



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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PRIMARY INSPECTION ANNOUNCED

Inspection No:	9736
Establishment ID No:	1491
Name of Establishment:	Mountvale Nursing Home
Date of Inspection:	20 June 2012
Inspector's Name:	Sharon McKnight

1.0 GENERAL INFORMATION

Name of Home:	Mountvale Nursing Home
Address:	5 Brewery Lane Meeting Street Dromore Co Down BT25 1AH
Telephone Number:	028 9269 9480
E mail Address:	mountvale@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr William Trevor Gage
Registered Manager:	Ms Linda Kennedy (registration pending)
Person in Charge of the Home at the time of Inspection:	Ms Linda Kennedy
Categories of Care:	Nursing NH - I NH - PH NH - PH (E) RC - I (Max 5 persons)
Number of Registered Places:	51
Number of Patients Accommodated on Day of Inspection:	46 nursing 4 residential
Scale of Charges (per week):	£537 - £577 Nursing / Physical disability £426 Residential
Date and type of previous inspection:	7 March 2012 Secondary Unannounced
Date and time of inspection:	20 June 2012 9:55am – 16:30pm
Name of Lead Inspector:	Sharon McKnight

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Analysis of the returned self assessment on Standard 12 : Nutrition, although the statements will not be validated during this inspection.

- Discussion with the manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to the following users of the service, carers, health and social care professionals and staff:

Patients	10 patients individually and with the majority generally
Staff	5
Relatives	1
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the Inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	10

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the selected DHSSPS Nursing Homes Minimum Standards and a thematic focus incorporating selected standards and good practice indicators. An assessment on the progress of the issues raised during and since the previous inspection was undertaken.

Themes and standards inspected:

- **Theme 1: Patients are accommodated in a nursing home which will meet their care needs and ensure that their needs are reviewed regularly.**

- **Theme 2: Staff are suitably trained, supervised and competent to meet the needs of the patients accommodated and the future plans of the organisation.**
- **Standard 25: Management systems and arrangements are in place that support and promote the delivery of safe, quality care services (only selected criteria will be inspected).**

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Guidance - Compliance statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report

5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.
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7.0 PROFILE OF SERVICE

Mountvale Private Nursing Home is located centrally in Dromore, County Down and is close to main transport routes and local amenities.

The home can provide care for a maximum of 51 persons. Five of the 51 beds are registered to support residential care if required. When beds are available, respite care is regularly provided. The home no longer provides a day care service.

The home is registered to provide care under the following categories:

Nursing Care

- NH - I Old age not falling into any other category
- NH - PH Physical disability other than sensory impairment - under 65 years
- NH - PH (E) Physical disability other than sensory impairment – over 65 years

Residential Care

- RC - I Old age not falling into any other category. Maximum of 5 residents

The facility is a two storey building comprising of forty - seven single bedrooms and two double bedrooms, three sitting rooms, visitor's area, two dining rooms, kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

Car parking is provided to the front of the home.

8.0 SUMMARY OF INSPECTION

A primary announced inspection of Mountvale Private Nursing Home was undertaken by the inspector for the home, Sharon McKnight, on 20 June 2012 from 09:55 – 16:30 hours.

The inspector was welcomed into the home by the manager Linda Kennedy. Verbal feedback of the issues identified during the inspection was given to Ms Kennedy at the conclusion of the inspection.

Prior to the inspection, the registered provider/manager completed a self assessment using the criteria outlined in the standards inspected. The comments provided by the registered provider/manager in the self assessment were not altered by RQIA in any way.

As part of the inspection process 30 questionnaires were forwarded to the home for completion by staff. Ten were returned. The inspector arranged with the manager to meet with the staff on duty on an individual basis.

During the course of the inspection, the inspector met with patients/residents, relatives and staff, observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The requirements and recommendations made as a result of the previous inspection were also examined. Both of the requirements and the one recommendation issued have been complied with. The outcomes of the action taken can be viewed, in detail, in the section following this summary.

Theme 1 Patients are accommodated in a nursing home which will meet their care needs and ensure that their needs are reviewed regularly.

The manager confirmed that pre admission assessment details were received prior to admission for all patients. The inspector reviewed the care records of three patients recently admitted. The records contained copies of the pre admission assessments provided by the referring healthcare Trust. Records included a validated nursing assessment, healthcare assessments, for example, occupation therapy, physiotherapist, medical report and a current list of the patient's medication.

Care management assessments which contained the patients assessed risks were also available in the care records inspected. The assessments were signed and dated on receipt by the home. The manager informed the inspector that the information provided in these assessments was taken into account in determining if the home was registered and suitable to meet the patients' assessed needs.

The manager confirmed that they visit the patient in their current care setting to undertake a pre admission assessment for all planned admissions.

In the three care records reviewed the inspector evidenced that at the time of each patient's admission to the home, a nurse carried out initial risk assessments and developed agreed plans of care to meet the patient's immediate care needs. Specific validated assessment tools such as moving and handling, Braden scale, Malnutrition Universal Screening Tool (MUST), falls and wheelchairs were in place. The inspector evidenced that care plans were completed within 11 days of patients' admissions to the home which was in keeping with the DHSSPS Nursing Homes Minimum Standards.

The inspector observed that a named nurse system was operational in the home. The roles and responsibilities of named nurses were discussed with one registered nurse who informed the inspector that the responsibilities included discussing, planning and agreeing nursing interventions to meet the assessed needs of patients.

