



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

<b>Name of establishment:</b>	<b>Mountvale</b>
<b>RQIA number:</b>	<b>1491</b>
<b>Date of inspection:</b>	<b>4 July 2014</b>
<b>Inspector's name:</b>	<b>Carmel McKeegan</b>
<b>Inspection number:</b>	<b>18366</b>

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of establishment:</b>	Mountvale
<b>Address:</b>	Brewery Lane Meeting Street Dromore Co Down BT25 1AH
<b>Telephone number:</b>	028 92699480
<b>Email address:</b>	nursemanager@mountvalepnh.co.uk
<b>Registered organisation/ registered provider:</b>	Mountvale Private Nursing Home Ltd
<b>Registered manager:</b>	Ms Jean Dougan (Acting)
<b>Person in charge of the home at the time of inspection:</b>	Ms Jean Dougan (Acting)
<b>Categories of care:</b>	Nursing NH - I NH - PH NH - PH (E) RC - I (Max 7 persons)
<b>Number of registered places:</b>	51
<b>Number of patients accommodated on day of inspection:</b>	49
<b>Scale of charges (per week):</b>	£581 Nursing / Physical disability £461 Residential
<b>Date and type of previous inspection:</b>	5 June 2013, Primary unannounced inspection
<b>Date and time of inspection:</b>	4 July 2014 10.00 - 14.30
<b>Name of inspector:</b>	Carmel McKeegan

## **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. A minimum of two inspections per year are required.

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

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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 Method/process**

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

- discussion with the acting nurse manager, Ms Jean Dougan
- discussion with staff
- discussion with patients individually and to others in groups
- review of any notifiable events submitted to RQIA since the previous inspection
- examination of records pertaining to activities and events
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- evaluation and feedback
- observation during a tour of the premises

## **5.0 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection.

The inspection was planned to assess the level of compliance achieved by the home with issues raised during the inspection of 5 June 2013.

The inspector has 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:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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.

## 6.0 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 nursing home is owned and operated by the Mountvale Private Nursing Home Ltd. Mr William Trevor Gage is the responsible person.

The current registered manager, Mrs Linda Kennedy is on long term planned leave. Ms Jean Dougan is the acting manager and has been in this position since June 2014.

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. Communal lounge and dining areas are provided on both floors on the nursing home. Access to the first floor is via a passenger lift and stairs.

Catering and laundry services are located on the ground floor and communal sanitary facilities are available throughout the home

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.

Car parking is provided to the front of the home.

The home is registered to provide care for a maximum of 51 persons under the following categories of care:

### Nursing care

- I old age not falling into any other category
- PH physical disability other than sensory impairment under 65
- PH (E) physical disability other than sensory impairment over 65 years

### Residential care

- I old age not falling into any other category, to a maximum of seven residents

## 7.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Mountvale Nursing Home. The inspection was undertaken by Carmel McKeegan on 4 July 2014 from 10.00 to 14.30 hours.

The inspection was planned to assess the level of compliance achieved by the home with issues raised during the inspection of 5 June 2013.

The inspector was welcomed into the home by the acting home manager Ms Jean Dougan who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Dougan at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, their representatives, nursing and ancillary 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 inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of service provision.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. Areas for improvement were identified as follows

One bedroom had electrical leads travelling across the bedroom floor. In the interest of health and safety, and in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 14 (2) (b) the registered person should ensure that any activities in which patients participate are free from avoidable risks.

In the interest of infection prevention and control, and in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 13(7) the following issues are required to be addressed;

- the carpet in the main communal lounge on the ground floor and the first floor was observed to be stained in several places. Both carpets should be deep cleaned to remove the stains or replaced.
- one patient's bedroom contained several opened boxes of catheter equipment which were stored on the floor, and on top of the wardrobe. Medical/nursing equipment should be stored in an appropriate storage facility.
- one patient's bedroom contained opened boxes of wound dressing products stored in un-lidded plastic container on the patient's bedroom floor.
- pressure relieving cushions should be reviewed for 'wear and tear', two cushions on chairs in the main lounge on the ground floor were observed to be torn and therefore cannot be effectively cleaned.

