

Inspection Report

Name of Service:	Movilla House
Provider:	Movilla House Ltd
Date of Inspection:	21 November 2024

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:	Movilla House Ltd
Responsible Individual:	Mr Derek Alfred Bell
Registered Manager:	Mrs Michaela Campbell
Service Profile –This home is a registered nursing home which provides nursing care for up to 50 patients who require general nursing care under and over 65 years of age. The home is designed over two floors and there is a communal dining room and a number of communal lounges across both floors.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2024, between 9.45 am and 6.30 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in an effective manner, improvements were required to ensure staff adhered to care plans in relation to safe practice for moving and handling. Findings were discussed with the person in charge on the day. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients gave positive feedback about living in the home and about the service; for example patients told us that "staff are friendly" and "the food is very good", "the staff are pretty brilliant".

Patients said they feel they have good choice over what they eat, wear and how they spend their day. Patients told us that they were able to enjoy reading in their room watching TV or reading; or they were able to sit in communal areas with others if they wished.

Visiting relatives told us that they found the care to be very person centred and compassionate saying "our family is very happy with the care here". Another relative told us they were happy with the activity provision in the home. Patients were also able to tell us a variety of activities going on in the home and advise that they enjoy when they attend.

One relative raised issues which were brought directly to the person in charge who engaged with the relative. Three staff responses to the online staff survey were received after the inspection. While staff indicated some dissatisfaction the majority of responses were satisfactory or neutral. Based on the inspection findings, and discussions with the manager about questionnaire responses, following the inspection, RQIA are satisfied that the care delivery in the home is safe, effective, compassionate and well led.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. At the commencement of the inspection the nurse in charge confirmed that the staffing arrangement at night required four care assistants. This was not always achieved. A review of the duty rota confirmed this. There is no evidence of any steps taken to achieve the planned staffing levels. An area for improvement was identified.

Deficits were identified with the system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). The records reviewed did not contain details of all staff registration or progress for those newly appointed staff who had made application. An area for improvement was identified.

Staff are required to complete specific training in keeping with their roles and responsibilities. Review of staff training records evidenced a number of staff who had not completed mandatory training over a number of subjects such as fire training, drills, manual handling and dysphagia. An area for improvement was stated for a second time.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged and supported to use their walking aids. Examination of care records and discussion with the person in charge confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. There were compassionate and respectful interactions between staff and patients.

Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Some patients require assistance with their meals and some may require particular utensils to enhance their mealtime experience. It was observed for one patient the incorrect utensil was in use. The manager provided assurances following the inspection that all records pertaining to patients who required modified diets had been reviewed and staff made aware of the correct utensils to be used.

The importance of engaging with patients was well understood by the manager and staff. There was a planned activity board displaying a variety of activities including dancing. Patients confirmed that staff knew and understood patients' preferences of engagement; offering engagement in activities in a respectful way. Patients said they were reluctant to engage in the beginning but through time they have enjoyed attending some of the planned activities with the support of staff. Arrangements were in place to meet patients' social, religious and spiritual needs within the home, some commented that they liked to attend the church services in the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Review of a sample of patients care records confirmed that these were generally maintained in accordance with best practice and professional guidelines. However, in relation to wound care nursing staff had not included the frequency of dressing change in one care plan and in another there was no care plan in place to direct staff on the care required. An area for improvement was stated for a second time.

Patients may require special attention to their skin care and are assisted by staff to change their position regularly. Gaps were observed in the recording of care provided and the pressure relieving equipment in use was not fully reflected in care plans. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient such as photographs, paintings and ornaments and artwork made by the patients was on display in communal areas. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Discussion with the manager confirmed that the usual wear and tear of the walls, furniture will be addressed within an anticipated refurbishment plan. This will be reviewed at a future inspection.

Some patient equipment such as wheelchairs and manual handling equipment had been ineffectively cleaned in keeping with best practice guidelines for infection prevention and control. An area for improvement was identified.

Excess storage of equipment in communal bathrooms was observed. This is not in keeping with best practice guidelines for infection prevention and control. This area for improvement will be stated for a third time.

Moving and handling equipment was observed to be stored in corridors potentially blocking a fire exit route. This was discussed with staff and was immediately cleared. An area for improvement was identified.

A small number of patients spoke of feeling cold while sitting in the communal lounge. Staff were advised and were responsive, providing blankets and the maintenance person adjusted the heating to make the room warmer. This was discussed with the manager who provided assurances following inspection that the heating system had been adjusted and temperatures would continue to be monitored. RQIA were satisfied with the response to patients concerns and this matter will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Michaela Campbell has been the registered manager in this home since 13 April 2023.

Staff described her as supportive, approachable and able to provide guidance.

A system of audits was in place to monitor the quality of care and services within the home. However for some where deficits were identified there was no action plan in place to address them or action plans had not been signed as completed. This was discussed with the manager following the inspection who agreed to address this and progress will be reviewed at a future inspection.

Patients and their relatives said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well.

Review of accident and incidents occurring in the home evidenced that RQIA were not always notified as required. This area for improvement will be stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	10*

* the total number of areas for improvement includes one that has been stated for a third time, three that have been stated for a second time, and four which are carried forward for review at a future inspection.