Care records within the home were maintained on a computerised system. The manager informed the inspector that a copy of each patient's care plan was printed off and given to the patient and/or their representative for reading and signing. The inspector reviewed seven care records in regard to patient involvement. There was written evidence in four patient's records that the patient's representatives had been involved in discussions in regard to the planning and agreeing nursing and care interventions. However there was no written evidence in three of the records examined. The inspector was informed that communication with relatives takes place on a regular basis with regard to care needs. It is recommended that patients and/or their representatives are involved in discussing and agreeing nursing intervention. Records should be maintained of this consultation.

The manager informed the inspector that care management reviews were held post admission and annually thereafter. Care reviews could also be arranged in response to changing needs, expressions of dissatisfaction with care or at the request of the patient or their representatives or by the home. A member of nursing staff attended each care review. Patients and their representatives were also invited to attend the reviews by the Trust. The inspector reviewed the minutes of four care management reviews which evidenced that, where appropriate patients and their representatives had been invited to attend.

The inspector can confirm that the home is assessed as substantially compliant with this theme.

Theme 2 Staff are suitably trained, supervised and competent to meet the needs of the patients accommodated and the future plans of the organisation.

Review of two staff induction records evidenced that staff were provided with a structured orientation and induction. The records of induction were fully completed and contained the signatures of the inductor and the inductee.

The manager informed the inspector that a written training and development plan was held in the home. This plan will be reviewed and updated annually or more

often, in accordance with the training needs of individual staff and the aims and objectives of the home. Review of the training plan evidenced that staff were required to attend mandatory training and other training appropriate to the work they perform.

The manager informed the inspector that the effects of training on practice was evaluated through observation of practice and annual appraisal with staff. The manager reviews all of the completed forms and follows up any issues with the individual staff member. The inspector reviewed the evaluation forms which included how staff intended to put the training into practice and anything that they would do differently as a result of the training.

The manager informed the inspector that a system to deliver formal, individual supervision session had been established. The manager identified that staff required to be trained prior to facilitating supervision sessions. On the day of inspection no dates had been arranged for the training. It is good to note that the training need had been identified and it is recommended that staff receive this training prior to commencing supervision. The manager confirmed that they had attended supervision training in 2009. A policy and contract for staff supervision was in place. The manager confirmed to the inspector that currently they undertake all staff supervision and that all staff have had a recorded, individual, formal supervision session in the past six months. The inspector reviewed a blank supervision record and a recommendation has been made in regard to further development of the form.

Discussion with the manager evidenced that appraisal meetings with staff had been undertaken within the last 12 months by the previous manager. The manager confirmed that they plan to review the appraisal meetings with all staff towards the end of 2012 when they have a better knowledge of staff performance.

The inspector reviewed the staff duty rota which clearly identified the hours worked by the manager and the registered nurse in charge of the home in the absence of the manager

The manager informed the inspector that a competency and capability assessment was undertaken for all registered nurses who take charge of the home in their absence. The inspector reviewed the assessments and a recommendation is made in regard to further development of the form.

The inspector can confirm that the home is assessed as substantially complaint with this theme.

Standard 25 Management systems and arrangements are in place that support and promote the delivery of safe, quality care services (only selected criteria will be inspected).

There was evidence of a defined management structure that clearly identified the lines of accountability, specific staff roles and responsibilities. The statement of purpose contained the written management structure for the home.

In the absence of the manager, a suitably experienced and competent registered nurse was designated to act on behalf of the manager. This nurse was clearly identified on the nursing staff duty roster.

The inspector discussed with the manager the monitoring arrangements in place to ensure safe and effective delivery of care. The registered manager informed the inspector that each day they walk around the unit meeting with the patients, staff and visiting relatives and that the following processes were in place to assist them in monitoring the standard of care:

- Nursing shift hand over reports
- systematic auditing programme
- staff meetings, maintained at least quarterly
- complaints
- compliments
- annual quality assurance reports
- HSC Trust care management reviews.

The inspector reviewed management audits of the following areas:

- Accidents/incidents
- patient care records
- medicines management
- infection control, staff practice and environment

This review evidenced that a systematic approach to the auditing of working practices within the home was in place. The inspector reviewed the records of an audit undertaken by the manager of care records. The records included issues identified. The manager explained that a copy of these issues was given to the relevant nurse who, when the issues had been addressed, signed and dated the record and returned it to the manager who then re-audited the area for compliance. This is considered good practice by the inspector.

The inspector reviewed the record of a medication audit completed in April. The audit record template included a section for an action plan. However despite areas for improvement being identified through the audit process this section was not completed. The same area for improvement was noted in May and June but again the action plan was not completed. It is recommended that audit process is further developed to include completion of action plan, where appropriate, a record of the action taken and re-audit of the area to ensure compliance.

The inspector discussed with the manager the registered person's procedure for monitoring the quality of services provided by the home. The manager informed the inspector that a monthly visit was undertaken by the registered person and that a written report was available. The inspector reviewed the written reports prepared by the registered person from March - May 2012 and a recommendation has been made that the action plan from the previous visit by the registered provider should be reviewed at the next visit and all areas commented on.

The manager informed the inspector that quality assurance questionnaires were sent to patients and /or their representatives annually. A questionnaire survey was last undertaken in May 2012. The manager informed the inspector that responses were still being received by the home. The manager explained that they intended to collate the responses and share them with the patients and their representatives. Some comments in the returned questionnaires included:

“kitchen staff could not be better”

“laundry staff are excellent”

“there is always a clean smell in the home”

“I have had to contact the staff many times on various matters and have always had a positive result”

“staff are always very helpful”

“even when a meal has been pureed it is attractively presented”.

