Down and is close to main transport routes and local amenities.

The nursing home is owned and operated by Mountvale Private Nursing Home Ltd.

The responsible individual is Mr William Trevor Gage.

The current registered manager is Linda Kennedy who is on planned leave of absence.

The acting home manager is Jean Dougan.

Accommodation for patients/ residents is provided on both floors of the home

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on both the ground floor and first floor areas.

The home also provides for catering and laundry services on the ground floor.
A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 51 persons. Up to 7of the 51 beds can be used to support residential care if required.

The home is registered to provide care in the following categories of care:

Nursing Care

NH - I Old age not falling into any other category
NH - PH Physical disability other than sensory impairment - under 65 years
NH - PH (E) Physical disability other than sensory impairment – over 65 years

Residential Care

RC - I Old age not falling into any other category. Maximum of 7 residents

Car parking is provided to the front of the home.

The registration certificate is appropriately displayed in the front entrance area of the home.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Mountvale. The inspection was undertaken by Linda Thompson on 5 November 2014 from 09.30 to 13.00 hours.

The inspector was welcomed into the home by Eileen Kennedy registered nurse in charge of the home in the absence of the home manager. Ms Kennedy was available throughout the inspection. Mr Trevor Gage responsible person joined the inspection midway through. Verbal feedback of the issues identified during the inspection was given to Mr Gage and Ms Kennedy at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/ residents and staff. The inspector observed care practices, examined a selection of records, issued patient and staff questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 4 July 2014, three requirements and one recommendation were issued.

These were reviewed during this inspection. The inspector evidenced that two requirements were fully complied with and one requirement was evidenced to be moving towards compliance and is restated for a third and final time. Failure to achieve compliance will result in enhanced enforcement actions. The recommendation stated previously is complied with.

Details can be viewed in the section immediately following this summary.

Prior to the inspection, the registered persons completed a self-assessment using the criteria outlined in the standards inspected. This self-assessment was received by the Authority in September 2014. The inspector has reviewed the responses provided however due to a change in inspection focus they have been unable to validate the statements provided by the registered person.

The comments provided by the registered person in the self-assessment were not altered in any way by RQIA. See appendix one.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the theme inspected. However, areas for improvement were identified in relation to the further development of policies in respect of continence.

The level of compliance of the continence standard is assessed to be substantially compliant.

Additional areas for improvement include the updating of assessment of patient need in respect of risk assessments and the completion of nursing care records in respect of change of position records. It is also recommended that the responsible person considers the use of a separate register for residential category residents to ensure that the total number of residents supported within the home is always appropriately maintained.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Therefore, two requirements (one restated for a third and final time) and two recommendations are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, the responsible person the registered nurse in charge of the home and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19(1)(a) Schedule 3, 2(k)	The registered person shall 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.	The inspector examined three patient care records to validate compliance with the requirement as stated. Whilst in general there are good contemporaneous notes of daily care delivered the records of change of position continue to evidence; • a lack of compliance in the required repositioning time prescribed • an incomplete record of the pressure areas checked • evidence that the registered nurse in charge of the patient had reviewed the data and was satisfied with the care delivered The responsible person must ensure that the repositioning records contain comprehensive details of the care delivered at each change of position and that the registered nurse has evidenced that the prescribed care has been appropriately delivered. **This requirement is stated for a third and final time. Failure to appropriately comply will result in enhanced enforcement action.**	Moving towards compliance

2.	14 (2) (b)	The registered person should ensure that any activities in which patients participate are free from avoidable risks.	The inspector can confirm that the identified risk has now been appropriately addressed.	Compliant
3.	13(7)	In the interest of infection prevention and control, the following issues are required to be addressed; • the carpet in the main communal lounge on the ground floor and the first floor was observed to be stained in several places. Both carpets should be deep cleaned to remove the stains or replaced. • one patient's bedroom contained several opened boxes of catheter equipment which were stored on the floor, and on top of the wardrobe. Medical/nursing equipment should be stored in an appropriate storage facility. • one patient's bedroom contained opened boxes of wound dressing products stored in un-lidded plastic container on the patient's bedroom floor. • pressure relieving cushions should be reviewed for 'wear	The inspector can confirm that all areas within the home were observed to be clean and well maintained. The carpet in the communal lounge on the ground floor and the 1st floor were clean and fresh. Medical equipment was not observed to be stored in patient's bedrooms. Wound dressing equipment was not observed to be stored in the patient's bedroom. All pressure relieving cushions in the communal lounge areas were in good	Compliant

		and tear', two cushions on chairs in the main lounge on the ground floor were observed to be torn and therefore cannot be effectively cleaned.	condition.	

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.12	Regulation 29 reports should be kept in the nursing home and be available on request.	The inspector examined a number of recent regulation 29 reports which were appropriately available in the home.	Compliant

4.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection 4 July 2014, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Mountvale.

