



Unannounced Care Inspection Report

04 February 2020



Tamlaght

Type of Service: Nursing Home
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Tel No: 028 9336 6194
Inspector: Gillian Dowds and Mandy Ellis

www.rqia.org.uk

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. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

3.0 Service details

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited Responsible Individual(s): Fiona Gray	Registered Manager and date registered: Fiona Gray 5 May 2015
Person in charge at the time of inspection: Pam McDermott, Deputy Manager	Number of registered places: 45 The home is also approved to provide care on a day basis for 4 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 4 February 2020 from 09.30 hours to 18.00 hours.

The term 'patient' is used to describe those living in Tamlaght which provides nursing care. The inspection assessed progress with all areas for improvement identified in the home 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 staff interaction with patients, provision of activities, Deprivation of Liberty training and the meal time experience.

Areas requiring improvement were identified in relation to fire safety, mandatory staff training, infection prevention and control practices, record keeping, management of topical medicines and governance.

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

Comments received from patients, staff and visitors during 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	*7	*6

*The total number of areas for improvement includes five regulations and two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Gray, Manager and Pam McDermott, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and the service delivery in Tamlaght were below the standard expected. In April 2019 the home was placed into administration and RQIA were informed of this. Based on the inspection outcomes a decision was taken to invite the manager and administrator of the home to a serious concerns meeting. This meeting took place on the 14 February 2020. During the meeting RQIA were provided with the appropriate assurances that the concerns raised would be addressed and a decision was made to take no further enforcement action at this time. However, a further inspection would be undertaken to monitor the improvements made.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 5 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 including registration information, and any other written or verbal information received. For example, serious adverse incidents.

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 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 27 January to 9 February 2020
- 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
- four patient care records
- six 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 visits by the registered provider from August 2019
- RQIA's registration certificate

Areas for improvement identified at the last inspection were reviewed and an 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 previous inspection 5 August 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: Regulation 12 (1) Stated: First time	The registered person shall ensure that care records evidence the delivery of pressure area care as prescribed in patients' care plans.	Not met
	Action taken as confirmed during the inspection: Review of records evidenced "gaps" in the recording of the care delivered. This area for improvement has not been met and therefore will be stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (4) (b) and (c) Stated: First time	The registered person shall ensure that topical medicines and nutritional supplements are safely and effectively administered in accordance with the prescriber's instructions; and that an accurate record is kept of the administration of any medicine to a patient.	Not met
	Action taken as confirmed during the inspection: Records reviewed for nutritional supplements evidenced 'gaps' in the recording of administration. Topical administration records did not provide clear instructions as to daily administration requirements. This area for improvement has not been met and therefore will be stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that terminology used to record modified diets is consistently recorded across all records using the correct descriptors, to avoid confusion.</p> <p>Action taken as confirmed during the inspection: A review of records did not consistently record the correct descriptors. This is further discussed in 6.2.</p> <p>This area for improvement has not been met and therefore will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall implement a monitoring system to ensure that staff do not wear jewellery or nail polish in keeping with regional infection prevention and control measures and best practice.</p> <p>Action taken as confirmed during the inspection: A number of staff were observed to be wearing jewellery, nail polish and long sleeves.</p> <p>This area for improvement has not been met and therefore will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (5) and (6)</p> <p>Stated: First time</p>	<p>The registered person shall review the use of keypads to restrict exiting the home in conjunction with the DoH's deprivation of liberty guidance and the home's registered categories of care.</p> <p>A record of any decision making should be retained for inspection.</p> <p>Action taken as confirmed during the inspection: Observation confirmed the keypad in use at the front door now clearly displays the access code.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fire doors are not wedged or propped open. Doors requiring to be 'held open' should be done so using a device/s connected to the home's fire alarm system which can then close automatically when the fire alarm sounds.</p>	<p>Not met</p>

	Action taken as confirmed during the inspection: Observation on inspection evidenced that this area for improvement has not been met and therefore will be stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.3 Stated: First time	The registered person shall implement regular monitoring of repositioning charts to ensure nursing and care staff are completing them accurately.	Not met
	Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has not been met and therefore will be stated for a second time	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall implement an immediate review of medication records to ensure they accurately reflect the prescriber's instructions.	Not met
	Monitoring arrangements shall be put in place to ensure staff safely transcribe the prescriber's instructions from one document to another.	
	Action taken as confirmed during the inspection: A review of topical administration charts did not accurately reflect the prescriber's instructions. This area for improvement has not been met and therefore will be stated for a second time	

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.