Discussion with the manager confirmed that an annual report in respect of the quality of services was undertaken by the registered person. The report included occupancy levels, a review of the management arrangements over the past year, staffing levels, notifiable incidents, complaints and outcomes, activities and events and a summary of inspection activity, for example RQIA.

A policy on “whistleblowing” was in place. Review of this policy clearly identified to whom staff reported concerns about poor practice. Discussion with the manager evidenced that they were knowledgeable of their role in supporting staff who identified issues through the “whistleblowing” policy and how to respond to and manage suspected, alleged or actual incidents of poor practice.

Discussion with one registered nurse and three care staff confirmed that they were knowledgeable of the correct procedures to follow if they had concerns regarding poor practice. The manager informed the inspector that there were appropriate mechanisms to support staff in reporting concerns about poor practice.

The inspector can confirm that the home is assessed as substantially complaint with this standard.

11.0 ADDITIONAL AREAS EXAMINED

11.1 Complaints

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro actively managed.

11.2 Patient Finance Questionnaire

Prior to the inspection a patient questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire, and discussion with the registered manager, indicated that patients monies were being managed in accordance with legislation and best practice guidance.

11.3 Declaration of NMC Registration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.4 Care practices

The inspector observed the interactions between staff and patients throughout the home to be appropriate, caring and considerate. There was clear evidence of good relationships.

Staff were also observed to use appropriate moving and handling techniques when transferring patients from their armchair to a wheelchair. Good practice was evident whether staff used a hoist or when they supported the patient to transfer with the assistance of one or two staff.

Staff were observed to assist patients who required assistance with their meal appropriately. Staff were seated beside the patients, observed to chat with the patient during the meal while providing sensitive and thoughtful assistance. This is good practice.

Stakeholder participation

Patients views

The inspector spoke with 10 patients individually and with the majority patients generally. Patients who could communicate informed the inspector that they were happy living in the home. Patients commented positively about the staff and the care they received.

Relative's views

The inspector spoke at length with one relative who was visiting during the inspection. The relative spoken with commented positively regarding management, staff attitude, care delivery, meals and the environment.

Staff views

During the inspection the inspector spoke with one registered nurse and three care staff. Staff spoken with were knowledgeable regarding the needs of the patients in their care and were positive in regard to the standard of care they delivered and the training opportunities available to them. As previously discussed staff were

knowledgeable of the whistle blowing policy and the correct procedures to follow if they had concerns regarding poor practice.

Thirty questionnaires, from RQIA, were sent to staff prior to the inspection, ten were returned. Responses indicated that the majority of staff were either satisfied or very satisfied with care provided in the home, including areas such as patient privacy, promotion of independence and having time to listen and talk to patients. Two staff members indicated that they were very dissatisfied with the time they had to listen and talk to patients.

Two staff included comments in regard to the communication within the home. The inspector discussed this with the manager. It was good to note that the manager was aware of staff issues and had implemented systems to improve the staff handover report and admission planning.

Visiting professionals

The inspector had the opportunity to speak with an assistant care manager who was visiting the home. The assistant care manager spoke confidently regarding the care patients they are involved with receive and that staff prepared and spoke knowledgeably regarding patient need in care management review meetings.

Conclusion

Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients. The inspector would like to acknowledge that although the manager only took up a relatively short time ago she is to be commended for the efficient manner in which she has settled into the home and the manner in which she has ensured that continuity of care has been preserved.

A total of five recommendations were made as a result of this inspection. Compliance with the recommendations issued will assist in further enhancing the standard of care provided within the home.

The inspector wishes to thank Ms Kennedy, patients, relatives and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 14(3)	<p>The registered person shall make suitable arrangements to provide a safe system for moving and handling patients.</p> <p>The registered persons must review the moving and handling assessment currently in use to ensure that it clearly and consistently identifies the needs of the patient.</p> <p>Risk assessments must be completed for all patients for whom the home provides a wheelchair. The risk assessment must determine if the wheelchair is suitability to safely meet the needs of the patient. The assessment process must include the use of footrests and the appropriate use of the safety belt.</p>	<p>The inspector reviewed four moving and handling assessments. All of the assessments were fully completed and clearly identified the needs of the patients.</p> <p>The inspector reviewed the care records of four patients which evidenced that an individual assessment had been completed to determine if the allocated wheelchair was suitable to meet the needs of the patient.</p>	Compliant
2	Regulation 19(3)(a)	Care records must be updated following assessment by healthcare professionals to accurately reflect the needs of the patient.	The inspector reviewed the care record of a patient who had recently been assessed by a healthcare professional. The care records had been updated to accurately reflect the recommendations made.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	32.8	It is recommended that the record of safety checks of wheelchairs is reviewed and further developed to include the actual areas inspected, for example brakes, foot rests, safety belt clip.	The inspector reviewed the record of wheelchair checks which included the actual areas examined.	Compliant

THEME 1 – PATIENTS ARE ACCOMMODATED IN A NURSING HOME WHICH WILL MEET THEIR CARE NEEDS AND ENSURE THAT THEIR NEEDS ARE REVIEWED REGULARLY

