

Unannounced Medicines Management Inspection Report 11 October 2019



Movilla House

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

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide care for up to 50 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Movilla House Ltd Responsible Individual(s): Mr Derek Alfred Bell	Registered Manager: Mrs Tracey Anderson
Person in charge at the time of inspection: Mrs Tracey Anderson – until 13.30 Mrs Liz O'Neill – 13.30 onwards	Date manager registered: 19 September 2016
Categories of care: Nursing Homes I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 11 October 2019 from 10.20 to 14.50.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections 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 management of medicines, the environment, the dining experience and the activities provided in the home.

No areas for improvement were identified at this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, 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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Liz O'Neill, Registered Nurse, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 2 April 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management 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 were provided to give to patients and those who visit them the opportunity to contact us after the inspection with views of the home. No questionnaires were returned to RQIA within the timeframe for inclusion in this report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- a sample of patients records of care and progress notes
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 medicines management inspection

There were no areas for improvement identified as a result of the most recent medicines management inspection on 26 October 2018.

6.2 Review of areas for improvement from the last care inspection dated 2 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 16.11 Stated: First time	The registered person shall ensure that the record of complaints includes how the complainant's level of satisfaction with the outcome was determined.	Met
	Action taken as confirmed during the inspection: A review of the complaints file evidenced that it included details of how the complainant's level of satisfaction with the outcome was determined. A revised template for recording the nature of the complaint, the outcome of the investigation, the overview of the action taken, the outcomes (including level of satisfaction), follow up and lessons learned was in place.	

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.

Staff advised that they felt that there were enough staff to meet the needs of the patients and this was evidenced during the inspection. The patients we spoke with said that they felt well looked after in the home. The visitor and healthcare professional we spoke with were complimentary regarding staff and management and did not raise any concerns regarding staffing levels. Patients’ needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients. The registered manager advised that she was aware that some areas needed to be repainted and that an action plan was in place.

A sample of personal medication records and medication administration records was reviewed and were mostly appropriately maintained. Registered nurses were reminded that two staff should verify and sign handwritten additions to medication administration records. A small number of entries on the personal medication records did not correlate with those on the medication administration records. The registered nurse made a note of these discrepancies and agreed to update the personal medication records following the inspection.

A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?
The right care, at the right time in the right place with the best outcome.

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

We reviewed the lunchtime meal experience in the main dining room. Lunch commenced at 12.45. Patients dined at dining tables or at their preferred dining area i.e. their bedroom, the lounges. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch and alternatives were also provided on request. Patients who required their meals to be modified were also given a choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients’ dietary requirements. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The patients consulted with spoke positively about the food. Records of food and fluid intake were maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients ate a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 did not observe the administration of medicines during this inspection.

Of the questionnaires that were issued, none were returned within the timeframe specified for inclusion in this report.

We spoke with several patients during the inspection. All were complimentary regarding the care provided and staff. The following are some of the comments made:
 “I am delighted with the home. The food is great and varied. The staff are wonderful. The manager is great, she is always here. I would highly recommend the home. You get anything you ask for, it is very reassuring.”
 “I am always happy here.”

“I’m struggling on. It’s a good atmosphere here. I have a lovely room and very comfortable bed.”
 “I have a star room. They are very good to me. I have a lovely view.”
 “I love the armchair bowls. I’m going later today.”
 “ I enjoy it well here, they let me do my own thing. I go out to the shops every day. The food is lovely here.”

We spoke with one visitor who was also complimentary regarding the care provided, staff and management. Comments included:

“It is wonderful here. The staff are great, lovely rapport with the patients. There are lots of activities. They celebrate all holidays, have parties and decorate the zimmers, it’s lovely.”

We spoke with one care manager who was also complimentary regarding the care provided, staff and management. He said that patients are happy with the home, were happy to stay after periods of respite/rehabilitation and they had never been any complaints about the care provided. He also commented that registered nurses were available, very approachable and professional in their interactions with the care management team.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable. Staff engaged patients in appropriate and caring conversation.

Observation of the care practices evidenced that staff adopted a person centred care approach. Staff communicated with patients in a manner that was sensitive and understanding of their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

There had been no medication incidents since the last medicines management inspection. The registered manager advised of the robust auditing processes. She advised that registered nurses knew how to identify and report incidents and that any incidents would be investigated to identify and implement any learning. In relation to the regional safeguarding procedures, staff advised that they were aware that incidents may need to be reported to the safeguarding team.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The registered manager advised that she had requested to attend Level 3 training and that staff were currently completing Level 2 training via e-learning.

We met with several staff who advised that there were good working relationships and that management were supportive, approachable and responsive to any suggestions/concerns.

Comments included:

“ I love working here. It’s a great team and good management. It is a lovely home to work in. Staff genuinely care about the patients, it’s not just a job. There is a lovely atmosphere. It is very well staffed compared to some homes and the care is very good.”

“ I like working here. The training is good. The patients get on very well with each other, there are little groups of friends.”

“ Patients choose what they want to eat the day before but they can change their mind, there are always extras made.”

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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