5.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken for patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The inspector raised concerns regarding the frequency of review of patient risk assessments under the management of one identified registered nurse. **A requirement has been made to ensure that all patients' needs assessments specifically risk assessments are updated at least monthly plus as required.** The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Review of three patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Substantially compliant

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
The inspector examined the homes policy on continence management. A number of improvements are required to ensure that staff are appropriately guided in respect of; • continence management / incontinence management • stoma care • catheter care The inspector can also confirm that the following guideline documents were available electronically; • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence Discussion with staff revealed that they did not have an awareness of these guidelines. A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis: • 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 **A recommendation is raised.**	Moving towards compliance

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discussion with the registered nurse in charge and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the registered nurse in charge revealed that all the registered nurses in the home were deemed competent in female and male catheterisation.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Substantially compliant**

6.0 Additional Areas Examined

6.1 Care Practices

During the inspection staff were noted to treat the patients/residents with dignity and respect. Good relationships were evident between patients/residents and staff.

Patients/residents were well presented with their clothing suitable for the season. Staff were observed to respond to patients'/residents' requests promptly. The demeanour of patients/residents indicated that they were relaxed in their surroundings.

6.2 Patients' Views

During the inspection the inspector spoke to 15 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"I am very happy with everything here."
"Food is very good."
"The home is clean and tidy."
"My room is always kept clean and I am happy with everything."

6.3 Staffing/Staff Views

The inspector examined duty rotas spanning a three week period. Review of duty rotas indicated that the staffing arrangement exceeded RQIA's recommended minimum staffing guidance for nursing homes for the number of patients currently accommodated.

During the inspection the inspector issued 10 questionnaires to staff 9 of which were returned. All questionnaires were very positive in respect of care delivery and quality of training in the home. One staff member did state that they felt they did not have sufficient time to talk with patients/residents. The inspector was unable to validate this statement given the staffing levels available. This matter was discussed with the registered nurse in charge and will be considered as a possible staff time management issue.

Examples of staff comments were as follows;

"I am very happy working in the home."
"This is a good home we work well as a team."
"The patients and residents are well cared for."

6.4 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

6.5 Patient Register

The inspector sought to validate compliance with the registration of residential care beds within the home. The current registration allows for up to seven residents to be cared for at any one time.

The inspector questioned the registered nurse in charge as to the number of residential category persons were resident at the time of the inspection. Some confusion regards the number was noted as the inspector was informed that the number was currently seven then updated to six. However following a count of the register by the inspector the actual number according to the colour coding system in use was three.

Given the potential for error in this situation it is recommended that a separate register be maintained for nursing category and residential category patients. Clear guidance on the residential register should illustrate the maximum number of residential persons who can be supported within the current registration restrictions.