<p>Criterion Assessed: 3.4 The manager ensures that referral forms providing all necessary information, including any risk assessment relating to the patient and the delivery of their care and services, is completed before admission. Any documents from the referring Trust are dated and signed when received.</p>	<p>COMPLIANCE LEVEL</p>
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<p>Provider's Self Assessment: The home's management ensures that pre-admission information is provided via referral forms etc is provided prior to admission from the appropriate placing Health and Social Care Trust. Any documents received from the Trust are dated and signed when received. All relevant documentation is completed prior to admission.</p>	<p>Substantially compliant</p>
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<p>Inspection Findings: The manager confirmed that pre admission assessment details were received prior to admission for all patients. The inspector reviewed the care records of three patients recently admitted. The records contained copies of the pre admission assessments provided by the referring healthcare Trust. Records included a validated nursing assessment, healthcare assessments, for example, occupation therapy, physiotherapist, medical report and a current list of the patient's medication. Care management assessments which contained the patients assessed risks were also available in the care records inspected. The assessments were signed and dated on receipt by the home. The manager informed the inspector that the information provided in these assessments was taken into account in determining if the home was registered and suitable to meet the patients' assessed needs.</p>	<p>Compliant</p>
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Criterion Assessed:	COMPLIANCE LEVEL
<p>3.7 An identified nurse employed by the nursing home visits the patient, carries out and records an assessment of nursing care needs (using validated assessment tools), prior to admission. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.</p>	
Provider's Self Assessment:	
<p>The Nurse Manager carries out a pre-assessment visit on all patients (unless an emergency admission), and Information from other care providers is used in this assessment</p>	Substantially compliant
Inspection Findings:	
<p>The manager confirmed that they visit the patient in their current care setting to undertake a pre admission assessment for all planned admissions. This was evidenced in the three patients' care records reviewed.</p> <p>The pre admission assessment contained the following information:</p> <ul style="list-style-type: none"> • A validated nursing assessment • medical history and diagnosis • current medications. 	Compliant

<p>Criterion Assessed: 5.1 At the time of each patient’s admission to the home, a nurse carries out and records an initial risk assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: On the day of admission, a designated nurse carries out an initial assessment and draws up a plan of care to meet the patient’s needs whilst also using information received from the care management team</p>	<p>Substantially Compliant</p>
<p>Inspection Findings: In the three care records reviewed the inspector evidenced that at the time of each patient’s admission to the home, a nurse carried out initial risk assessments and developed agreed plans of care to meet the patient’s immediate care needs. Information received from care management was included in this process. Specific validated assessment tools such as moving and handling, Braden scale, Malnutrition Universal Screening Tool (MUST), falls and wheelchairs were in place.</p>	<p>Compliant</p>
<p>Criterion Assessed: 5.2 A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: A comprehensive holistic assessment of the patient’s needs is completed within 11 days of admission using a range of validated assessment tools.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: The inspector evidenced that care plans were completed within 11 days of patients’ admissions to the home.</p>	<p>Compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
5.3 A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professionals.	
Provider's Self Assessment:	
Advice and recommendations from relevant health professionals are incorporated into the patient's plan of care whilst promoting independence and rehabilitation if appropriate by the named nurse	Substantially Compliant
Inspection Findings:	
<p>The inspector observed that a named nurse system was operational in the home. The roles and responsibilities of named nurses were discussed with one registered nurse who informed the inspector that the responsibilities included discussing, planning and agreeing nursing interventions to meet the assessed needs of patients.</p> <p>Care records within the home were maintained on a computerised system. The manager informed the inspector that a copy of each patient's care plan was printed off and given to the patient and/or their representative for reading and signing. The inspector reviewed seven care records in regard to patient involvement. There was written evidence in four patient's records that the patient's representatives had been involved in discussions in regard to the planning and agreeing nursing and care interventions. However there was no written evidence in three of the records examined. The inspector was informed that communication with relatives takes place on a regular basis with regard to care needs. It is recommended that patients and/or their representatives are involved in discussing and agreeing nursing intervention. Records should be maintained of this consultation.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
5.8 Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multi-disciplinary review meetings arranged by local HSC Trusts as appropriate.	
Provider's Self Assessment:	
Patients are encouraged to attend and give input into the care management review meetings, if they are unable to attend, they are visited by the Care Manager after the meeting to facilitate their views.	Compliant
Inspection Findings:	
<p>The manager informed the inspector that care management reviews were held post admission and annually thereafter.</p> <p>Care reviews could also be arranged in response to changing needs, expressions of dissatisfaction with care or at the request of the patient or their representatives or by the home. A member of nursing staff attended each care review. Patients and their representatives were also invited to attend the reviews by the Trust.</p>	Compliant

<p>Criterion Assessed: 5.9 The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: Minutes of review meetings are recorded and maintained in the patients’ notes. Patients and or their representatives are kept informed of any changes or progress</p>	<p>Substantially Compliant</p>
<p>Inspection Findings: The inspector reviewed the minutes of four care management reviews which evidenced that, where appropriate patients and their representatives had been invited to attend. Minutes of the care review included the names of those who had attended, an assessment of the patient’s needs and a record of issues discussed.</p>	<p>Compliant</p>
<p>Criterion Assessed: 25.14 There are procedures for reviewing all patient placements in the home that includes those who are self-referred and those placed by local HSC trusts.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: A record is kept of care review meeting dates and the Care Manager/Link worker is notified if any reviews are overdue</p>	<p>Substantially Compliant</p>
<p>Inspection Findings: The manager confirmed that there was a procedure in place for reviewing all patient placements in the home. A list of all the patients with the date of the last care management review and a date when the next review was due was available in the home for easy reference by staff.</p>	<p>Compliant</p>

