Inspection Report

13 December 2022

Mountvale

Type of service: Nursing Home
Address: Brewery Lane, Meeting Street, Dromore, BT25 1AH
Telephone number: 028 9269 9480

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

1.0 Service information

Organisation/Registered Provider: Mountvale Private Nursing Home Ltd **Responsible Individual:** Mr William Trevor Gage	**Registered Manager:** Miss Heather Joan Maxwell **Date registered:** 13 January 2020
Person in charge at the time of inspection: Miss Heather Joan Maxwell	**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:** 42
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 51 patients. Bedrooms and living areas are located over two floors with access to communal lounges, dining rooms and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 13 December 2022 from 9.20 am to 5.25 pm by a care inspector.

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

Areas for improvement identified at the last inspection were reviewed and assessed as met.

As a result of this inspection areas for improvement were identified in relation to; fire safety, monitoring of relevant staffs' registration with the Northern Ireland Social Care council (NISCC), hand hygiene practices, reporting of notifiable events to RQIA, documentation pertaining to target intake, documentation pertaining to pressure prevention, and care records.

The home was found to be clean, warm, well lit, and decorated for the Christmas season. There was a welcoming and relaxed atmosphere and patients and staff were seen to enjoy the festivities. For example some staff and patients visited a local school for a nativity play in the afternoon.

Patients looked comfortable in their surroundings and staff were observed interacting with patients and each other in a polite manner.

The outcome of the inspection confirmed that the care in Mountvale was delivered in a safe, effective and compassionate manner. Compliance with the areas for improvement identified will further enhance care delivery and service provision.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

During the inspection ten patients, six staff, and one relative were spoken with. No completed questionnaires or staff survey responses were received within the allocated timeframe.

Patients spoke in positive terms about living in Mountvale and expressed that staff were good and kind. Patients described staff as "lovely and friendly", "helpful", "first class…always there when I need them." Patients said that they were happy with the care they received with one patient saying they were "spoilt."

Patients said that the food was “good” and that there was plenty of choice. Patients said that they knew how to raise any concerns or issues and told us that they felt comfortable expressing their concerns with staff. One patient said “I could say anything to any staff but they are that good they are usually ahead of me and get things sorted before I even have to say anything.”

One out of ten patients expressed dissatisfaction about the care provided; telling us that staff often left their bedroom before leaving things as the patient wished. For example, this patient did not have comfort items such as a drink, tissues, and side table left within easy reach before staff left the room. This resulted in the patient being upset and increased the risk of falls as the patient was trying to reach these items but would have required assistance with mobility. This was discussed with the Manager who addressed this with staff.

Staff told us that they were happy working in Mountvale and said that they were provided with training to support their roles. Staff new to the home and agency staff confirmed that they were provided with a comprehensive induction.

A relative said that their initial impressions from the home have been positive and that staff were helpful and informative.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 20 January 2022</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 12 (1) (a) and (b)

Stated: Second time</td><td>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:

• fluid intake management.</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
There was evidence that this area for improvement was met.

While no concerns were identified in relation to fluid management and the outcome for patients, some deficits were identified in relation to care planning and a new area for improvement was identified and is detailed in section 5.2.2.</td></tr>
</table>

Area for improvement 2 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time	The registered person shall ensure that staff are to receive mandatory training in relation to the Department of Health's Deprivation of Liberty Safeguards (DoLS) relevant to their role and a record of this training is maintained and available for inspection.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that infection prevention and control practices are reviewed. Specific reference to: • staff are bare below the elbow • PPE is worn in accordance with the regional COVID-19 guidelines • patient equipment is stored appropriately • the storage of aprons is reviewed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. However a new area for improvement was identified in relation to hand hygiene practice. This is detailed in section 5.2.3.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 4.8 and 4.9 **Stated:** Second time	The registered person shall ensure that supplementary care records, for example, repositioning records are maintained in a clear and consistent manner and reviewed by the registered nurse in charge of the delivery of care.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 **Ref:** Standard 4.1 **Stated:** First time	The registered person shall ensure that risk assessments for newly admitted patients are completed within the required timeframe. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning: • care plans electronically and on paper are consistent in relation to the recommended frequency of repositioning. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for improvement 4 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that where a patient has been assessed as requiring wound care: • the care plan contains the recommended dressing and frequency of renewal • wound assessment charts are reflective of the frequency of dressing renewal and type of dressing as per care plan • care plans electronically and on paper are consistent in relation to the frequency of dressing renewal and type of dressing. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**

Area for improvement 5 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 20 February 2022	The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: • hand hygiene • care records.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There was a system for monitoring relevant staffs' professional registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) and this system was checked monthly. Deficits were identified with the NISCC system; newly employed staff were not immediately or routinely added to the tracking system to monitor the status of their application process and it was identified that two staff who were new to care had exceeded their initial six month grace period for completing their application. In addition, it was identified that the registration for four staff had lapsed and they were no longer registered with NISCC.