A recommendation is raised.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Trevor Gage responsible person and Ms Eileen Kennedy registered nurse in charge, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 • **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Criterion 5.1 Prior to the patient being admitted to the home the Nurse Manager requests detailed care plans and risk assessments from the placing care management trust staff, Following admission information previously received as well as the information gathered during the admission process and the home or hospital visit in addition to the initial assessment of the patient on admission, detailed risk assessments are undertaken and collated using the home's computerised care record system Caresys. A detailed care plan is produced by the home's nursing staff based on the twelve activities of living using the Roper, Logan and Tierney model of nursing. Criterion 8.1 As part of the admission process a detailed validated Nutritional Screen tool MUST is used to undertake the nutritional status of all newly admitted patients to identify and address their Nutritional needs and risks. Criterion 11.1 A pressure ulcer risk assessment that includes nutrition, pain and continence is undertaken as part of the initial admission process where possible and on admission to the home for each patient, this in addition, along with the clinical judgement of the homes professional nurse is used to identify issues for inclusion in the patient's care plan.	Substantially compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 • **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.** **Criterion 11.2** • **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.** **Criterion 11.3** • **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.** **Criterion 11.8** • **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.** **Criterion 8.3** • **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Criterion 5.3 On admission to the home a named nurse is allocated to each new patient who has responsibility for all aspects of the planning and agreeing in conjunction with the patient, their representatives and healthcare professionals, the nursing interventions which meet the identified nursing needs of the individual patient under their care Criterion 11.2 The home has in place appropriate referral arrangements to obtain support externally from relevant healthcare professionals who have the necessary expertise in relation to tissue viability. Criterion 11.8 The home has in place referral arrangements with respect to expertise in relation to the diagnosis, treatment and care for patients who have lower limb or foot ulceration. Criterion 8.3 The home has in place referral arrangements with the local placing Health and Social Care Trusts with respect to assessing the individual nutritional requirements and developing nutritional treatment plans, these plans are further developed using appropriate health professionals input and adhered to.	Substantially compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 • **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The home delivers effective holistic care. The plans are re-assessed and amended on an ongoing daily basis, as required or when a change occurs Care Plans are reviewed on an at least monthly basis and documented accordingly this is in addition to annual care management reviews which include input from the patient, patients representatives, nursing home nursing staff, care management as well as any other relevant healthcare professionals	Substantially compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Criterion 5.5 The home has access to professional bodies such as NMC, NISCC as well as both local and national standard setting bodies such as Department of Health and Social Services and Public Safety DHSSPS, N.I.C.E, R.Q.I.A. etc. Criterion 11.4 The home has in place a validated pressure ulcer grading tool based upon the Northern Ireland Wound Care Formulary as well as the Pressure Ulcer Prevention standard drafted by EPUAP and NPUAP The tool is used to screen patients who have skin damage, the results of which along with appropriate clinical judgement is used to plan relevant care. Criterion 8.4 Staff have access to up to date nutritional guidlines which are used on a daily basis.	Substantially compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 • **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.** **Criterion 12.11** • **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.** **Criterion 12.12** • **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.** **Where a patient is eating excessively, a similar record is kept.** **All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Criterion 5.6 All contemporaneous nursing records, of nursing interventions, activities, procedures etc are maintained in line with NMC guidelines. The records also include outcomes with respect to the patients. Criterion 12.11 The home retains detailed records of the meals chosen and provided by the home to each patient, the detail of which is sufficient that the diet of the individual patients can be judged as satisfactory and if not then appropriate action can be taken. Criterion 12.12 Where a patient becomes unable or refuses to eat or eats excessively, a record is kept of the amount of food and fluids consumed or refused. Where this occurs nursing staff will review and refer the patient to the relevant professional for consultation and any changes to the patients care plan are implemnted in consultation with the patient and their representatives.	Substantially compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The nurse on duty on a day to day basis monitors, reviews and documents the care which has been provided . In addition there are documented reviews at agreed regular intervals as deemed necessary with input from patients and their representaives. Evaluation is undertaken using recognised benchmarks and any outcomes actioned and implemented.	Substantially compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 • **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.** **Criterion 5.9** • **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Criterion 5.8 The home's patients where they are able are encouraged to attend and contribute to the care review meetings which involve the local Health and Social Care Trusts, they are also facilitated in as many aspects of the reviewing of care outcomes relating to them as possible. Criterion5.9 The results of all reviews and the minutes are formally recorded with all parties including the patient (where possible) and patient representative circulated and involved in any implemented change to the nursing care plan as well as being kept informed of progress towards agreed goals which are set.	Substantially compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.** **A choice is also offered to those on therapeutic or specific diets.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Criterion 12.1 The patients within the home are provided with a range of nutritious varied meals,the home prides itself in providing resident with traditional home cooking with the menu changed every six months after a patient menu survey is carried out to reflect resident preference as well as seasonal vegetables, Food purchased by the home is monitored for quality and freshness by the home's catering staff. The home in drafting new menus consults the local dietician as well as consulting the latest Nutritional Guidance documentation. Criterion12.3 The home's operates a rotating three week menu which at each of the main meals offers a choice, if the patient does not chose any of the options then a specific meal of choice is cooked. Choice is available to all residents including those on therapeutic or specific diets, patients have their meals including those on pureed diets presented in an appetising manner.	Provider to complete

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 • **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.** **Criterion 12.5** • **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.** **Criterion 12.10** • **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Criterion 8.6 The Nursing staff employed in the home have up to date knowledge and skills in relation to managing feeding techniques specifically for patients who have swallowing difficulties staff have attended training on 4th of March 2014 with the RCN In addition staff attended MUST training on the11th March 2014 run by the SHSCT The nursing staff have and use the services of the local Health and Social Care Trust Speech and Language Therapist services as required. Criterion 12.5 The meals within the home are provided at times which are are at the patients preference and convenience.. Hot and cold drinks and snacks are available on a twenty four hour basis for the patients, snacks are available for patients at intervals between main meals or upon request. Fresh drinking water, juice and cordials are available on a twenty four hour basis. Criterion 12.10 Where there are issues with regards to specific patients eating and drinking this is communicated to all staff on duty as well as being detailed in the patients care plan and the level of assistance required as well as any necessary equipment or utensils required. Criterion 11.7 The nursing staff within the home have attended wound care training organised by the RCN on the 3rd of June 2014 and have the necessary experience and expertise to undertake wound assessment and apply wound care products and dressings as directed by the tissue viabilty nurse.	Provider to complete

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Substantially compliant

Quality Improvement Plan

Secondary Unannounced Care Inspection

Mountvale

5 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Trevor Gage responsible person and Ms Eileen Kennedy registered nurse in charge of the home either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19(1)(a) Schedule 3, 2(k)	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.** **Ref section 5.0**	Three	Registered Person maintains contemporaneous note of all nursing provided to the patient Repositioning charts are maintained accurately to evidence the care delivered, with daily date completed. New repositioning charts are in place.	Immediate and on going
2.	15(2)(a)	The responsible person must ensure that patient risk assessments are updated monthly as required. **Ref section 5.0**	One	All risk assessments are audited monthly and updated and more often as required.	Immediate and ongoing

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.2	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 **Ref section 5.0**	One	The policy documentation with respect to continence management, stoma care and catheter care has been reviewed and updated to reflect current professional guidance and made available for staff. The professional guidance documentation listed is readily available	By end December 2014

2.	25.9	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. **Ref section 6.5**	One	Residential register is in place.	By end December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jean Dougan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Trevor Gage

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	Yes	Linda Thompson	26/11/14
Further information requested from provider			