<p>Criterion Assessed: 25.6 Services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment:</p>	
<p>Services are delivered in accordance with the Statement of Purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.</p>	Substantially Compliant
<p>Inspection Findings:</p>	
<p>Discussion with the manager confirmed that they had a good awareness of the categories of care under which the home is registered.</p> <p>The inspector reviewed the statement of purpose which detailed the categories of care the home was registered to provide care within. The description of the categories of care was as detailed in The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005.</p>	Compliant
<p>Criterion Assessed: 15.2 Where the home is responsible for managing a patient's finances, the arrangements and the records to be kept are specified in the resident's agreement.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment:</p>	
<p>The Home is not responsible for managing patients' finances</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The administrator informed the inspector that they were not responsible for the management of any patients' finance. The administrator confirmed that the only monies held on behalf of patients were small amounts of money brought in by the patients' families. A receipt was issued by the home on receipt of the monies and records and receipts maintained of all expenditure. This money was used for hairdressing and small purchases as requested by the patient.</p>	Not applicable

<p>Criterion Assessed: 15.8 If a patient has been assessed as incapable of managing their own affairs, the amount of money or valuables held by the home on behalf of the resident is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the patient’s agreement.</p>	<p>COMPLIANT LEVEL</p>
<p>Provider’s Self Assessment:</p>	
<p>If a patient is assessed as incapable of managing their affairs, the Nurse Manager would report it in writing to the referring trust</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>This criterion is not applicable as the home is not responsible for the management of any patients’ finance.</p>	<p>Not applicable</p>
<p>Criterion Assessed: 15.9 When there is evidence of a patient becoming incapable of managing their own affairs, the registered person reports the matter in writing to the local or referring Trust.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self Assessment:</p>	
<p>If a patient is becoming incapable of managing their own affairs the Nurse Manager would refer the matter in writing to the Care Manager of the local or referring Health and Social Care Trust</p>	<p>Substantially Compliant</p>
<p>Inspection Findings:</p>	
<p>This criterion is not applicable as the home is not responsible for the management of any patients’ finance.</p>	<p>Not applicable</p>

PROVIDER’S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 2 – STAFF ARE SUITABLY TRAINED, SUPERVISED AND COMPETENT TO MEET THE NEEDS OF THE PATIENTS ACCOMMODATED AND THE FUTURE PLANS OF THE ORGANISATION	
Criterion Assessed:	COMPLIANCE LEVEL
28.1 Staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.	
Provider’s Self Assessment:	
Newly appointed staff complete a detailed structured orientation and induction programme.	Substantially Compliant
Inspection Findings:	
<p>Review of two staff induction records evidenced that staff were provided with a structured orientation and induction.</p> <p>The induction programmes reviewed contained the following information;</p> <ul style="list-style-type: none"> • The date of commencement of induction • the areas of induction included • date of completion of each section. <p>The records of induction were fully completed and contained the signatures of the inductor and the inductee. The induction programmes were completed prior to the manager taking up post. The manager confirmed to the inspector that she would sign and date all completed induction programmes to ensure good governance arrangements.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>28.7 There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the organisation.</p>	
Provider’s Self Assessment:	
<p>There is a written training and development plan that is kept under review, it reflects the training needs of staff and the aims and objectives of the organisation.</p>	Substantially Compliant
Inspection Findings:	
<p>The manager informed the inspector that a written training and development plan was held in the home. This plan will be reviewed and updated annually or more often, in accordance with the training needs of individual staff and the aims and objectives of the home.</p> <p>The manager confirmed that individual staff training records were held for all grades of staff in accordance with the DHSSPS Nursing Homes Minimum Standards (February 2008). Review of the training plan evidenced that staff were required to attend mandatory training and other training appropriate to the work they perform.</p>	Compliant

<p>Criterion Assessed: 28.8 The effect of training on practice and procedures is evaluated as part of quality improvement.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: Training is evaluated through supervision and evaluation forms</p>	<p>Substantially Compliant</p>
<p>Inspection Findings: The manager informed the inspector that the effects of training on practice was evaluated through observation of practice and annual appraisal with staff. The manager reviews all of the completed forms and follows up any issues with the individual staff member. The inspector reviewed the evaluation forms which included how staff intended to put the training into practice and anything that they would do differently as a result of the training.</p>	<p>Compliant</p>
<p>Criterion Assessed: 29.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: The Nurse Manager has received training in supervision and appraisal</p>	<p>Compliant</p>
<p>Inspection Findings: The manager informed the inspector that a system to deliver formal, individual supervision session had been established. The manager identified that staff required to be trained prior to facilitating supervision sessions. On the day of inspection no dates had been arranged for the training. It is good to note that the training need had been identified and that staff would receive this training prior to commencing supervision. The manager confirmed that they had attended supervision training in 2009.</p>	<p>Compliant</p>