Staffing levels on the day of inspection were observed to adequately meet the patients assessed needs. Staff spoken with confirmed that staffing levels met the needs of patients. A review of the staffing rota from 27 January to the 9 February 2020 evidenced that the planned staffing levels were adhered to.

The patients spoken with commented positively about the staff and the care provided.

A review of two staff recruitment files evidenced that the required pre-employment checks had been completed. However, in both files there were a number of queries which we discussed with the manager who provided us with assurances that the queries would be followed up during the interview process.

A review of records evidenced that arrangements were in place for monitoring the registration of nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Review of staff training records evidenced that no mandatory staff training has been delivered since March 2018. Mandatory training includes fire safety training, moving and handling training and adult protection training. This was discussed with the manager who did not provide a satisfactory reason for this deficit. Further assurances were sought at the serious concerns meeting on 14 February 2020. An area for improvement was made.

A review of the home's environment was undertaken which included observation of a sample of bedrooms, bathrooms, lounges, storage areas, sluices, treatment rooms and dining rooms. The home was found to be warm and fresh smelling throughout. However, a number of issues regarding infection and prevention control measures and staff practices (IPC) were identified. For example, commodes were not properly cleaned, bed rails were damaged and worn and nursing and care staff were wearing nail polish, jewellery and long sleeves. One area for improvement has been stated for a second time, refer to 6.1, and an additional area for improvement was made. Fire exits were observed to be clear and clutter free. However, one patient's bedroom door was found wedged open with a wooden door wedge. An area for improvement has been stated for the second time.

Some ceiling tiles were missing in the nurses' station and outside a fire exit on the ground floor these findings were discussed with the manager who agreed to address this.

Areas for improvement

Areas for improvement were made in regards to staff mandatory training, fire safety and prevention training and Infection and prevention control.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met in a timely manner. Call bells were answered promptly and patients were well presented and appeared comfortable in their surroundings and interactions with staff.

A review of two patient's care records evidenced that care plans were not reflective of the individualised assessed needs of the patients. This was discussed with manager and an area for improvement was made. An area for improvement in respect of the management of care records relating to food and fluids was also made.

We saw that patients at risk of developing a pressure ulcer were being re-positioned. However, as stated in section 6.1 there were gaps in the documents recording the delivery of this care and this had been identified during the previous care inspection in August 2019. This was discussed with the manager and the area for improvement has been stated for a second time.

Pressure relieving devices were being used appropriately for patients but nursing staff did not record the name the type of mattress in use in each patient's care plan. An area for improvement was made.

Recommendations from the Speech and Language Therapist (SALT) for patients on a modified diet were clearly recorded in the patients' care records. However, the terminology to describe modified food and fluids was not consistently used by nursing and care staff. This was discussed with the manager during the inspection. This area for improvement has been stated for the second time.

During the previous care inspection we identified a number of concerns about the management of topical medicines such as creams and ointments. There was insufficient evidence to confirm that two areas for improvement had not been addressed therefore these have been stated for a second time.

Prescribed topical creams observed in a patient's bedroom did not identify the opening date of the cream. An area for improvement was made.

The serving of the lunch time meal was observed. The food looked and smelt appetising and the patients were offered a choice of meal and staff provided assistance as required. A registered nurse was in the dining room to co-ordinate and oversee the serving of the meal, this was good practice. However, three patients had to wait in excess of 30 minutes for their meal to be served; this was discussed with the manager who agreed to monitor this.

Areas for improvement

Three areas for improvement were identified from this domain. The areas for improvement relate to pressure area care, medicines management, care records and documentation.

	Regulations	Standards
Total number of areas for improvement	1	3

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.

During the inspection we observed that patients appeared to be comfortable and content in their surroundings and in their interactions with staff. Staff were observed to be compassionate and caring. We saw staff providing assistance to patients as required, answering call bells promptly and interacting well with patients. A diversional therapist was providing the patients in the lounge with a shopping and price of goods activity.

Ten patient and relative questionnaires were left with the manager to distribute. Six were returned, all with positive comments regarding the care they or their loved ones received.

We spoke with six patients whose comments included:

- “Staff are very good”
- “Staff are on the ball”
- “The staff are very good indeed!”
- “The staff are just lovely”

We only had the opportunity to speak with one patient’s family member who commented “carers are brilliant” and they confirmed that they were kept up to date with their loved one’s care.

Thank you cards were displayed in the foyer and some comments included, “thank you for caring for my mother” and “thank you for everything you did for my husband”.

Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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.

There has been no changes to the management arrangement for the home since the last care inspection. At the meeting on the 14 February 2020 we discussed and received an update on the ongoing administration process in regard to the sale of the home.

As stated previously seven areas for improvement were not met and have been stated for a second time. This was disappointing and assurances were sought from the manager and the administrator for the home during the serious concerns meeting on 14 February 2020 that these areas would be actioned.

A review of audit records evidenced that a system of monthly audits was in place. For example, accidents and incidents occurring in the home, complaints and compliments received the use of restrictive practices and environmental checks. Although these audits were completed they were not completed on a monthly or regular basis. This was discussed with the manager given the inspection outcomes and will be followed up again at the next inspection.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Gray, Manager and Pam McDermott, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that care records evidence the delivery of pressure area care as prescribed in patients' care plans.</p> <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: A staff meeting was held following on from the inspection at which the points raised were fed back to staff and discussed. C/As made aware that the tasks they carry out must reflect the care plan prescribed for each resident.</p>
Area for improvement 2 Ref: Regulation 13 (4) (b) and (c) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that topical medicines and nutritional supplements are safely and effectively administered in accordance with the prescriber's instructions; and that an accurate record is kept of the administration of any medicine to a patient.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff reminded of the importance of administering and recording all prescribed medication in a timely manner.</p>
Area for improvement 3 Ref: Regulation 14 (2) (b) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that the terminology used to record modified diet is consistently recorded across all records using the correct descriptors. To avoid confusion.</p> <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: All the documentation relating to diet and fluids has been reviewed to ensure that only the new descriptors are being used.</p>
Area for improvement 4 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall implement a monitoring system to ensure that staff adhere to bare below the elbow and do not wear jewellery or nail polish in keeping with regional infection prevention and control measures and best practice.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: mAll staff are adhering to the uniform policy.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that fire doors are not wedged or propped open. Doors requiring to be 'held open' should be done so using a device/s connected to the home's fire alarm system which can then close automatically when the fire alarm sounds.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: All the rooms were audited and 2 further hold-open devices purchased and 1 installed and 1 as a spare.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20 (1) c</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – ensure that the persons employed by to work at the nursing home receive mandatory training and other training appropriate to the work they are to do</p> <p>Response by registered person detailing the actions taken: We have registered with a training provider for on-line and face to face training. Staff have completed mandatory training and are working their way through additional training topics.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 4 April 2020</p>	<p>The registered person shall ensure that staff monitor, record and meaningfully review the fluid intake of patients in a timely manner. This specifically relates to any patients on a daily fluid target.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff reminded of the need to record all fluids taken or given to residents and to evidence action taken when a problem is highlighted.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall implement regular monitoring of repositioning charts to ensure nursing and care staff are completing them in a timely manner and that they accurately reflect the care delivered.</p> <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: Nurses are checking the charts for the residents they are responsible for on each shift to ensure compliance with record keeping standards.</p>

Area for improvement 2 Ref: Standard 28 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure medication records accurately reflect the prescriber's instructions.</p> <p>Monitoring arrangements shall be put in place to ensure staff safely transcribe the prescriber's instructions from one document to another with two registered nurses signatures.</p> <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: Nures have been reminded that all topical medication recording sheets must have complete details transcribed on to a new sheet and that this is checked and signed off by a colleague.</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 4 May 2020	<p>The registered person shall ensure that the type of pressure relieving mattress in use is recorded in the patient's plan of care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff Nurses asked to ensure details about the type of mattress in use for each resident are recorded in their plan of care.</p>
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 4 May 2020	<p>The registered person shall ensure patient's care planning meaningful and reflective of their current assessed needs.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Named Nurses re-allocated and care plans reviewed and updated.</p>
Area for improvement 5 Ref: Standard 46.2 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure commodes are effectively cleaned to minimise the risk of infection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Both care staff and domestic staff spoken to and a new regime for the cleaning of the commodes put in place.</p>
Area for improvement 6 Ref: Standard 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall review the management of limited shelf life medicines to ensure the date of opening is recorded. With particular reference to topical creams.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff, both nurses and carers reminded that all medication must have a date of opening on them.</p>

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



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