



# Unannounced Care Inspection Report 2 April 2019



## Movilla House

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

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 50 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Movilla House Ltd  <b>Responsible Individual:</b> Derek Alfred Bell	<b>Registered manager:</b> Tracey Anderson
<b>Person in charge at the time of inspection:</b> Tracey Anderson	<b>Date manager registered:</b> 19 September 2016
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 50

### 4.0 Inspection summary

An unannounced inspection took place on 2 April 2019 from 10:00 to 16:50.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We observed that patients were offered choice within the daily routine, that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients.

There were stable and well established management arrangements with systems in place to provide the management with oversight of the services delivered.

One area for improvement was identified in relation to recording how the level of satisfaction was determined following the receipt of a complaint.

Patients described living in the home in positive terms. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Anderson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 26 October 2018

The most recent inspection of the home was an unannounced medicines management inspection.

No further actions were required to be taken following the most recent inspection on 26 October 2018.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for staff from 26 March to 7 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits made on behalf of the responsible person
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 October 2018.**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 15 May 2018.

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14(2)(c) <b>Stated:</b> First time	The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.  Cleaning chemicals must be stored securely in accordance with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No risks or issues were identified with the storage of cleaning chemicals during this inspection.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure that supplementary care charts are accurately maintained to evidence delivery of care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four patients' supplementary care charts evidenced delivery of care.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 22.9 <b>Stated:</b> First time	The registered person shall ensure that a post falls review is completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that a post falls review was completed within 24 hours of a patient sustaining a fall; no amendments to the care plans were required.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location showing what is available at each mealtime.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The daily menu was displayed in the dining room. Patients spoken with were well informed of the planned menu for the day.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

In order to determine if care was delivered safely we talked with a number of the patients. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them.

Patients were happy that they knew the staff as it is a consistent team with few changes. Patients said:

“The staff are excellent.”

“They’ve all got to know me.”

“There’s only the odd change to staff.”

It was good to observe that those patients who, due to their frailty were unable to request staffs’ attention, were regularly attended to by staff.

A system was in place to identify appropriate staffing levels to meet the patient’s needs. A review of the staff rotas for the period 26 March to 7 April 2019 confirmed that the staffing numbers identified were provided.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was supported by the wider staff team on the delivery of recreational activities

We provided questionnaires in an attempt to gain the views of relatives, patients and staff but unfortunately there were no responses received.

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriately checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. Records of two completed induction programmes were reviewed.

The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities. The local health and social care trust also provide training which staff in the home can attend. Staff reported that they are encouraged and supported by the manager to attend these trainings.

We discussed how patients are protected from abuse. The manager confirmed that the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. The registered nurses spoken with were knowledgeable of the action to take, and who to inform, in the event of an allegation of abuse being made. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The manager is responsible for ensuring all staff are registered appropriately. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The registered manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' relatives, the registered manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We observed staff to determine if there was good practice to minimise the risk of the spread of infection. A sign was displayed on the front door of the home asking visitors to consider delaying their visit until another day if they had been in contact, or had symptoms of illnesses, such as vomiting and diarrhoea or colds and flus etc.

Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.



The environment in Movilla House was homely, warm and comfortable. There were a choice of three sitting rooms and armchairs in the reception area of the home. A selection of comfortable chairs were available in the lounges alongside space for patients who sat in their own specialised seating. Patients' were encouraged to individualise their own rooms; many had pictures, family photographs and ornaments brought in from home. A significant number of patients chose to sit in their bedrooms throughout the day. Each patient had a comfortable chair in their room and a table within easy reach to hold everyday things that they need such as newspapers, magazines, TV remote controls. We spoke with 15 patients who preferred to remain in their bedrooms rather than sitting in the lounges. Patients told us that their rooms were cleaned regularly and that they enjoyed having their belongings around them, especially family photographs.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices. The home was clean and fresh smelling throughout.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

### **Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

#### **6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

We spoke with 15 patients individually who were very happy with the care they were receiving. They confirmed that staff arranged visits from their GP, podiatry, opticians and dentists when they needed them. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

We observed that there were clear working arrangements for the sharing of information of the needs of the patients. Staff were allocated daily to deliver care to identified patient groups. Patient care was discussed at the beginning of each shift.

As previously discussed a range of assessments, to identify each patient's needs, were completed by a registered nurse on admission to the home; from these care plans which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for.

Records reviewed confirmed that wound care was delivered in keeping with the prescribed care. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. The home participates in the South Eastern Health and Social Care Trust (SEHSCT) community dietetic department monthly review of patients who are prescribed nutritional supplements. Participation in this initiative ensures that the effectiveness of the nutritional supplements for these patients is reviewed regularly. Staff valued their involvement in this initiative.

Patients we spoke with were very happy with the variety and quality of the meals provided. The morning tea trolley had a variety of snacks ranging from homemade tray bakes and biscuits to bowls of fresh sliced fruit. Fruit smoothies were provided for those patients who required a modified diet. We met with the chef who spoke passionately about the menu, the importance of choice and effective methods of fortifying food to provide food high in calories in a natural way. It was obvious from talking to the chef that he was familiar with the patients' likes and dislikes, including the size of portion they preferred.

Records of what individual patients eat at each meal were completed for patients with a poor appetite; we reviewed these records for two patients, both detailed the quantity of the food eaten at each meal. Both patients had been seen by the community dietician, had care plans in place and were receiving nutritional supplements. These patients had not experienced any weight loss in the past three months.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. The registered nurses explained that patients' independence was respected within the home and therefore falls may happen. We reviewed the accident book and the management of falls recorded. We can confirm that recorded accidents were appropriately managed with medical advice sought as required if an injury was sustained. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. Staff we spoke with were aware of those patients who were assessed as at high risk of falls. Assistive technology, for example the use of alarm mats, was in use for a number of patients and, as previously discussed, was managed appropriately in the best interest of patients.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. They supported patients to make daily decisions and we observed that with patients who required support to make a decision staff used their knowledge of individuals to prompt decisions. Staff worked well as a team and reported that there were good relations between differing roles within the team.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 10:00 and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff spoke to us about the daily routine and understood the challenge of providing a flexible routine whilst ensuring all of the patients had their needs met in a timely manner. We observed that staff regularly checked with each other progress with the daily routine; this included discussions with what needed done prior to going on breaks. This was commended.

We spoke with 15 patients, in their bedrooms throughout the day. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities. We asked if patients felt their consent was gained prior to providing care. They confirmed that staff would ask if they were ready to get up or would like to go to bed. Patients understood that, at times if staff were busy, they would have to wait but felt that the time it took staff to return to them was reasonable. For those patients who were unable to voice their opinion staff provided good explanation of the care they were about to deliver prior to assisting the patient.

The patients told us the following:

"As far as being looked after I have everything I need."

"Anything I need I'll talk to matron."

"I can have my meals here or go to the dining room, the food is excellent."

"I'm as happy as a lark."

Residents meetings were held monthly and chaired by the activity co-ordinator. The registered manager explained that the meetings provide an opportunity for patients to have their say about the home. Activities, care delivery and the menu are discussed each month; patients can also discuss any other issues regarding the day to day running of the home. A record is kept of the issues discussed and any action to be taken following the meeting. Patients opinions and comments offered were recorded by their room number.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“Heartfelt thank you to each and everyone of you for looking after ...in the last months of her life. She was treated with love, dignity and respect by every member of staff in Movilla House. Thank you also for the kindness and support you gave to us” (January 2019)

“...made the decision to remain in your care when she knew she did not have long to live... you provided that peace of mind for her.”

“Thank you so much for all your care and support during ...short stay with you. We truly appreciate everything you did for us as a family and we feel blessed that you were all there for her during this very difficult time.”

Discussion with staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs. All of the patients spoken with were well informed of the activity programme. The monthly meetings provide an opportunity for patients to be involved in the development of this programme. The activity co-ordinator explained that only patients who find the group activities meaningful participate in them. The co-ordinator recognised that some patients prefer one to one activities and others prefer not to be involved at all. However a copy of the activity programme is delivered to each bedroom to allow patients to make an informed decision whether to attend or not.

A number of ladies told us of a new activity “the lunch club.” They explained that once a month a table is set in one of the lounges and a small number of ladies are served lunch in this quieter environment. There are four or five ladies who attend and they told us that the lunch club has allowed them to get to know each other better. The activity co-ordinator reported that these ladies have become more involved in the wider activity programme because of this. Another club recently started was the indoor bowling club. We spoke with one patient who told us that prior to the bowling club they did not participate in the activity programme, but choose to spend their day in their room. Since joining the bowling club they have met other patients and now regularly attend many of the group activities. They told us that “Movilla is no longer just the four walls of my bedroom.” This was commended by the inspector.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, systems to provide patients with a say in the day to day running of the home and the positive impact of the activities provided.

### **Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2016 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The manager reported that they were well supported by the owner (responsible person). They were also supported in their role by a deputy manager and an administrator. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Patients and staff reported that the manager was very approachable and available to speak to.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. This is an example of how good governance arrangements can bring about improvement through the use of regular auditing and is to be commended.

The responsible person, who is also the owner of Movilla House, is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available up to November 2018. Due to issues with the computer filing system the most recent reports could not be accessed on the day of the inspection; the issue was being actively addressed by the responsible person.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations and the action taken. It is good practice to record how the level of satisfaction was determined; the records in the home did not consistently include this. This was identified as an area for improvement. Patients told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed. One patient commented:

"If there's anything not right you only have to say and it will be fixed."

Examples of compliments received have been provided in section 6.6 of this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

## Areas for improvement

One area for improvement was identified in relation to recording how the level of satisfaction was determined following the receipt of a complaint.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

### 7.0 Quality improvement plan

The one areas for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Tracey Anderson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16.11  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2019	The registered person shall ensure that the record of complaints includes how the complainant's level of satisfaction with the outcome was determined.  Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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