The inspector can confirm that the home at the time of the inspection appeared clean, fresh and free from odour. Other than the issues identified the home was well presented in all areas.

The inspector took the opportunity during inspection to discuss quality of care with a number of patients and their representatives. Patients appeared well and informed the inspector that they were well care for. All were very happy with the care delivered and all confirmed that they felt safe and well cared for in the home.

The inspector observed the interactions between staff and patients throughout the home which were seen to be respectful and considerate of the patients' abilities and well-being. Staff were present in all areas of the home, preparations were made for the mid-day meal, and the dining areas were well presented.

The inspector reviewed the care staff duty rota for the week of this inspection and discussed the staffing arrangements with the home manager. The planned staffing arrangements meets with the RQIA's staffing guidance for nursing homes (June 2009) in relation to staff to patient ratios.

The home employs two full time activity therapists to provide additional hours for the provision of activities to patients/residents, this is good practice.

The inspector reviewed a sample of records required to be held in the home under Regulation 19(2) Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were seen to be maintained to a good standard of record keeping. A recommendation is made to ensure that all Regulation 29 reports are available in the home on request.

## **Conclusion**

As a result of the previous inspection conducted on 5 June 2013, two requirements and two recommendations were issued.

Following this inspection the inspector can confirm that one requirement has been assessed as compliant; the other requirement is unable to be verified as compliant and is restated. Both of the recommendations previously made are evidenced as compliant.

The inspector raised two new requirements and one new recommendation as a consequence of this inspection. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP). Details can be viewed in the section immediately following this summary

The inspector would like to thank the patients/residents, home manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.



## 8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16(2)(b)	<p>The patient's plan must be kept under review.</p> <p>Care plans must be reviewed and updated to accurately reflect the needs of the patient.</p>	<p>The inspector was able to verify this requirement as compliant, full detail is provided in Section 9.2 of this report.</p>	Compliant
2	19(1)(a) Schedule 3, 2(k)	<p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence the care delivered and the date the record was completed.</p>	<p>The inspector was unable to verify this requirement as compliant, full detail is provided in Section 9.2 of this report.</p> <p>This requirement is stated for a second time.</p>	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Criterion 5.1	It is recommended that all patients have a baseline pain assessment completed and an on-going pain assessment where indicated.	<p>Review of three patient's care records confirmed that baseline pain assessment had been completed on admission to the home and remained under regular review and evaluation.</p> <p>This recommendation is assessed as compliant.</p>	Compliant
2	Criterion 5.3	It is recommended in keeping with best practice that a separate care plan is devised for each individual wound.	<p>The acting manager confirmed that only one patient had more than one wound, review of this patient's wound care records confirmed that separate records, in the form of wound assessment and ongoing wound management records were provided for each wound.</p> <p>This recommendation is assessed as compliant.</p>	Compliant

**8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection on 5 June 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Mountvale Nursing Home.

## 9.0 Additional Areas Examined

### 9.1 Environment

The inspector undertook a general inspection of the home and examined a number of patients' bedrooms, lounges, bathrooms and toilets at random.

Communal lounge areas provided a variety of seating and accommodated the needs of patients and visitors to the home. Fluids were available in lounges and bedrooms.

Bathroom facilities, sluice rooms and toilets were maintained to a good standard of cleanliness and hygiene.

Bedrooms presented as homely and comfortable, some patients had added some small items of furnishings which contribute to a domestic homely ambience. One bedroom, identified to the home manager, had electrical leads trailing across the path of entry into the bedroom, in the interest of health and safety, and in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 14 (2) (b) the registered person should ensure that any activities in which patients participate are free from avoidable risks.

In the interest of infection prevention and control, and in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 13(7) the following issues are required to be addressed;

- the carpet in the main communal lounge on the ground floor and the first floor was observed to be stained in several places. Both carpets should be deep cleaned to remove the stains or replaced.
- one patient's bedroom contained several opened boxes of catheter equipment which were stored on the floor, and on top of the wardrobe. Medical/nursing equipment should be stored in an appropriate storage facility.
- one patient's bedroom contained opened boxes of wound dressing products stored in un-lidded plastic container on the patient's bedroom floor.
- pressure relieving cushions should be reviewed for 'wear and tear', two cushions on chairs in the main lounge on the ground floor were observed to be torn and therefore cannot be effectively cleaned.

