



Unannounced Care Inspection Report

11 June 2019



Mountvale

Type of Service: Nursing Home

Address: Brewery Lane, Meeting Street, Dromore BT25 1AH

Tel No: 028 9269 9480

Inspectors: Julie Palmer and Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 registered nursing home which provides care for up to 51 patients.

3.0 Service details

Organisation/Registered Provider: Mountvale Private Nursing Home Ltd Responsible Individual: William Trevor Gage	Registered Manager and date registered: Kathy Chambers Acting Manager
Person in charge at the time of inspection: Kathy Chambers	Number of registered places: 51
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: 47 A maximum of 1 named resident receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 09.05 hours to 18.50 hours.

This inspection was undertaken by the care and pharmacist inspectors.

The term 'patient' is used to describe those living in Mountvale which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

In relation to the care, evidence of good practice was found in relation to communication and consultation, the culture and ethos in the home, the mealtime experience, training, the redecoration plan, staff induction and the care provided to patients.

Areas requiring improvement were identified in relation to recruitment, maintaining a schedule of supervision and appraisal, environmental infection prevention and control issues, updating care plans post fall, wound care recording, creating an annual quality report and including more information in the monthly quality monitoring report.

In relation to medicines management, there was evidence of good practice regarding the completion of personal medication records, the management of controlled drugs and the storage of medicines.

Whilst we acknowledged the progress made in addressing six of the seven areas for improvement identified at the last medicines management inspection, one area for improvement regarding robust auditing systems has been stated for a third and final time. We also identified three new areas for improvement regarding medicine related incidents, the administration of medicines prescribed for distressed reactions and the management of medicines which require to be crushed and/or added to food.

As a result of this inspection, RQIA was concerned that the medicine management issues evidenced during the inspection had the potential to affect the health and well-being of patients. A decision was taken to hold a serious concerns meeting to discuss the outcome of the inspection with the registered persons. The meeting was held at RQIA Belfast office on 18 June 2019 (see Section 4.1).

Patients described living in the home as being in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*5	*8

*The total number of areas for improvement includes one under the regulations which has been stated for a third and final time, two under the regulations which have been stated for a second time and two under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Kathy Chambers, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The evidence seen during the inspection in relation to the management of medicines raised concerns that this aspect of the quality of care was below the standard expected. The registered person was invited to attend a serious concerns meeting in RQIA on 18 June 2019 to discuss the inspection findings and their plans to address the issues identified. The owner of the home, the responsible individual and the manager were in attendance.

During the meeting, the management team provided an action plan and details of the completed/planned actions to drive improvement, to ensure that the concerns raised at the inspection were addressed. Assurance was given that the concerns were being addressed by Mountvale Private Nursing Home Ltd. Following the meeting RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered person that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 21 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 21 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, medicines management or finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 16 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training and appraisal and supervision records

- incident and accident records
- two staff recruitment and induction files
- patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- records of staff meetings
- complaints and compliments record
- a sample of monthly quality monitoring reports from August 2018
- RQIA registration certificate
- medicines received/medicines disposed of
- personal medication records
- medicine administration records
- controlled drug record book
- medicine storage temperatures

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 outstanding areas for improvement from previous inspections

Areas of improvement identified at the last care inspection were reviewed. Of the 12 areas for improvement, eight were met; four were partially met or not met and have been included in the QIP at the back of this report.

Areas of improvement identified at the last medicines management inspection have been reviewed. Of the seven of areas for improvement, six were met; one was not met and has been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 3 to 16 June 2019 evidenced that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with current staffing levels. However, they stated that there had been recent issues with short notice leave in the home and Easter had been a particularly difficult period because of this. This was discussed with the manager who stated that bank or agency staff were used to provide cover where necessary and that short notice leave was managed via return to work interviews and the home's absenteeism policy. The manager also confirmed that recruitment was ongoing and two new health care assistants will commence employment later in the month.

Staff commented that:

- "It's generally good here."
- "I do like working here."
- "I really enjoy it."

We also sought staff opinion on staffing via the online survey; no responses were received.

The majority of patients spoken with were satisfied that there were enough staff on duty to meet their needs with only one patient feeling that this was not always the case.