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: First time To be completed by: With immediate effect (6 April 2023)	<p>The registered person shall ensure that safe systems are in place for the management of medication changes.</p> <p>Ref: 5.1</p> <p>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.</p>
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: Second time To be completed by: 21 November 2024	<p>The registered person shall ensure that staff are supported to undertake mandatory training and that satisfactory levels of compliance with mandatory training are maintained going forward.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: We have a mandatory training tracker in place. This is checked monthly by HR. All team members receive a reminder, in the form of a letter, in advance of their training due dates. Going forwards, our new team members will have to complete all mandatory training during their two week induction period and induction will not be passed until training is complete. Any non compliance with mandatory training will result in the commencement of disciplinary proceedings.</p>
Area for improvement 3 Ref: Regulation 30 Stated: Second time To be completed by: 21 November 2024	<p>The registered person shall ensure that accidents and incidents are appropriately reported to RQIA.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The policies for managing incidents and accidents were disseminated to our Nursing Team on 17/10/2024 to read and sign that the procedures are understood. This information will be put out again for all nursing team to read and sign. We have added a "reported correctly" check to our monthly accidents and incidents audit, so any discrepancies are picked up sooner. We also have a checklist in place, to be completed by the reporting person, when an incident or accident occurs.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2024</p>	<p>The registered person will ensure adequate precaution against the risk of fire; ensuring corridors which are means of escape, are free from clutter such as hoists.</p> <p>Ref: 3.3.4</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 April 2023)</p>	<p>The registered person shall ensure that personal medication records are accurate, up to date, and cancelled and archived in a timely manner.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 April 2023)</p>	<p>The registered person shall ensure that care plans for the management of diabetes contain sufficient detail to direct the required care.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 April 2023)</p>	<p>The registered person shall implement a robust audit tool which covers all aspects of medicines management.</p> <p>Ref: 5.1</p> <p>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.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 April 2023)</p>	<p>The registered person will ensure that all staff are supported to register and maintain registration with their regulatory body.</p> <p>Ref: 3.3.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: Third time</p> <p>To be completed by: 21 November 2024</p>	<p>Response by registered person detailing the actions taken: New to care health care assistants will be required to have proof of application to NISCC before commencing their employment. Monthly NISCC checks are ongoing and reminders continue to be issued in advance for those who's registration is due for renewal. Monthly NMC checks are also ongoing.</p> <p>The registered persons shall ensure that communal bathrooms are maintained clutter free and clinical waste bags are managed in accordance with regional IPC guidance.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: We have an ongoing daily audit of our communal bathrooms. We will complete this in the morning, rather than later in the day, to ensure anything requiring actioned is done so in a more timely manner.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 21 November 2024</p>	<p>The registered person shall ensure that care records relating to the prevention of pressure damage and repositioning are reflective of pressure relieving equipment in use and that an up to date record of repositioning is maintained.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Our Nursing team have been communicated with to ensure all pressure relieving equipment is documented in the resident's care plans. The care plans are also to reflect frequency of repositioning. A weekly audit of our recording system has now been implemented to ensure care schedules and care intervals are being adhered to. All team members are aware to communicate with the Nursing team if difficulties arise and resident's needs are behind schedule. Our recording system is currently under review to ensure it is user friendly. Our monthly clinical supervision focus for February is Documentation. Once the system review is completed we will have group training sessions to ensure everyone is recording care given in a standardised way.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 28 November 2024</p>	<p>The registered person shall ensure that care records relating to wound care are detailed and reflective of the recommended type and frequency of dressing that an up to date record of wound care is maintained.</p> <p>Ref: 3.3.3</p>
<p>Area for improvement 8</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>Our monthly wound care audit frequency has been increased to weekly at present until improvement is noted. Our February clinical supervision focus is documentation and, for our Nursing team, we will focus on documentation of wounds.</p> <p>The registered person shall monitor the call bell response time and implement an effective action plan where deficits are identified</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>We have commenced a weekly audit of our call buzzer system to have a look at response times and action areas of concern. We found over the past year, with our current call buzzer system, that residents are utilising the emergency buzzer for routine care interventions. This became a concern because some residents needs were being prioritised over others who could not use their call buzzer. Time management of care schedules was becoming increasingly difficult. This was addressed by purchasing call buzzer fob necklaces, that residents could wear and use more appropriately. An individual assessment was carried out for the residents who would benefit from wearing a buzzer fob.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2024</p>	<p>The registered person shall ensure that the planned staffing levels are met as far as is practicably possible. Evidence is to be maintained as to any actions taken to address any deficits. This is stated in reference but not limited to night time staffing levels.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The dependency level of residents and staffing levels within the home are reviewed daily. When the occupancy of the home is lower, staffing requirements are reviewed in accordance We utilise agency to meet any short term staffing requirements due to absences and evidence this with an</p>

	email trail. Our recruitment needs are reviewed and discussed weekly and a tracker is in place.
<p>Area for improvement 10</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2024</p>	<p>The registered person will ensure there is an established system to ensure compliance with Infection Prevention and Control within the home; communal equipment such as shower chairs and wheelchairs are systematically decontaminated.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: We have cleaning schedules in place for our communal equipment. All team members are aware of where and how to decontaminate all communal equipment. Daily checks of communal equipment will be implemented.</p>

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