<p>Criterion Assessed: 29.4 Staff have recorded individual, formal supervision according to the home’s procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.</p>	COMPLIANCE LEVEL
<p>Provider’s Self Assessment:</p>	
<p>An appropriate programme of Supervision for all members of staff is being implemented and will be carried out every 6 months. More frequent Supervision will be held for new staff and staff who are not performing satisfactorily</p>	Moving towards Compliance
<p>Inspection Findings:</p>	
<p>A policy and contract for staff supervision was in place. The manager confirmed to the inspector that currently they undertake all staff supervision and that all staff have had a recorded, individual, formal supervision session in the past six months.</p> <p>The inspector reviewed a blank supervision record. The supervision record did not include a section to record details of any action agreed by the supervisor with the supervisee to address performance issues. It is recommended that the record of supervision is further developed to include the agreed action to be taken where concerns regarding practice are identified. A review of any action plan from the previous supervision should be discussed at the beginning of all supervision sessions.</p> <p>The inspector met with three members of care staff who confirmed that they had received formal supervision. Twenty five questionnaires were sent to staff prior to the inspection, 10 were returned. Five of the 10 respondents confirmed that they had an individual, formal recorded supervision, three responded that they had not and two did not complete this question.</p>	Substantially compliant
<p>Criterion Assessed: 29.5 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.</p>	COMPLIANCE LEVEL
<p>Provider’s Self Assessment:</p>	
<p>The Nurse Manager carries out all formal supervision</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The manager confirmed to the inspector that currently they undertake all staff supervision.</p>	Compliant

<p>Criterion Assessed: 29.6 All staff have recorded annual appraisal meetings with line managers to review their performance against their job descriptions, and to agree personal development plans.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: All staff will have recorded annual appraisal meetings with the Nurse Manager to review their performance and to agree personal development plans</p>	Moving towards Compliance
<p>Inspection Findings: Discussion with the manager evidenced that appraisal meetings with staff had been undertaken within the last 12 months by the previous manager. The manager confirmed that they plan to review the appraisal meetings with all staff towards the end of 2012 when they have a better knowledge of staff performance. Discussion with five staff confirmed that they benefited from these appraisal meetings and that they were involved with their line manager in agreeing personal development plans. As previously discussed 25 questionnaires were sent to staff prior to the inspection, 10 were returned. All of the respondents confirmed that they received an appraisal at least annually. The manager confirmed that the outcome of supervision and review of the records of appraisal sessions informed the development of the annual training programme.</p>	Compliant
<p>Criterion Assessed: 30.4 There is a competent and capable nurse in charge of the home at all times.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: There is a competent and capable nurse in charge of the home at all times.</p>	Compliant
<p>Inspection Findings: The inspector reviewed the staff duty rota which clearly identified the following; <ul style="list-style-type: none"> • The hours worked by the manager • the registered nurse in charge of the home in the absence of the manager The manager informed the inspector that a competency and capability assessment was undertaken for all registered nurses who take charge of the home in their absence.</p>	Substantially compliant

<p>The assessments reflected the nurses' competency in regard to care issues, care records, professional issues and medication. It is recommended that the competency record if further developed to include the duties and responsibilities of the registered nurse in charge of the home in the absence of the manager. For example – Reg. 30 notifications, management of POVA, management of outbreaks, management of emergency situations i.e. Power failure, water failure, generator maintenance.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 25 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 25.1 There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.	COMPLIANCE LEVEL
Provider's Self Assessment:	
There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There was evidence of a defined management structure that clearly identified the lines of accountability, specific staff roles and responsibilities. The statement of purpose contained the written management structure for the home.	Compliant
Criterion Assessed: 25.2 The registered manager ensures that the nursing home delivers services effectively on a day-to-day basis in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional bodies and standard setting organisations. Issues arising are reported to the registered person.	COMPLIANCE LEVEL
Provider's Self Assessment:	
The registered manager ensures that the nursing home delivers services effectively on a day-to-day basis in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional bodies and standard setting organisations. Issues arising are reported to the registered person.	Substantially Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined the nursing staff duty roster for the week of the inspection. The review evidenced that the manager's hours were recorded appropriately. In the absence of the manager, a suitably experienced and competent registered nurse was designated to act on behalf of the manager. This nurse was clearly identified on the nursing staff duty roster.	Compliant

The inspector discussed with the manager the monitoring arrangements in place to ensure safe and effective delivery of care. The registered manager informed the inspector that each day they walk around the unit meeting with the patients, staff and visiting relatives.

The manager confirmed the following processes were in place to assist them in monitoring the standard of care:

- Nursing shift hand over reports
- systematic auditing programme
- staff meetings, maintained at least quarterly
- complaints
- compliments
- annual quality assurance reports
- HSC Trust care management reviews.

<p>Criterion Assessed: 25.3 The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.</p>	Substantially Compliant
<p>Inspection Findings: The inspector discussed with the manager training undertaken in relation to the management of the service.</p> <p>The manager confirmed that within the last three years the areas of training undertaken included:</p> <ul style="list-style-type: none"> • NVQ Level IV in leadership and management • recruitment and selection training • employment legislation • management of safeguarding vulnerable adults • Northern Ireland Social Care Council (NISCC) registration process • bullying and harassment training • dementia development. <p>The inspector did not review the training records of the registered person on this occasion.</p>	Compliant
<p>Criterion Assessed: 25.4 The registered manager provides the Regulation and Quality Improvement Authority with documentary evidence of their NMC registration, either annually or on request.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: The registered manager can provide the Regulation and Quality Improvement Authority with documentary evidence of their NMC registration, either annually or on request.</p>	Compliant
<p>Inspection Findings: Prior to the inspection the manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).</p> <p>The evidence provided in the returned proforma indicated that all nurses, including the manager, were appropriately registered with the NMC.</p>	Compliant

