Unannounced Care Inspection Report
18 October 2016

Mountvale

Type of Service: Nursing Home
Address: Brewery Lane, Meeting Street, Dromore, BT25 1AH
Tel no: 028 9269 9480
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Mountvale took place on 18 October 2016 from 11.30 to 17.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home including staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

Patients and relatives were complimentary of the care provided. Two patients however indicated some dissatisfaction with staffing levels and this was being addressed by the registered manager. Staff informed us that a second hoist was needed for the two floors and would enable them to respond to patients' needs more effectively. A recommendation has been made in this regard.

Weaknesses were identified in the documentation of Access NI checks and a recommendation has been made. Weaknesses were also identified in the cleaning of wheelchairs and the maintenance of wheelchair cushions. A recommendation had been made accordingly.

The environment of the home was warm, well decorated, fresh smelling and clean throughout. Work was in progress to extend the lounge on the ground floor and to create an additional bedroom on the first floor.

Three recommendations have been made in respect of the management of recruitment records, the cleaning and maintenance of wheelchairs and cushions and the procurement of a second stand aid hoist.

Is care effective?

Care records reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager or the management team in the home. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals. Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The comments received from patients and representatives were praiseworthy of staff however a small number of comments received do require to be considered and/or actioned by the registered manager.

There were no requirements or recommendations made.

Is the service well led?

Discussion with the responsible person and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Systems were in place to monitor and report on the quality of nursing and other services provided.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

One recommendation has been made for the cleaning and decontamination of wheelchairs to be included in the infection prevention and control audits.

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

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Linda Kennedy, registered manager and Trevor Gage, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 September 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Mountvale Private Nursing Home Ltd/Mr William Trevor Gage	**Registered manager:** Mrs Linda Kennedy
Person in charge of the home at the time of inspection: Mrs Linda Kennedy	**Date manager registered:** 18 June 2012
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E)	**Number of registered places:** 51

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 30 patients, two registered nurses, five care staff, one cook and one domestic staff.

Questionnaires for patients (six), relatives (six) and staff (six) to complete and return were left for the registered manager to distribute. Two patients, one member of staff and three relatives completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff recruitment records
- staff training records
- staff induction records
- staff supervision and appraisal planner
- complaints and compliments records
- accident and incident records
- records of quality audits
- minutes of staff meetings
- minutes of patient/relatives meetings
- monthly monitoring report
- three patient's care records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection

4.2 Review of requirements and recommendations from the last care inspection dated 08 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19 (2) (b) **Stated:** First time **To be Completed by:** 30 April 2016	The registered person must ensure that records of the review of patients care plans are at all times available in the home for inspection.	**Met**
	Action taken as confirmed during the inspection: Three patients care records were reviewed and evidenced that care plans had been reviewed on a monthly basis.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 32 **Stated:** First time **To be Completed by:** 30 June 2016	The registered manager should provide update training on palliative and end of life care for all care staff relevant to their roles and responsibilities. **Action taken as confirmed during the inspection**: Training on palliative and end of life had been provided for all staff in April, May and June 2016	**Met**
Recommendation 2 **Ref**: Standard 12.5 **Stated:** First time **To be Completed by:** 31 March 2016	The registered manager should put in place an effective system to ensure all relevant staff are made aware of the individual dietary needs and preferences of patients. Any changes to patients' nutritional requirements should be included in their care plans and communicated to all relevant staff in a timely manner. **Action taken as confirmed during the inspection**: Discussion with staff and review of care records evidenced that an effective system had been put in place to ensure all relevant staff were made aware of patients' dietary needs and preferences.	**Met**
Recommendation 3 **Ref**: Standard 35.8 **Stated:** First time **To be Completed by:** 31 March 2016	The registered manager should ensure that monthly audits of accidents/incidents are comprehensive and include an analysis of any trends and an action plan to reduce the likelihood of similar accidents/incidents occurring in the future. **Action taken as confirmed during the inspection**: Audits of accidents/incidents had been completed monthly and included an analysis of any trends and an action plan was in place to address any deficits.	**Met**

Recommendation 4 **Ref**: Standard 46.2 **Stated:** First time **To be Completed by:** 31 March 2016	The registered manager should ensure that staff adhere to infection prevention and control guidelines with regard to the disposal of clinical waste.	**Met**
	Action taken as confirmed during the inspection: There was evidence of monthly infection prevention and control audits and action plans in place. No inappropriate practice with regard to the disposal of clinical waste was observed on the day of the inspection.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 03, 10 and 17 October 2016 evidenced that the planned staffing levels were adhered to. The registered manager advised that recruitment had taken place and an additional member of care staff had been recruited and would be included in the rota to meet the increased dependency levels of patients.

The majority of patients, relatives and staff felt there was enough staff to meet the needs of the patients. Two patients and three staff expressed some dissatisfaction with staffing levels. (Refer to section 4.5 for details). This was discussed with the registered manager for follow up. An additional member of staff has been recruited and was due to commence employment following completion of all relevant pre-employment checks.

Two staff informed us that there was one ‘stand aid’ hoist available for use across the two floors. At busy times, for example in the mornings, patients had to wait until a hoist became available. Staff felt that a second hoist would enable them to respond to patients’ needs in a more timely manner. This was discussed with the registered manager and responsible person and a recommendation has been made accordingly.

Discussion with the registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Three personnel files were viewed and whilst we were able to evidence that all the relevant checks had been completed, the date of receipt of the Access NI check had not been recorded for two members of staff. The registered manager confirmed that a satisfactory Access NI check had been received for the two members of staff prior to them commencing employment. A recommendation has been made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Review of training records evidenced that mandatory training had been completed to date. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

A planner was in place to ensure all staff received supervision and appraisal and there was evidence that supervision and appraisal meetings had taken place with the majority of staff to date in 2016.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were sufficiently robust.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Work was in progress to extend the lounge downstairs and the creation of an additional bedroom on the first floor.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

The cushions on a number of wheelchairs were observed to be worn and required replacement. A few of the wheelchairs had a build-up of dust around the footplates and required additional cleaning. The registered manager advised that all wheelchairs were cleaned each night by the night staff, however this would be reviewed and a more rigorous cleaning programme would be implemented.

Areas for improvement

Three recommendations have been made in respect of the management of recruitment records, the cleaning and maintenance of wheelchairs and cushions and the procurement of a second stand aid hoist.

Number of requirements	0	**Number of recommendations**	3

4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the registered manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; catering staff and housekeeping, when required. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/ management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. Tables were appropriately set with table cloths and condiments. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Two staff informed us that at times, there were not enough staff on duty to meet the needs of the patients. One member of staff completed a questionnaire and indicated some concerns that on occasions, staffing levels were insufficient.

Patients spoken with were generally very complimentary regarding the care they received and life in the home. One patient expressed some dissatisfaction with staffing levels and this was discussed with the registered manager for follow up. One patient, who completed a questionnaire, indicated that there were not enough staff at times to meet their needs. This was being addressed by the registered manager. (Refer to section 4.3). Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the care and service provided. We were informed that monthly patient/representative meetings were held. The minutes of these meetings were available in the home and there was evidence of actions taken to address any issues identified. From discussion with the registered manager, patients and staff and a review of the compliments records, there was evidence that the staff cared for the patients and the relatives in a kindly manner. A few comments recorded in thank you cards as follows:

- "It is a great comfort to the family knowing that our mother was so happy at Mountvale, where she responded to the excellent care, the tenderness and compassion shown to her."
- "During my stay at Mountvale, I came to realise the loving care given to all patients. In my own case, nothing was too much trouble for any of the staff."

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Two patients, one member of staff and three patient's representatives completed questionnaires within the allocated timeframe. Some comments are detailed below.

Patients

- "The food and everything is very good."
- "I can't think of anything that needs improved."
- "The girls are good to me."
- "Sometimes it takes them a while in coming when I press the buzzer."
- "It's a lovely nursing home. The staff are all excellent, I can't complain."
- "I need to go to the toilet more often and sometimes the staff are busy."
- "They need more staff for toileting."

Patients' representatives

Three relatives completed questionnaires and indicated that they were very satisfied with all aspects of care in the home. No additional comments were provided.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients' representatives who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

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

Discussion with the registered manager and staff, and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. A recommendation has been made for the cleaning and decontamination of wheelchairs to be included in the infection prevention and control audits.

Discussion with the registered manager and review of records for July, Augusts and September 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

One recommendation has been made for the cleaning and decontamination of wheelchairs to be included in the infection prevention and control audits.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Kennedy, registered manager and Trevor Gage, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 38.3 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should ensure that a record is maintained of the receipt of all Access NI checks and the registered manager should sign to confirm the Access NI check has been received and is satisfactory. **Ref: Section 4.3** **Response by registered provider detailing the actions taken:** The template used has been amended to allow for the recording of all Access NI checks received and will be signed by myself to confirm they have been received and are satisfactory.
Recommendation 2 **Ref**: Standard 46.2 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should review the cleaning system for wheelchairs and ensure a more rigorous programme of cleaning has been implemented. Any worn wheelchair cushions should be replaced. **Ref: Section 4.3** **Response by registered provider detailing the actions taken:** The cleaning system for the wheelchairs has been reviewed and implemented. Worn wheelchair cushions have been replaced.
Recommendation 3 **Ref**: Standard 4.8 **Stated:** First time **To be completed by:** 30 November 2016	The registered provider should review the provision of stand aid hoists and consider the procurement of a second hoist to ensure the needs of patients are met in a timely manner. **Ref: Section 4.3** **Response by registered provider detailing the actions taken:** A second stand aid hoist has been purchased and is operational within the Home
Recommendation 4 **Ref**: Standard 35.6 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should ensure the cleaning and decontamination of wheelchairs has been included in the infection prevention and control audits. **Ref: Section 4.6** **Response by registered provider detailing the actions taken:** Cleaning and decontamination of wheelchairs has been included in the Infection Prevention and Control Audits

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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