



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 13 May 2019



## Templemoyle

**Type of Service: Nursing Home**  
**Address: 41a Whitehill Road, Eglinton, BT47 3JT**  
**Tel No: 028 7181 1461**  
**Inspector: Jane Laird**

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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 30 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mrs Elizabeth Kathleen Mary Lisk  <b>Responsible Individual):</b> Elizabeth Kathleen Mary Lisk	<b>Registered Manager and date registered:</b> Jeya Pratheeksha 09 January 2015
<b>Person in charge at the time of inspection:</b> Jeya Pratheeksha	<b>Number of registered places:</b> 30
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 28

### 4.0 Inspection summary

An unannounced inspection took place on 13 May 2019 from 08.10 hours to 16.00 hours.

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

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, care delivery, record keeping, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home, governance arrangements, management of complaints and incidents, monthly monitoring visits, quality improvement and maintaining good working relationships.

It was positive to note that all areas for improvement from the previous inspection have been met and there were no areas for improvement identified during 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 surrounding and in their interactions with others/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
<b>Total number of areas for improvement</b>	0	0

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

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

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings in relation to care, estates and medicine management, 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 all staff from week commencing 6 May 2019 and 13 May 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
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- maintenance checks in relation to fire doors
- medicine records for the administration of liquid medication
- a sample of topical prescription and thickening agents recording charts
- a sample of reports of monthly monitoring reports from March 2019
- RQIA registration certificate

Areas for improvement identified at the last 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all five areas were met.

Areas of improvement identified at previous estates inspection have been reviewed. There was one area for improvement which has been met.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement all three areas have been met.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

We arrived in the home at 08.10 hours and were greeted by staff who were helpful and attentive. Patients were mainly in one of the lounges or within their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 May 2019 to 19 May 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the registered manager and that they worked well together as a team. Comments included, "I love working here" and "This is a good home". We also sought staff opinion on staffing via the online survey although nil responded within the required time frame post inspection.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Templemoyle. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame allocated.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of one staff recruitment file evidenced that this was maintained appropriately. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were adhered to on most occasions. Staff were observed utilising the correct personal protective equipment (PPE) and washing their hands before and after patient contact.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and fresh smelling throughout, any items of furniture or patient equipment that was identified as damaged and/or fabric torn was discussed with the registered manager who agreed to repair or replace these items as necessary.

We reviewed the maintenance records in relation to the monitoring of fire doors which evidenced that a monthly check was being carried out to ensure that the fire doors are operating correctly and that the smoke seal is effective.

On review of the most recent legionella risk assessment completed in February 2019, it was identified that there were a number of recommendations made by the assessor which had not been actioned in the time frame allocated. This was shared with the estates inspector for action if necessary.

A record of the administration of liquid medication was reviewed which evidenced that a robust system was in place to monitor the amount administered and the amount remaining. We also reviewed the management of self-administered medicines which identified that records were well maintained and a risk assessment and care plan had been commenced. This was commended by the inspector.

Topical prescriptions and thickening agent application charts evidenced that a robust monitoring process for delegated medicine tasks were in place to ensure records of medicine administration are fully completed. However, it was identified that prescription creams were stored within an unlocked fridge in a day room where patients were seated. This was discussed with the registered nurse who locked the fridge immediately. The registered manager was also made aware and the fridge was later removed from the day room and transferred to the nurse's station.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, maintenance checks, medication audits, supervision and appraisal and adult safeguarding.

### Areas for improvement

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

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

#### 6.4 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. A daily record had been maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, team work and communication between patients, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 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.**

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect and staff interactions with patients were observed to be compassionate, caring and timely.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. Staff were observed to use every interaction as an opportunity for engagement with patients. Patients were observed enjoying pot planting outdoors with the activity coordinator and there was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events where staff facilitated the patient’s favourite music or movie.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were mostly complimentary in respect of the home's environment; however, one patient commented that there was no shelter for patients to smoke outside. This was discussed with the registered manager who acknowledged that this was something that was needed and agreed to discuss this with senior management for further action.

We observed the serving of the lunchtime meal. Lunch commenced at 12.45 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Thank you all for everything you did for my ....."
- "We would like to thank everyone"

Consultation with 15 patients individually, and with others in small groups, confirmed that living in Templemoyle was a positive experience.

Patient comments:

- "The staff are brilliant."
- "Feel safe. Well looked after"
- "Great home. Well looked after."
- "Happy here."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, provision of activities, 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
<b>Total number of areas for improvement</b>	0	0

## 6.6 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered managers hours, and capacity in which these were worked were recorded. Discussion with the staff and patients evidenced that the registered managers working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the home manager. The name of the nurse in charge was highlighted on the rota.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of patients' weights and the management of wounds occurring in the home.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and that copies of the report were available for patients, their representatives, staff and trust representatives.

We evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, monthly monitoring visits, quality improvement and maintaining good working relationships between staff. There was evidence of good leadership in the home and the senior management were supportive in their quality assurance role.

## 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.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

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