

Inspection Report

15 January 2024



Mountvale

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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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: 49
Brief description of the accommodation/how the service operates: Mountvale 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 15 January 2024 from 10.30am to 2.30pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

Review of medicines management found that medicines were stored safely and securely. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines. Two new areas for improvement in relation to the management of insulin and records of administration for medicines and nutrition administered via the enteral route were identified. Details of the areas for improvement can be found in the quality improvement plan.

Whilst areas for improvement were identified, it was concluded that overall, the patients were being administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspector met with care staff, nursing staff, the deputy manager and the manager.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well. Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 12 &13 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered persons shall ensure that staff adhere to best practice with hand hygiene and remain bare below the elbows.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (8) (a) Stated: First time	The registered persons shall ensure that the core values of dignity, privacy, and respect are embedded into staff practice and daily life in the home. The efficacy of training workshops on core values should be monitored and evaluated by the management team.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 27 (4) (a) (d) Stated: First time	The registered persons shall ensure that the roof space compartment fire resistant barriers are reinstated in compliance with NIHTM84 and as stated on the fire risk assessment dated 22 December 2022.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered persons shall ensure that supplementary care records are maintained accurately and in a contemporaneous manner.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered persons shall ensure that continence products are stored correctly, in keeping with infection prevention and control standards and manufacturers recommendations.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 7 Stated: First time	The registered persons shall ensure that patients' views about the running of the home are sought formally at least once a year, and records are maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were largely accurate and up to date. A small number of minor discrepancies between the directions stated on the personal medication records and the medicine administration records were highlighted to the manager for review and amendment.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents and nutritional supplements were reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Staff on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route. However, records of administration of the nutritional supplement and water, which were recorded electronically, were incomplete. The total daily fluid intake had not been consistently recorded and gaps were also observed in the recording of the prescribed nutritional supplement on the medicine administration records. Complete and accurate records of administration are necessary to evidence nutrition is being administered according to the prescribed regimen. An area for improvement was identified.

The management of insulin was reviewed. Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was outside the recommended range. However, it was observed that the date of opening was not consistently recorded on in-use insulin pen devices. This is necessary to facilitate audit and disposal upon expiry. It was identified one insulin pen device was in use past the shortened expiry date. An area for improvement was identified.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. With the exception of the recording of nutritional supplements via the enteral route (See Section 5.2.1), the records were found to have been fully and accurately completed. Completed records were filed and readily retrievable for review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. Running stock balances of medicines not supplied in the monitored dosage system were maintained and monthly managerial audits were also completed. The need to include the identified areas for improvement in the audit process was discussed with the manager. The manager was signposted to the RQIA medicines management audit tool to expand the audit process further.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	5*

* The total number of areas for improvement includes six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Heather Joan Maxwell, Registered 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required (13 September 2023)	The registered persons shall ensure that staff adhere to best practice with hand hygiene and remain bare below the elbows.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 13 (8) (a) Stated: First time To be completed by: 7 November 2023	The registered persons shall ensure that the core values of dignity, privacy, and respect are embedded into staff practice and daily life in the home. The efficacy of training workshops on core values should be monitored and evaluated by the management team.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 27 (4) (a) (d) Stated: First time To be completed by: 10 October 2023	The registered persons shall ensure that the roof space compartment fire resistant barriers are reinstated in compliance with NIHTM84 and as stated on the fire risk assessment dated 22 December 2022.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Action required to ensure compliance with Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: With immediate effect (13 September 2023)	The registered persons shall ensure that supplementary care records are maintained accurately and in a contemporaneous manner.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: With immediate effect (12 September 2023)	The registered persons shall ensure that continence products are stored correctly, in keeping with infection prevention and control standards and manufacturers recommendations.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Standard 7 Stated: First time To be completed by: 31 December 2023	The registered persons shall ensure that patients' views about the running of the home are sought formally at least once a year, and records are maintained.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Standard 29 Stated: First time To be completed by: With immediate effect (15 January 2024)	The registered persons shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained. Ref: 5.2.1
	Response by registered person detailing the actions taken: Records of the administration of medicines and nutritional supplements are now complete.

Area for improvement 4 Ref: Standard28 Stated: First time To be completed by: With immediate effect (15 January 2024)	The registered persons shall review the management of insulin to ensure the date of opening is consistently recorded on in-use insulin pen devices. A system of regular date checking should be implemented to ensure insulin is not administered past the shortened expiry date. Ref: 5.2.1
	Response by registered person detailing the actions taken: Dates of opening are recorded on all insulin pens and this is monitored on a regular basis.

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