Patients' visitors spoken with were also satisfied that there were enough staff on duty; one did comment that staffing levels were "not good sometimes" but were satisfactory most of the time.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires. Six responses were received; five respondents indicated they were satisfied/very satisfied with staffing levels. However, one respondent indicated they were very dissatisfied with staffing levels as their relative was "not getting to the toilet when she needs and being left too long on the commode". These comments were brought to the attention of the manager following the inspection to enable her to take action to prevent this happening again in future.

Review of two staff recruitment and induction files evidenced that enhanced criminal checks had been completed to ensure staff were suitable to work with patients in the home prior to commencing work there. However, we noted that a gap in the employment history for one member of staff had not been explored and this area for improvement will therefore be stated for the second time.

Discussion with staff confirmed that they had completed, or were in the process of completing, a period of induction. Review of records confirmed staff supervision and appraisals were undertaken but no schedule was maintained for this; an area for improvement was made.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns; they were able to identify the adult safeguarding champion for the home. Staff spoken with also confirmed they were aware of the home's whistleblowing policy.

Staff demonstrated their knowledge of how to deal with a safeguarding issue. There was evidence that regional protocols were followed and the relevant authorities were notified in the event of a safeguarding issue arising.

We observed that staff used personal protective equipment (PPE), for example aprons and gloves, appropriately and that these were readily available throughout the home.

A review of the home's environment was carried out and included observations of a sample of bedrooms, bathrooms, shower rooms, lounges, storage areas, sluices, treatment rooms and dining rooms. The home was found to be warm, well decorated and fresh smelling throughout.

We observed that infection prevention and control (IPC) issues which had been identified at the previous care inspection had been addressed and the necessary improvements had been made. However, additional IPC issues were identified during this inspection, for example, a shower drain cover was not secured; a fridge in the first floor dining room required more effective cleaning; the area under the stairs was cluttered and untidy; flooring needed to be replaced in one identified bedroom and various items had been inappropriately left on the floor in an identified bathroom. These issues were brought to the attention of the manager and this area for improvement will be stated for a second time. The manager should further ensure that staff receive additional training in IPC measures and that this training is embedded into practice; an area for improvement was made.

An oxygen mask in use for one identified patient required to be replaced. This was brought to the attention of the manager who agreed it would be replaced immediately and that, in future, staff would monitor equipment used for administration of oxygen to ensure effective cleaning and/or replacement was carried out as necessary.

A redecoration plan was in place; we observed that some bedrooms had already been tastefully redecorated and the manager confirmed that the remainder will be completed in due course.

Review of care records evidenced that a range of validated risk assessments were completed and informed the care planning process for patients. Where practices were in use that could potentially restrict a patient's choice and control, for example bedrails, validated risk assessments and care plans were in place, consent was obtained where appropriate and care plans were regularly reviewed and evaluated.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of records confirmed staff had received mandatory training in fire safety.

Management of medicines

The following areas were examined during the medicines management inspection and were found to be satisfactory: admission process with regards to medicines management; the completion of most medicine records; controlled drugs, antibiotics, high risk medicines and pain.

However, we evidenced that a number of patients had missed doses of their medicines; this included two prescribed medicines which had not been recorded on the current administration records and this oversight had not been noted by the staff and two medicines had been out of stock, one on the day of the inspection. There was no evidence that any missed doses due to lack of supply of the medicine were reported to management or considered as notifiable events to RQIA. An area for improvement was made.

In relation to record keeping, most of the medicine records were well maintained; however, we could not determine if two other medicines had been administered as prescribed. The need to ensure that the patient's personal medication records and corresponding medication administration records are checked at the beginning of each medicine cycle and as part of the administration of medicines process was highlighted. A significant audit discrepancy was also identified in one liquid medicine.

We identified an apparent recording error in the dose administered regarding one medicine; however, we were unable to conclude if this was the case, as a copy of the most recent medicine regime was not available. The registered person advised that this had been investigated and it was concluded that legibility of hand writing was the contributory factor and was being addressed.

Most of the medicines were stored safely and securely. Whilst there was improvement in ensuring the medicines were removed once the expiry date had been reached, we observed expired blood glucose monitoring solutions in each treatment room. These were removed from stock.