The Manager took immediate action and contacted NISCC directly. Assurances were provided that those staff new to care who remained unregistered outside of the six month grace period and those staff whose registration had lapsed would not work in the home until they were fully registered. Following the inspection the Manager added a professional registration section to the staff induction document to ensure that the application for new staff that have never been registered with NISCC starts in a more timely manner. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job and the Manager had oversight of staffs' compliance with essential training courses. Staff said that they felt supported through training and new and agency staff told us that they were provided with a comprehensive induction to their role. Staff were further supported through supervisions and annual appraisals which the Manager monitored through a yearly planner.

The nurses completed competency and capability assessments for taking charge of the home in the absence of the Manager and competencies were reviewed annually. Recent nurse training included updates on venepuncture and verification of end of life.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Observation of care delivery evidenced that there were enough staff on duty and patients' needs were met in a timely manner.

Staff said that they felt supported through training, that there was good communication with management through forums such as staff meetings, and that they felt listened to and there was good teamwork.

Patients said that staff were available to them when they needed and spoke in positive terms about interactions with staff.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of patients and to plan and allocate out the priority duties for that shift. Staff demonstrated knowledge and understanding of individual patients' needs and were seen to provide prompt and compassionate care.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

A new electronic patient record system had been recently introduced and all relevant staff were trained in using this system. Review of care records showed that some patients' monthly assessments and care plan evaluations were overdue. This was discussed with the Manager who demonstrated good oversight of the electronic record system and had directed named nursing staff to ensure records were maintained up to date. However there was inconsistency in the review of some records. An area for improvement was identified.

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

Some patients were assessed as being at risk of skin or pressure damage. These patients were assisted by staff to change their position regularly and in some instances specialist pressure relieving equipment such as air flow mattresses or cushions were used.

For most patients identified as being at risk of pressure damage there was a care plan in place stipulating how often staff should assist with repositioning and what type of equipment was in place. One patient identified as being at risk did not have any pressure prevention care plan in place. This was brought to the attention of the Manager who provided assurances that this would be addressed immediately. An area for improvement was identified.

Review of wound care evidenced that records were maintained well, with initial wound assessments and care plans in place. Ongoing wound assessments were completed regularly and there was evidence of appropriate onward referral when required to the Trust Tissue Viability Nurse (TVN).

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The serving of lunch was observed and found to be a relaxed and unhurried experience. Staff were well organised and communicated with each other with regards to the needs and preferences of patients. Staff were seen to follow food standards during the meal serving.

Patients were seen to choose where they preferred to have their meals and staff were seen to offer at least two meal options and a selection of drinks. Patients told us that they enjoyed the food on offer and confirmed that if they did not like the choices on the menu they could ask for an alternative.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Records were kept of what patients had to eat and drink daily.

Patients nutritional care plans stipulated a fluid intake target and records showed that a small number of patients routinely did not meet the stipulated target. Observation of patients and discussion with nursing staff evidenced that hydration needs were being met and nursing staff were skilled in assessing for signs of dehydration. However the fluid targets set for these patients did not reflect their individual healthy baseline, rendering the fluid targets meaningless. It was discussed with the Manager and nursing staff and it was agreed that more person centred and individualised care plans would be more meaningful and instruct staff on how and when to take action when a patient had consistently low fluid intake. It was also identified that it was unclear if all fluids were being recorded for these patients. For example, prescribed supplements, and liquid foods such as soup or custard. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor for unplanned weight loss or gain.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were maintained clutter free and staff were seen to assist patients with mobility. One patient who was assessed as being at risk of falls and preferred to spend most of their day in their bedroom, had a care plan in place that instructed staff to ensure that the patient had all required comfort items within easy reach before leaving the patient unattended. During the inspection this patient was found to be in their bedroom and unable to reach their side table, drink or tissues. The patient did have a nurse call bell within reach. The patient expressed their dissatisfaction about being unable to reach items. Action was taken immediately to ensure this patient's comfort and safety and the matter was discussed with the Manager who provided assurances that this would be used as a learning example for staff.

Further examination of care records and discussion with nursing staff confirmed that the risk of falling and falls were generally well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Patients told us that they were happy with the provision of care and with the exception of one patient most said that they got what they needed when they needed it. In relation to the one expression of dissatisfaction as detailed earlier in this section, the Manager gave assurances that this would be monitored closely and all relevant staff would be made aware.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home's environment included a selection of patients' bedrooms, communal lounges and dining rooms, communal toilets, corridors, and storage areas. The atmosphere in the home was welcoming and there were festive decorations throughout.

All areas of the home were found to be clean, warm, and well lit. Corridors and fire exits were uncluttered and clear of obstruction.

Patients' bedrooms were clean and well personalised with items of interest or importance to each patient. Bedrooms and communal rooms were adequately furnished. One sofa in a communal lounge was found to have worn and damaged fabric which is not conducive to effect cleaning. This was discussed with the Manager who agreed to arrange for recover or replacement.

Patients were seen to move freely around the home and to choose where they wished to spend their time. There was evidence of homely touches such as decorations, photos, flowers, and a piano.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example visitors were provided with face masks and encouraged to take lateral flow tests before entering the home.

Observation of the environment and discussion with staff showed that there was ample supply of personal protective equipment (PPE) and staff were seen to use PPE correctly.

