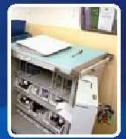




Announced Care Inspection Report 26 August 2020



Movilla House

Type of Service: Nursing Home
Address: 51 Movilla Road, Newtownards, BT23 8RG
Tel No: 028 9181 9399
Inspector: Nora Curran

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 50 persons.

3.0 Service details

Organisation/Registered Provider: Movilla House Ltd Responsible Individual: Derek Alfred Bell	Registered manager: Tracey Anderson
Person in charge at the time of inspection: Tracey Anderson	Date manager registered: 19 September 2016
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. TI – Terminally ill.	Number of registered places: 50

4.0 Inspection summary

An announced inspection took place on 26 August 2020 from 10.00 to 14.45 hrs. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement.

Patients said:

- “We are very well looked after.”
- “I feel safer here...rather than being at home alone during this virus.”

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Tracey Anderson, Manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 3 to 16 August 2020
- Staff training records
- Staff supervision matrix
- Staff appraisal matrix
- Statement of purpose
- Service User guide
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Minutes of patients'/relatives'/ staff meetings
- Activity planner
- Three patients' care records.
- Menus from July 2020.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

No patient or patient representative questionnaires were returned within the time frame allocated. One patient representative contacted us by telephone within the allocated time frame and their comments are included in this report.

Following a review of the information submitted to RQIA, the inspection took place remotely via teleconference, with Tracey Anderson, Manager.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 October 2019. There were no areas for improvement identified and no further actions were required to be taken following this inspection.

6.2 Inspection findings

6.2.1 Staffing

On the day of the inspection we observed that staffing levels and skill mix of staff were satisfactory and patients' needs were met in a safe and effective manner. The manager informed us that planned daily staffing levels were subject to regular review to ensure the assessed needs of patients were met. The manager provided evidence to support this in the form of monthly patient dependency assessments.

Review of staff duty rotas evidenced that planned staffing levels had been adhered to. We noted that on one date the staffing levels had a marked increase. The manager told us that this was required to implement the planned regular programme of Covid-19 testing in care homes, and they planned to increase the nursing hours on testing days. We also noted that the domestic hours were reduced at weekends. The manager explained that this was in response to the decreased footfall through the home at the weekends as essential professional visitors primarily came on weekdays and the home was currently closed to visiting due to the pandemic. We were satisfied that the cleaning hours planned for weekends were sufficient for the size of the home and current occupancy levels. There were 39 patients accommodated at the time of the inspection.

Prior to the inspection it was identified that the staff rota did not display staffs' full names; this was discussed with the manager who agreed to include staffs' first and surnames on the duty rota going forward. This will be reviewed at the next inspection.

Staff spoken with on the day of the inspection told us that they were satisfied with the staffing levels.

- "There is a good skill mix and although it can be very busy, we have time to do what we need for the patients."
- "We seem to manage to get everything covered."

Staff reported that they had time to complete mandatory training, which due to Covid-19, was being completed mostly online. The manager confirmed that face to face training has been arranged for later in the year and that there was an expectation that the training providers would have made suitable arrangements to operate according to Covid-19 guidance by that stage.

Staff also told us that they felt equipped for their role and that they had been kept informed of any developments in relation to Covid-19 guidance. Staff confirmed that the manager attends shift handover meetings most days; in addition a Covid-19 file was maintained and updated regularly for staffs' reference. Staff spoken with confirmed that they were familiar with and had training to the required levels in Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DOLs). They also told us that they were familiar with the safeguarding and whistleblowing processes.

Comments made by staff included:

- "I love working here."
- "I have 100% faith in the team...it's a very stable environment to work in."
- "I love seeing all the social stuff going on, I was pleasantly surprised at the amount of activities when I came to work here."
- "If I had any concerns about the care I would feel comfortable to go to the manager."
- "I would recommend Movilla House to anyone looking for nursing care."
- "Our activity co-ordinator is excellent."

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Patients told us:

- "They (staff) are sometimes rushed and some days they have more to do than others, but they are always nice to me."
- "The staff are very busy but they are always doing things for me."

Relative comments included:

- "The staff have been more than good."
- "They ring with any little update and keep us well informed...and that's comforting."

6.2.2 Management arrangements and governance systems

Prior to the inspection it was noted that while the manager's hours were stated on the duty rota, it did not stipulate in what capacity the manager was working, i.e. in a managerial capacity or as lead nurse on the floor. This was discussed with the manager who agreed to make her capacity of work clear on the duty rotas going forward. This will be reviewed at the next inspection.

Monthly monitoring reports were reviewed for the period of May, June and July 2020. Written reports were made available and were accessible to patients, relatives and Trust representatives. They were unannounced and concluded with an action plan identifying areas for improvement. However, subsequent monthly monitoring reports did not comment on the previously identified areas for improvement, and therefore did not inform if any progress had been made from the previous visit. We also found no evidence of attempts to contact relatives during the pandemic. This was discussed with the manager who agreed to liaise with the person conducting the visits to seek alternative ways to obtain relative feedback, during the pandemic and at times of restricted visiting, and to ensure any progress on the previous action plans were recorded. This will be reviewed at the next inspection.

There were systems in place for manager oversight in the home. These included quality governance of accidents and incidents, infection prevention and control, hand hygiene, use of personal protective equipment (PPE), nutrition, weight management, wound care, restrictive practice and care records. These systems varied in effectiveness, as some audits evidenced a robust action plan with clear goals, responsibilities and completion dates. Other audits, however, lacked the same clear action plans. This was discussed with the manager who agreed to make changes to the identified audit templates to ensure a more robust and meaningful audit system. This will be reviewed at the next inspection.

Staff we spoke with had an understanding of organisational structure and on call arrangements. Staff also felt supported in their roles and said that they were well informed of the pandemic guidance as and when updates were issued.

Staff comments included:

- “Management are very approachable and have helped us along and kept us right during this pandemic.”
- “Matron does a great job.”

Patients spoken with knew who the manager was and comments included:

- “Very well managed.”
- “If I did have any problems I could go to Tracey (manager) or my social worker.”
- “They have a good reputation and that’s why I came here.”
- “We have meetings every month.”

Relative comments included:

- “Tracey (manager) is fantastic; I know I can lift the phone to her anytime.”

6.2.3 Infection Prevention and Control (IPC)

We found that there was adequate supply of personal protective equipment (PPE) in the home and staff confirmed that they felt well equipped. Staff were observed to wear the right PPE at the right times. On a virtual walk round we observed that the environment looked clean and clutter free, allowing for enhanced cleaning of hard surfaces and regular touch points.

We could see that the IPC audits were completed regularly and any deficits or anomalies were addressed in a timely manner.

Staff spoken with were knowledgeable regarding Covid-19 symptoms and were aware of what to do if they observed changes in patient presentation and were also aware of their responsibilities around self-monitoring and reporting.

We discussed the provision of mandatory training specific to IPC and staff confirmed that they had access to online training during the pandemic and that between the mandatory training and regular Covid-19 guidance updates, they felt they had the necessary skills and knowledge to conduct their roles to a safe standard.

Patients told us:

- “My room is kept very clean.”
- “They (staff) clean everything up after they have been in.”

Relative comments included:

- “They tell us when testing (covid-19) is happening.”

6.2.4 Quality of life for patients

On the virtual walk-round we observed patients to appear relaxed, comfortable and well groomed. We observed the lunch time serving and could see that the dining area was prepared before patients arrived and tables and chairs were positioned to enable social distancing while maintaining a relaxed social atmosphere. The lunch serving appeared unhurried and organised.

As part of our focus on nutrition we reviewed the menus from July 2020 and could see that patients were offered a wide variety of dishes. Patients were also provided with menu cards which indicated which dishes could be modified to suit special dietary requirements. From this we could see that those patients on specific food and fluid recommendations from speech and language therapy (SALT) had at least two choices at every meal time.

The home had also developed place mats which displayed the different levels of modified foods. These mats could then be personalised to each patient, which gave an additional safety step to ensure patients received the correct modification level.

Patients told us:

- “There is lots of it (food), and you can’t please everybody all the time, but I would like to have a Chinese take away or some fried rice sometimes. The chef has made rice but I’d like it fried with meat.” This patient told us that they had not previously raised this request to the staff and consented to have this passed to the manager and chef. On feedback the manager stated that there would be no issues with ordering a take away and also the chef is always more than happy to make specific individual requests.
- “The food is lovely, plenty of it and we get lots of teas and wee things morning, noon and night, it’s excellent.”

Relative comments on food included:

- “I could order that food every day, I wouldn’t mind moving in myself, its warm, looks good and there is plenty of choice on the menu. At the start my (relative) didn’t eat very well but when the staff found out the simple things they like it was sorted for her straight away and she loved it.”

Staff told us that they have the opportunity to order food and they regularly taste test:

- “It’s very good and if anyone doesn’t like something they can get it changed at any time.”
- “We can and do order food a lot.”
- “Even the pureed foods taste really nice and are presented well.”

- “We sample the food as part of the quality auditing and we taste the modified foods too...they always taste lovely.”
- “If the patients don’t like what’s on the menu they can ask for anything else...the kitchen take great pride in presenting the food and staff can and do order food for themselves which is a good sign, we all like it.”

The service had implemented the Covid-19 Regional Principles for Visiting in Care Settings in Northern Ireland, and had a designated visiting area with appointment only arrangements and enhanced cleaning in place. However, due to community transmission rates and following a risk assessment, the manager took the decision to restrict visiting further to protect the safety of patients and staff. There was evidence that this decision was under regular review and all relevant parties had been informed. The manager told us that staff assist patients to make phone and video calls to their relatives and friends and they were very conscious of keeping community links open in safe ways during the pandemic.

There was an activity programme in place and there was evidence of both group and one to one sessions ongoing, these included group games, music sessions, one to one readings, hand massages and pampering.

Staff were seen to treat patients with kindness and respect and patients told us that they felt safe and well looked after.

Patients said:

- “It’s terrible what’s happening outside but we are safer in here.”
- “I can use the skype to see my son.”
- “The girl who organises the groups has a lot of people to please but if I don’t like what’s on there is enough to occupy my time.”
- “I get stuck in to whatever is happening, I like the company and there is something on most days...I’m going to the skittles game after this chat.”
- “I think we are lucky to be here.”
- “We are well looked after and couldn’t want for better.”
- “(staff) absolutely do anything to help.”

Relative said:

- “I know they have closed again to visiting and we fully understand that decision and support the manager.”
- “If we ring to speak the staff just give her (patient) the phone and let us talk as long as we want.”

6.2.5 Quality Improvement

We looked at the home’s own quality improvement plan which showed that there was a desire to continually improve the service and patient experience. This was evident in the development of enhanced menu cards with multiple choices that were inclusive of all specialised modified diets. And the introduction of individualised place mats at meal times which added a layer of safety. This work was done with input from Speech and Language Therapy (SALT) services.

The home was also working in partnership with the South Eastern Health and Social Care Trust in the implementation of a pharmacy project 'sick day'. This was an initiative that involved early identification of patient needs based on illness and the medications prescribed to treat the illness. The aim of this project was to reduce the need for hospital admissions and to enhance the care provided within the home. This project was in its infancy but has the potential to enhance the quality and scope of care provided to patients, without them having to leave home.

Areas of good practice

Areas of good practice were identified in relation to staffing levels, accessibility of the manager, the home's ethos and culture, meal time experience and quantity, quality and presentation of food, and choice and safety in relation of modified diets. Additional areas of good practice were noted in relation to communications from the home, Covid-19 guidance implementation and positive working relationships with Trust departments.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of inspection there was evidence of good practice in relation to care delivery, Covid-19 guidance, nutrition and communication between stakeholders.

Discussions took place with the manager in relation to monthly monitoring visits, off duty rotas and auditing systems, detailed in sections 6.2.1 and 6.2.2. As the manager had provided assurances that these areas would be addressed it was agreed to review this at the next inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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