### 9.2 Care records

The inspector observed that a named nurse system was operational in the home. The roles and responsibilities of named nurse was outlined in the patient's guide. The focus of this care record review was to establish the level of compliance with the two requirements made at the previous inspection regarding patient care records.

#### Previous Requirement 1

**The patient's plan must be kept under review. Care plans must be reviewed and updated to accurately reflect the needs of the patient.**

Review of two patient's care records (long term care) confirmed that re-assessment was an on-going process and was carried out daily or more often in accordance with the patients' needs.

Day and night registered nursing staff recorded evaluations in the daily progress notes on the delivery of care for each patient.

Care plans including supplementary assessments were reviewed and updated on at least a monthly basis or more often if required.

Review of one patient's care records in relation to wound care indicated that these care records were reviewed each time the dressing was changed and also when the dressing regime was changed or the condition of the wound had deteriorated. Review of care records also evidenced that nutritional care plans for patients were reviewed monthly or more often as deemed appropriate.

Discussion with two registered nurses and review of governance documents evidenced that a number of care records were audited on a monthly basis. There was also evidence to confirm that action was taken to address any deficits or areas for improvement identified through the audit process.

### Previous Requirement 2

**The registered person shall maintain contemporaneous notes of all nursing provided to the patient.**

**Repositioning charts must be accurately maintained to evidence the care delivered and the date the record was completed.**

The inspector reviewed the repositioning charts of two patients who were nursed in bed.

The following areas were identified;

Patient A (identity known to the registered manager)

- at 11.20 hours, the patient was observed to be positioned on their left side, the repositioning chart showed that this record had last been completed at 06.00 hours which recorded that the patient was positioned on their left side.
- the patient's care plan stated "requires to be repositioned regularly"; this is not a measureable care plan objective. The patient's care plan should clearly state the time frame for repositioning, e.g.; every two hours or every three hours.
- a repositioning chart had not been commenced for 4 July 2014.

Patient B (identity known to the registered manager)

- at 11.30 hours, the patient was observed to be positioned on their right side, the repositioning chart showed that this record had last been completed at 02.00 hours, which recorded that the patient was positioned on their right side.
- discussion with nursing and care staff confirmed that patients had been attended and nursing care provided to meet their individual needs but this had not been recorded as repositioning charts had not been completed since day staff commenced duty.
- the inspector revisited the patient at 12.00 hours and the patient's repositioning chart had been updated.
- this patient's care plan was not reflective of the patient's current needs, for example the care plan stated that the patient needed the assistance of one person to mobilise, and indicated that the patient was independent with eating and drinking, observations made

confirmed that the patient was in a frail condition. The patient required assistance with meals and drinks and was nursed in bed. This patient's care plan should be updated.

The inspector was unable to confirm that contemporaneous notes of nursing care and intervention was maintained, this requirement is therefore restated.

### **9.3 Staffing Arrangements**

At the time of this inspection 49 patients were living in the nursing home.

The inspector reviewed the care staff duty rota for the week of this inspection and discussed the staffing arrangements with the home manager.

The home manager confirmed that the planned staffing provision is as follows;

- 08.00 – 14.00      2 registered nurses and 9 care assistants
- 14.00 – 20.00      2 registered nurses and 6 care assistants, (plus 1 twilight shift)
- 20.00 – 08.00      2 registered nurses and 3 care assistants

The planned staffing arrangements meets with the RQIA's staffing guidance for nursing homes (June 2009) in relation to staff to patient ratios.

The home employs two full time activity therapists to provide additional hours for the provision of activities to patients/residents, this is good practice.

### **9.4 Care Practices**

The inspector observed the interactions between staff and patients throughout the home which were seen to be respectful and considerate of the patients' abilities and well-being.

Staff were visible in all areas of the home, and were seen to maintain a supervisory presence in communal lounge areas at all times. Preparations were made for the mid-day meal, and the dining areas were well presented.

The daily menu was suitably displayed and was seen to provide the meal choices available for each meal time that day.

Relatives and professionals who visited the home were warmly welcomed and were provided with assistance in respect of the purpose of their visit.