These findings indicate that despite the auditing processes which had been put in place, there are still deficits in ensuring there are safe systems for medicines management and patients are being administered their medicines as prescribed. An area for improvement has been stated for a third and final time. We highlighted that the Quality Improvement Plans should form part of the internal auditing processes including the monthly Regulation 29 monitoring visits, to ensure the areas for improvement made have been effectively addressed and sustained. We were provided with an action plan detailing the corrective action already taken and planned action to drive the necessary improvements which included training and record keeping.

There were instances when medicines were required to be crushed and/or added to food. This was discussed with staff who were familiar with the patient's medicine administration requirements; however, there should be evidence of the decision making process which had been completed and this should be included in the patient's care plan. An area for improvement was made.

We reviewed the administration of medicines prescribed for distressed reactions. Some nursing staff had recorded the reason, but this was not routine practice. The reason for and outcome of each administration should be clearly recorded. An area for improvement was made.

As part of the inspection we noted that one spacer inhaler device required washing or replacing. It was agreed that this would be addressed with immediate effect and regular monitoring commenced.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding, reporting concerns, the redecoration plan, the management of controlled drugs and the completion of personal medication records.

Areas for improvement

Additional areas for improvement were identified in this domain in relation to ensuring a supervision and appraisal schedule was implemented and maintained, staff training in IPC measures, reporting of medicine related incidents, records regarding the administration of medicines prescribed for distressed reactions and the management of medicines which are crushed and/or added to food prior to administration.

	Regulations	Standards
Total number of areas for improvement	0	5

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met. Patients unable to voice their opinions appeared to be comfortable, content and settled in their surroundings. Patients able to express their opinions commented positively about the care they received; they told us:

- “I feel well looked after.”
- “No complaints it couldn’t be better.”

Patients’ visitors spoken with were also satisfied with the care provided, comments included:

- “On the whole fairly good.”
- “I’ve no complaints.”
- “Some minor issues but on the whole good.”

Review of five patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals. There was evidence of consultation with the patient and/or their representative in the care records reviewed.

Review of the care records for two patients who had been recent admissions evidenced that their care plans had been completed within five days of admission. The care plans for a third patient were still being completed. This was discussed with the manager who assured us that night staff would finalise the care plans that evening to ensure these were also completed within five days of admission. The manager contacted RQIA the following day to confirm the records had been completed. This area of improvement had been met.

Patients’ weights were monitored on at least a monthly basis and there was evidence in the care records reviewed of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients’ daily food and fluid intake was recorded and these records were up to date.

We reviewed the management of wounds and observed that recording on wound charts was up to date; this area for improvement had been met. However, the wound care delivered was not consistently recorded and evaluated in the daily records; this area for improvement had been partially met and has been stated for a second time.

Review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary. Post falls management had been identified as an area for improvement. Review of care records evidenced that clinical and neurological observations were carried out following a fall. However, risk assessments and care plans reviewed were not consistently updated within 24 hours of all falls. This area for improvement had been partially met and has been stated for a second time.

Validated risk assessments and care plans were also in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use if directed. Repositioning charts reviewed were completed as per the recommended repositioning schedule of individual patients.

We observed the serving of lunch in the first floor dining room. The menu was displayed on a white board, condiments were available and staff offered patients a selection of drinks throughout the meal. A registered nurse oversaw the mealtime. Clothing protectors were worn by patients if required. Staff confirmed there were sufficient numbers of clothing protectors available; this area for improvement had been met.

Staff demonstrated their knowledge of how to thicken fluids for patients and which patients required a modified diet. The food smelled appetising and was well presented. Patients who had changed their mind about their menu choice were offered alternatives. Staff were seen to be very helpful to patients throughout the mealtime which was a calm and unhurried experience.

Patients spoken with said they had enjoyed their lunch; comments included:

- “Dinner was lovely.”
- “The food is great.”
- “The food is first class.”
- “The food is very good.”

However, one patient felt that the food was “a bit monotonous but tasty enough” and another that it was “just okay”. This was brought to the attention of the manager who assured us that regular resident food satisfaction surveys were completed and that the chef endeavoured to cater for all tastes as far as possible. We observed that staff obviously knew patients well and were aware of their likes and dislikes. They demonstrated effective communication skills with patients and did not rush them.

We discussed the storage of thickening agents and nutritional supplements with staff who verified that these items were stored in unlocked cupboards in the dining room. We observed that staff ensured these items were returned to the cupboards following meal times and at no stage where they left out unattended. However, storage of these items was discussed with the manager as this represented a potential risk to patients who could access the thickening agents; an area for improvement was made in relation to risk assessment of storage of these items.

Staff spoken with confirmed they attended a handover at the beginning of each shift. Staff also demonstrated their knowledge around the importance of maintaining confidentiality when discussing patient information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, consultation, referral to the multidisciplinary team, communication between patients and staff and the mealtime experience.

Areas for improvement

An additional area for improvement was identified in this domain in relation to the risk assessment of the safe storage of thickening agents and supplements.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection we spoke with 10 patients about their experience of living in Mountvale. Patients spoke positively about life in the home and the care they received, they told us:

- “I have 100 per cent piece of mind.”
- “Staff go out of their way to help you.”
- “I find it very good here.”

We observed that patients who were unable to voice their opinions appeared to be content and settled both in their surroundings and in their interactions with staff.

Patients’ relatives spoken with were complimentary about the care provided; they commented:

- “Staff are lovely.”
- “This place is like heaven.”
- “My husband is comfortable and that is the main thing.”

Staff interactions with patients were observed to be kind and caring; they treated patients with dignity and respect. Staff were observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy was maintained.

The weekly activity planner was well displayed throughout the home. The activity co-ordinator was on duty during the inspection; local nursery school children came in to sing to the patients in the morning and there was a painting session in the afternoon. Other activities on offer throughout the week included gentle exercises, bingo, paper clipping, aromatherapy and poetry. A pet therapy session had been scheduled for later in the month and staff said this was always a very popular activity with the patients. Room visits and one to one activities were scheduled for those patients who were unable, or preferred not, to join in.

Patients' spiritual needs were taken into account; Sunday worship was part of the activity programme and representatives from local churches visited regularly.

Staff spoken with commented positively about community involvement; local schools and groups were encouraged to visit the home. Shopping trips were arranged in the local area.

A record of thank you cards received was maintained, comments made included:

- "Mum was always very happy and content whilst in your care."
- "She enjoyed the care, attention and company of the many members of staff."
- "The service provided was excellent and very professional."
- "I want to sincerely thank you for your kindness."
- "Thank you for all the care, love and support you showed our mum."

The views of patients and their relatives were sought via surveys, for example, relatives' satisfaction survey and residents' food satisfaction surveys. A residents' meeting was held on a monthly basis. However, an annual quality report had not been compiled to reflect upon and review the quality of nursing and other services provided in the home and an area for improvement was made.

We observed that staff communicated effectively both with patients and with each other. The atmosphere within the home was friendly and relaxed. The culture and ethos within the home appeared to be positive. Staff spoken with were knowledgeable regarding their roles and responsibilities. Patients spoken with said they felt staff listened to them and took their views on board.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and the activities on offer.

Areas for improvement

An area for improvement was identified in this domain in relation to completion of an annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. However, there had been a recent change in management arrangements and whilst RQIA had been notified of the change an updated certificate of registration had not yet been issued.

Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked was recorded.

Staff spoken with told us that the recent changes in management arrangements had been problematic and unsettling; they felt that they had lacked effective leadership and support as a result of these. However, staff were aware that a new manager had been recruited and was due to commence employment in August 2019; they were satisfied with the arrangement in place until then. Staff said that the manager was supportive and approachable. They also commented positively about working in the home:

- "I love it."
- "I'm very happy."
- "We do work well together."
- "Teamwork is good, we all get on well."

We discussed the comments made by staff regarding management arrangements with the manager who assured us she was aware the situation had been unsettling but she was working hard to provide staff with the necessary support and continuity they required until the new manager was in post.

Not all patients spoken with were aware of the management arrangements although patients' visitors said that they had been kept well informed of the changes and they referred to the manager by her first name.

Patients' visitors spoken with were aware of the procedure for making a complaint. We observed that there was a system in place for recording complaints received; this area for improvement had been met.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, use of restrictive practices, wounds, falls and infection prevention and control practices. An action plan was developed where shortfalls were identified. This area for improvement had been met.

We reviewed a sample of monthly quality monitoring reports from August 2018 onwards. These were not sufficiently detailed and did not contain information on areas for improvement identified at previous inspections or on progress made to address these areas. We discussed this with the manager and also advised that more information and a report template was available, if required, on the RQIA website. An area for improvement was made in relation to the monthly quality monitoring report.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of records confirmed that the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. The evaluation of the effect of training on practice and procedures was evidenced in the monthly audits; this area for improvement had been met. However, as previously noted in section 6.3 additional staff training was required with regard to IPC measures.

Nurses who were left in charge of the home had completed the necessary competency and capability training.

Staff meetings were held on a quarterly basis; this had been identified as an area for improvement at the previous care inspection. Review of records assured us that this area for improvement had been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and the systems in place to manage complaints and incidents.

Areas for improvement

An area for improvement was identified in this domain in relation to the monthly quality monitoring report.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathy Chambers, 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 13 (4) Stated: Third and final time To be completed by: 12 July 2019	The registered person shall develop and implement a robust auditing process which covers all aspects of medicines management. Ref: 6.3
	Response by registered person detailing the actions taken: Medicines management audit has been revised, new systems are in place which cover all aspects of medicines management.
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. Ref: 6.3
	Response by registered person detailing the actions taken: Infection prevention and control within the home has been reviewed. Additional training has been delivered and practices are monitored to ensure ongoing compliance.
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. A post fall risk assessment should be completed within 24 hours of all falls. Ref: 6.4
	Response by registered person detailing the actions taken: Clinical and neurological observations are carried out following all falls. This is recorded in the patients care record. Falls risk assessments are reviewed within 24 hours following a fall and this is part of our monthly audit.
Area for improvement 4 Ref: Regulation 17 Stated: First time To be completed by: 11 October 2019	The registered person shall ensure an annual quality report is compiled in order to reflect upon and review the quality of nursing and other services provided in the home. Ref: 6.5
	Response by registered person detailing the actions taken: The annual quality report has been compiled and reflects upon and reviews the quality of care and services within Mountvale.

<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2019</p>	<p>The registered person shall ensure the monthly quality monitoring report is sufficiently detailed and contains information on areas for improvement identified at previous inspections and/or on progress made to address these areas.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Person has revised the monthly quality monitoring report to contain a more detailed reflection on areas of improvement and progress within Mountvale</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the reason for leaving previous employment is recorded and any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Recruitment and selection documentation has been revised and interviewers now sign to confirm that reason for leaving previous employment and any gaps in employment have been identified and discussed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the outcome of care delivered is monitored and recorded contemporaneously. In addition, it is subject to review at agreed intervals and there is evidence of evaluations. This area for improvement is made in with specific reference to wound care management.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Wound care and supporting documentation is now monitored daily. Monthly wound care audits have been revised to capture the complete cycle of care. The outcome of wound care is recorded and evaluations are in place.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2019</p>	<p>The registered person shall ensure that a staff supervision and appraisal schedule is implemented and maintained.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A staff supervision and appraisal schedule is in place, is implemented and is ongoing.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2019</p>	<p>The registered person shall ensure that staff receive additional training in infection prevention and control measures and that this training is embedded into practice.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Additional training in Infection Prevention and Control has been delivered and will be repeated to capture each staff member. Practice is monitored on a daily basis.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 12 July 2019</p>	<p>The registered person shall review the management of incidents to ensure that staff recognise that when there is no supply of a medicine, this is reported to management and RQIA.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The supply of medicines to each patient is now monitored on a daily basis. Where there is a shortfall this has been reported to management and RQIA. Monitoring of supply is ongoing.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 12 July 2019</p>	<p>The registered person shall review the management of distressed reactions to ensure that the reason for and outcome of each administration of medicine is recorded.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: New documentation has been introduced to support the management of distressed reactions including both reason and outcome.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2019</p>	<p>The registered person shall ensure that where medicines are crushed and or added to food prior to administration, evidence of professional advice is in place and also recorded in the patient's care plan.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Evidence of professional advice is in place for those residents receiving any medicines which have been crushed or added to food. This is recorded in the care plans.</p>

Area for improvement 8 Ref: Standard 30 Stated: First time To be completed by: 18 June 2019	The registered person shall ensure thickening agents and nutritional supplements are safely and securely stored and that a risk assessment of storage arrangements is completed. Ref 6.4 Response by registered person detailing the actions taken: A risk assessment has been completed and thickening agents and nutritional supplements are stored securely and appropriately.
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****Please ensure this document is completed in full and returned via Web Portal****



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

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