<p>Criterion Assessed: 25.11 Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures, and action is taken when necessary.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment:</p>	
<p>Monthly audits are carried out and action is taken when necessary</p>	Substantially Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector reviewed management audits of the following areas:</p> <ul style="list-style-type: none"> • Accidents/incidents • patient care records • infection control, staff practice and environment <p>This review evidenced that a systematic approach to the auditing of working practices within the home was in place. The inspector reviewed the records of an audit undertaken by the manager of care records. The records included issues identified. The manager explained that a copy of these issues was given to the relevant nurse who, when the issues had been addressed, signed and dated the record and returned it to the manager who then re audited the area for compliance. This is considered good practice by the inspector.</p> <p>The inspector reviewed the record of a medication audit completed in April. The audit record template included a section for an action plan. However despite areas for improvement being identified through the audit process this section was not completed. The same area for improvement was noted in May and June but again the action plan was not completed. It is recommended that audit process is further developed to include completion of action plan, where appropriate, a record of the action taken and re-audit of the area to ensure compliance.</p>	Substantially compliant

<p>Criterion Assessed: 25.12 The registered person monitors the quality of services in accordance with the home's written procedures, and completes a monitoring report on a monthly basis. This report summarises any comments made by patients about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>The registered person monitors the quality of services in accordance with the home's written procedures, and completes a monitoring report on a monthly basis. This report summarises any comments made by patients about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector discussed with the manager the registered person's procedure for monitoring the quality of services provided by the home. The manager informed the inspector that a monthly visit was undertaken by the registered person and that a written report was available. This report included a record of the number of patients, relatives and staff spoken, a review of the key findings from completed audits and a review of the environment. An action plan was recorded at the end of the report.</p> <p>The inspector reviewed the written reports prepared by the registered person from March - May 2012. The report clearly stated that some of the areas in the previous action plan had been reviewed and any follow up action required and/or taken was recorded. There were areas identified for which there was no recorded review or follow up. It is recommended that the action plan from the previous visit by the registered provider should be reviewed at the next visit and all areas commented on.</p>	<p>Substantially compliant</p>

<p>Criterion Assessed: 25.13 The quality of services provided is evaluated on at least an annual basis, a report prepared and follow-up action taken. Key stakeholders are involved in this process.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: An annual questionnaire has been sent out to all patients' representatives, a report will be prepared and follow up action taken</p>	Moving towards compliance
<p>Inspection Findings: The manager informed the inspector that quality assurance questionnaires were sent to patients and /or their representatives annually. A questionnaire survey was last undertaken in May 2012. The manager informed the inspector that responses were still being received by the home. The manager explained that they intended to collate the responses and share them with the patients and their representatives. Some comments in the returned questionnaires included:</p> <p>“kitchen staff could not be better” “laundry staff are excellent” “there is always a clean smell in the home” “I have had to contact the staff many times on various matters and have always had a positive result” “staff are always very helpful” “even when a meal has been pureed it is attractively presented”.</p> <p>Discussion with the manager confirmed that an annual report in respect of the quality of services was undertaken by the registered person. The report included occupancy levels, a review of the management arrangements over the past year, staffing levels, notifiable incidents, complaints and outcomes, activities and events and a summary of inspection activity, for example RQIA.</p>	COMPLIANCE LEVEL Compliant

<p>Criterion Assessed: 25.17 All accidents, incidents, communicable diseases and deaths occurring in the nursing home are reported to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: All accidents, incidents, communicable diseases and deaths occurring in the nursing home are reported to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.</p>	Compliant
<p>Inspection Findings: The inspector confirmed that notifications were forwarded to RQIA appropriately in accordance with Regulation 30 of the Nursing Home Regulations (Northern Ireland) 2005.</p>	Compliant
<p>Criterion Assessed: 25.18 The registered person has arrangements in place for dealing with Alert letters issued by DHSS&PS and NMC, managing identified lack of competence and poor performance, and reporting incompetence in line with NMC guidelines.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: The registered person has arrangements in place for dealing with Alert letters issued by DHSS&PS and NMC, managing identified lack of competence and poor performance, and reporting incompetence in line with NMC guidelines.</p>	Moving toward compliance
<p>Inspection Findings: The inspector discussed the process used by the registered persons to monitor the management of electronic Alert Notifications from DHSSPS and NMC. The manager explained that copy of Alert letters were retained in the home for future reference.</p> <p>The manager informed the inspector that registered nurses have competency assessments completed annually for example administration of medicines.</p> <p>The manager was knowledgeable regarding their role in reporting incompetence in line with NMC guidelines.</p>	COMPLIANCE LEVEL Compliant

<p>Criterion Assessed: 25.19 The registered manager ensures that all nurses are registered with NMC, that they adhere to the NMC Code of Professional Conduct and obtains evidence that professional registration requirements are met.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: The registered manager ensures that all nurses are registered with NMC, that they adhere to the NMC Code of Professional Conduct and obtains evidence that professional registration requirements are met.</p>	Compliant
<p>Inspection Findings: Prior to the inspection the registered person/manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC). The evidence provided in the returned proforma indicated that all nurses including the registered manager were appropriately registered with the NMC. The inspector discussed with registered manager the process for checking NMC registrations. The inspector was satisfied that these processes were robust.</p>	COMPLIANCE LEVEL Compliant
<p>Criterion Assessed: 25.20 There is a written policy on "Whistle Blowing", and written procedures that identify to whom staff report concerns about poor practice.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment There is a written policy on "Whistle Blowing", and written procedures that identify to whom staff report</p>	Substantially Compliant
<p>Inspection Findings: A policy on "whistleblowing" was in place. Review of this policy clearly identified to whom staff reported concerns about poor practice. Discussion with the manager evidenced that they were knowledgeable of their role in supporting staff who identified issues through the "whistleblowing" policy and how to respond to and manage suspected, alleged or actual incidents of poor practice. Discussion with one registered nurse and three care staff confirmed that they were knowledgeable of the correct procedures to follow if they had concerns regarding poor practice.</p>	COMPLIANCE LEVEL Compliant

Criterion Assessed: 25.21 There are appropriate mechanisms to support staff in reporting concerns about poor practice.	COMPLIANCE LEVEL
Provider's Self Assessment	
Staff are encouraged to report any concerns regarding poor practice to the Nurse Manager	Substantially Compliant
Inspection Findings:	COMPLIANCE LEVEL
The manager informed the inspector that there were appropriate mechanisms to support staff in reporting concerns about poor practice. The following mechanisms were in place: <ul style="list-style-type: none"> • Policy on "whistleblowing" • "open door policy" • POVA training; 	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

11.0 ADDITIONAL AREAS EXAMINED

11.1 Complaints

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro actively managed.

11.2 Patient Finance Questionnaire

Prior to the inspection a patient questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire, and discussion with the registered manager, indicated that patients monies were being managed in accordance with legislation and best practice guidance.

11.3 Declaration of NMC Registration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.4 Care practices

The inspector observed the interactions between staff and patients throughout the home to be appropriate, caring and considerate. There was clear evidence of good relationships.

Staff were also observed to use appropriate moving and handling techniques when transferring patients from their armchair to a wheelchair. Good practice was evident whether staff used a hoist or when they supported the patient to transfer with the assistance of one or two staff.

Staff were observed to assist patients who required assistance with their meal appropriately. Staff were seated beside the patients, observed to chat with the patient during the meal while providing sensitive and thoughtful assistance. This is good practice.

11.5 Stakeholder participation

Patients views

The inspector spoke with 10 patients individually and with the majority patients generally. Patients who could communicate informed the inspector that they were happy living in the home. Patients commented positively about the staff and the care they received.

Relatives views

The inspector spoke at length with one relative who was visiting during the inspection. The relative spoken with commented positively regarding management, staff attitude, care delivery, meals and the environment.

Staff views

During the inspection the inspector spoke with one registered nurse and three care staff. Staff spoken with were knowledgeable regarding the needs of the patients in their care and were positive in regard to the standard of care they delivered and the training opportunities available to them. As previously discussed staff were knowledgeable of the whistle blowing policy and the correct procedures to follow if they had concerns regarding poor practice.

Thirty questionnaires, from RQIA, were sent to staff prior to the inspection, ten were returned. Responses indicated that the majority of staff were either satisfied or very satisfied with care provided in the home, including areas such as patient privacy, promotion of independence and having time to listen and talk to patients. Two staff members indicated that they were very dissatisfied with the time they had to listen and talk to patients.

Two staff included comments in regard to the communication within the home. The inspector discussed this with the manager. It was good to note that the manager was aware of staff issues and had implemented systems to improve the staff handover report and admission planning.

Visiting professionals

The inspector had the opportunity to speak with an assistant care manager who was visiting the home. The assistant care manager spoke confidently regarding the care patients they are involved with receive and that staff prepared and spoke knowledgeably regarding patient need in care management review meetings.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Linda Kennedy as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Sharon McKnight
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

PRIMARY ANNOUNCED INSPECTION

MOUNTVALE NURSING HOME

20 JUNE 2012

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with manager Linda Kennedy either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Mountvale Nursing Home, Primary Announced, 20 June 2012

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5.3	<p>It is recommended that patients and/or their representatives are involved in discussing and agreeing nursing intervention. Records should be maintained of this consultation.</p> <p>Ref section 10. 5.3</p>	One	This has been discussed at Trained Staff meeting and updated Care Plans are now being signed by next of kin	Compliance by the end of July
2	29.4	<p>It is recommended that the record of supervision is further developed to include the agreed action to be taken where concerns regarding practice are identified.</p> <p>A review of any action plan from the previous supervision should be discussed at the beginning of all supervision sessions.</p> <p>Ref section 10, 29.4</p>	One	The Supervision Record has been developed to include agreed action taken and review of previous supervision held	Compliance by the end of July

3	30.4	<p>It is recommended that the competency record for registered nurses is further developed to include the duties and responsibilities of the registered nurse in charge of the home in the absence of the manager. eg incident notifications, management of POVA, management of outbreaks, management of emergency situations i.e. Power failure, water failure, and generator maintenance.</p> <p>Ref section 10, 30.4</p>	One	The Competency form has been developed to include the areas mentioned and were discussed and signed at the last Trained Nurse meeting	Compliance by the end of July 2012
4	25.11	<p>It is recommended that audit process is further developed to include completion of action plan, where appropriate, a record of the action taken and re-audit of the area to ensure compliance.</p> <p>Ref section 10, 25.11</p>	One	This will be incorporated as part of the audit process	Compliance by the end of July 2012
5	25.12	<p>It is recommended that the action plan from the previous visit by the registered provider should be reviewed at the next visit and all areas commented on.</p> <p>Ref section 10. 25.12</p>	One	Any action plans from previous visits will be reviewed at the next visit by the Registered Provider.	Compliance by the end of July 2012

DATE	APPROVED YES / NO	SIGNATURE OF INSPECTOR
06 August 2012	Yes	Heather Sleator