### **9.5 Patient Views**

The inspector spoke with the majority of patients. Patients who were able to express an opinion of the care and services provided stated that they were well looked after and were content living in the home.

Some of the comments received by the inspector included:

"The staff are all very kind and they look after us all very well."

"They staff are marvellous, nothing to complain about at all."

"This is a good nursing home, and I have no complaints."

## 9.6 Records required to be held in the nursing home

The inspector reviewed the following records:

- the patient's guide
- sample of staff duty rosters
- record of complaints
- record of food and fluid provided for patients
- sample of incident/accident records
- Regulation 29 monthly monitoring reports

### Regulation 29 Reports

The inspector requested to review reports prepared by the registered person in respect of monthly unannounced monitoring visits in accordance Regulation 29 (Regulation 29 reports), dating from January 2014. At the time of the inspection, the home manager was unable to locate reports for January 2014 and May 2014; all other reports were available for inspection. Following the inspection the home manager confirmed that Regulation 29 reports for January 2014 and May 2014 were available in the nursing home. It is recommended that Regulation 29 reports are kept in the nursing home and are available on request.

Other records and documents were seen to be maintained to a good standard of record keeping.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms J Dougan, registered manager, 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:

**Carmel McKeegan  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**





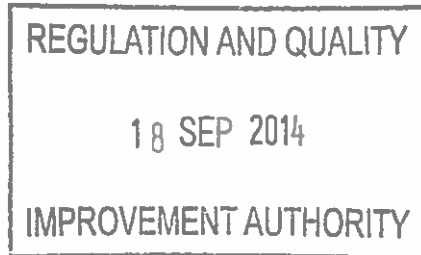
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## Quality Improvement Plan

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**Mountvale**

**4 July 2014**



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 Ms Jean Dougan, acting home manager, 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.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	19(1)(a) Schedule 3, 2(k)	<p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence the care delivered and the date the record was completed.</p> <p><b>Ref: Section 8 Follow up on previous issues</b></p>	Two	<p>The home's current repositioning charts have been revised and amended with clearer instructions .</p> <p>All staff have been advised in relation to the completion of the charts this has been reinforced with a memo and will be raised at the next staff meeting.</p> <p>Audits of charts will continue to take place on a monthly basis.</p>	From the date of this inspection
2.	14 (2) (b)	<p>The registered person should ensure that any activities in which patients participate are free from avoidable risks.</p> <p><b>Ref: Section 9.1</b></p>	One	The identified risk has been removed.	From the date of this inspection
3.	13(7)	<p>In the interest of infection prevention and control, the following issues are required to be addressed;</p> <ul style="list-style-type: none"> <li>• the carpet in the main communal lounge on the ground floor and the first floor was observed to be stained in several places. Both carpets should be deep cleaned to remove the stains or replaced.</li> <li>• one patient's bedroom contained</li> </ul>	One	The carpet in the main communal lounge in the ground floor and the first floor has been deep cleaned its condition will continue to be monitored	From the date of this inspection

		<p>several opened boxes of catheter equipment which were stored on the floor, and on top of the wardrobe. Medical/nursing equipment should be stored in an appropriate storage facility.</p> <ul style="list-style-type: none"> <li>• one patient's bedroom contained opened boxes of wound dressing products stored in un-lidded plastic container on the patient's bedroom floor.</li> <li>• pressure relieving cushions should be reviewed for 'wear and tear', two cushions on chairs in the main lounge on the ground floor were observed to be torn and therefore cannot be effectively cleaned.</li> </ul> <p><b>Ref: Section 9.1</b></p>		<p>items stored in the patients bedroom have been removed and stored in at an appropriate location.</p> <p>wound dressing products have been removed.</p> <p>the pressure relieving cushions which were identified have been removed and replaced.</p>	
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**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.	25.12	Regulation 29 reports should be kept in the nursing home and be available on request.  Ref: Section 9.6	One	The Regulation 29 reports are in place.	From the date of this inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

<b>Name of Registered Manager Completing Qip</b>	Jean Dougan
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Trevor Gage

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes.	Heida Thompson	9/10/14
Further information requested from provider			