While staff were seen to practice hand hygiene at key moments, a number of staff were seen to wear nail varnish / gel nails. Staff compliance with infection prevention and control (IPC) was monitored regularly through auditing and a review of records showed that improvements had been seen in relation to staff adhering to best practice. On discussion with the Manager it was suggested that recent Christmas celebrations were the reason for staff not being bare below the elbow. However this is not conducive to best practice in hand hygiene and gels nails are known to impact the effectiveness of hand alcohol sanitiser. An area for improvement was identified.

The most recent fire risk assessment was conducted on 9 June 2022. A number of recommendations had been made and the records evidenced that the majority of recommendations had been actioned. Three recommendations had not been actioned. The fire risk assessment was reviewed by an RQIA estates inspector who identified an area for improvement.

Following the inspection the Manager informed RQIA that arrangements had been made to address the outstanding recommendations.

Patients said that they were happy with the environment and that their bedrooms and communal areas were cleaned daily.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Connections with family, friends and the community was encouraged through regularly organised activities with patients either attending outside events or organisations coming into the home. On the day of inspection some patients were attending a nativity show at a local school, and expressed their delight in attending the event.

An activities programme was in place with a range of sessions covering social, community, cultural, religious and creative aspects of life. The home had recently hosted a Christmas market with stalls and entertainment. Photos of patients, relatives, and staff enjoying the market were on display throughout the home. There were also plans to attend a Christmas pantomime the following week.

Some patients talked about memorable events over the year. For example, going to Hillsborough Castle to see King Charles on his visit to Northern Ireland. Some patients had photos and newspaper clippings of the event on display in their bedrooms and enjoyed reminiscing with the inspector.

Staff recognised the importance of keeping patients connected to family and friends and would assist patients to prepare for outings or to use the telephone to stay in touch with others.

Visiting arrangements were in place and in line with the Department of Health (DoH) guidance. Patients and the relative told us that they were happy with these arrangements and that they could enjoy visits in communal areas or in the privacy of patients' bedrooms.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Heather Maxwell has been the Manager of the home since August 2019 and was registered with RQIA in January 2020. There was evidence of regular contact with the Responsible Individual and the Manager felt supported with the current arrangements.

Staff were aware of who was in charge of the home at any given time and expressed that they were happy with the management arrangements and that there was a clear structure of leadership. Staff also confirmed that they understood their roles and responsibilities in relation to reporting concerns about patients, care practices, or the environment. Staff said that they felt confident that any issues raised would be handled appropriately.

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

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, and their care manager. Records showed inconsistencies in the reporting of notifiable events to RQIA. A number of incidents that resulted in medical intervention being sought had

not been reported to RQIA. This was discussed with the Manager who acknowledged a misunderstanding of the regulations and provider guidance on notifiable events. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the Manager and described her as supportive and approachable.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	4	3

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure that a robust system is in place to monitor relevant staffs' registration with a professional body. Ref: 5.2.1
	Response by registered person detailing the actions taken: All care staff are registered with NISCC or are in the process of registration where they are a new care worker not having worked in care before. The monitoring matrix has been reviewed and now acurately reflects staff as they come into employment including start date.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure that staff adhere to best practice with hand hygiene and remain bare below the elbows. Ref: 5.2.3
	Response by registered person detailing the actions taken: Hand hygiene audits continue and all staff have been spoken with regarding nails. Monitoring is ongoing and consequences for non adherance to the bare below the elbow policy are in place
Area for improvement 3 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** Immediate action required	The registered persons shall implement management control measures to maintain the fire safety risk at an acceptable level until the remaining fire risk assessment action plan recommendations have been implemented. Ref: 5.2.3
	Response by registered person detailing the actions taken: The outstanding three areas in the fire risk assessment have been prioritised and are in the process of being addressed.specificially in relation to roof space fire curtains and the filling of indentified voids. f

Area for improvement 4 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure that all notifiable events are reported to RQIA within the agreed timeframe. Ref: 5.2.5
	Response by registered person detailing the actions taken: All notifiable events are reported to RQIA. Senior staff are aware of necessity to include assessment by paramedics as an intervention.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 10 January 2023	The registered persons shall ensure that care records are maintained up to date and reviewed at least monthly. This is with specific reference to assessments and care plans. Ref: 5.2.2
	Response by registered person detailing the actions taken: All Staff Nurses have been reminded that assessments and care plans must be maintained in date.
Area for improvement 2 **Ref:** Standard 23.2 **Stated:** First time **To be completed by:** With immediate effect.	The registered persons shall ensure that pressure prevention care plans are in place for any patient assessed as being at risk of skin or pressure damage. Ref: 5.2.2
	Response by registered person detailing the actions taken: All residents assessed as being at risk of skin or pressure damage have a pressure prevention care plan in place

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure that eating and drinking care plans are individualised. This is with specific reference to: • fluid intake targets – including how and when staff should take action if fluid intake is consistently below target • fluid intake records include all fluids including prescribed supplements and liquid foods Ref: 5.2.2
	Response by registered person detailing the actions taken: Eating and drinking care plans are individualised and include what action to take if fluid intake is below target. All liquid foods are included in the fluid intake chart.

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews