

# Unannounced Care Inspection Report 5 August 2019



## Tamlaght

**Type of Service: Nursing Home (NH)**  
**Address: 34 Larne Road, Carrickfergus BT38 7DY**  
**Tel no: 0289336 6194**  
**Inspector: Lyn Buckley**

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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 provider 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 registered to provide nursing care for up to 45 persons.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Tamlaght Private Nursing Home Ltd<br><br><b>Responsible Individual(s):</b><br>Fiona Gray                  | <b>Registered Manager:</b><br>Fiona Gray   |
| <b>Person in charge at the time of inspection:</b><br>Registered Nurse C Robinson until 08:00 hours<br>Registered Manager Fiona Gray from 08:00 hours | <b>Date manager registered:</b><br>5 May 2015  |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.   | <b>Number of registered places:</b><br>45<br><br>The home is also approved to provide care on a day basis only to 4 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-I. |

### 4.0 Inspection summary

An unannounced inspection took place on 5 August 2019 from 07:30 to 13:00 hours.

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.

The inspection was undertaken following information received by RQIA in relation to a complaint made by a patient to RQIA, the Northern health and Social care Trust (NHSCT) and the nursing home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during this inspection:

- management of a patient's admission to the nursing home
- patient choices regarding when to get up in the morning
- continence care
- pressure area care
- management of complaints.

The areas of complaint raised by the complainant were reviewed in relation to how they may affect other patients. Two areas for improvement were made regarding the recording of pressure area care.

Patients were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff. Patients able to communicate indicated that they felt well and safe and that they enjoyed their meals. We also saw that care had been taken with patients' personal hygiene and clothing.

Comments received from patients 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 | 6           | 2         |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Fiona Gray registered manager and responsible individual, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 18 April 2019. No areas for improvement were identified and no further actions were required as a result of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients individually and with other in small groups and with 15 staff. Their comments and views are included throughout this report.

The following records were examined during the inspection:

- staff duty rotas from 29 July to 11 August 2019
- accident records from 1 April
- a sample of patients' care records including charts and medication records
- complaints record
- staff training records
- quality monitoring reports.

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 14 April 2019

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

### 6.2 Review of areas for improvement from the last care inspection dated 14 April 2019

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.3.1 Management of a patient's admission to the nursing home

From a review of patient records and discussion with the manager we were satisfied that admissions to the home were managed effectively. Two types of admission to the home were possible; planned and emergency/short notice admissions. For a planned admission a registered nurse from the home, usually the manager, would undertake a pre admission visit to assess the new patient's nursing needs and determine if the home could meet their needs. For an emergency or short notice admission the manager would liaise with the healthcare professional responsible for arranging the admission. Information regarding the patient's nursing needs would be shared and the manager and a decision was made, based on the information shared, if the home could meet this patient's needs or not.

#### Areas for improvement

No areas for improvement were identified during the inspection in relation to the admission process.

|                                       | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0           | 0         |

### 6.3.2 Patient choice regarding when to get up in the morning

When we arrived in the home at 07:30 hours three patients were already up, washed and dressed. Discussion with two of these patients and with staff confirmed that this was their usual morning routine. One patient said they “couldn’t lie in even if they tried” and preferred to get up early.

We saw that patients had been provided with a drink and breakfast was served from just after 08:00 hours.

During the serving of breakfast in the dining room we spoke with other patients. Patients able to converse said that they could get up when they preferred and sometimes they liked a lie or breakfast in their room.

No concerns were raised by patients regarding the lack of choice when to rise in the morning.

#### Areas for improvement

No areas for improvement were identified during the inspection in relation to choice of rising times.

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

### 6.3.3 Incontinence care

We reviewed patient care records. There was evidence that an assessment of needs regarding incontinence care was undertaken as part of each patient’s admission process and kept under regular review.

Staff confirmed they had access to incontinence products such as pads, wipes, net pants; and that they had received training in how to use them. Review of training records confirmed this. Staff were able to describe how poor incontinence care could impact on a patient’s skin.

Patients able to converse confirmed that if they needed assistance with their personal hygiene or toileting needs staff were attentive and discreet.

#### Areas for improvement

No areas for improvement were identified during the inspection in relation to incontinence care.

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

### 6.3.4 Pressure area care

Nursing and care staff spoken with, were able to describe the care and treatment of a patient who was at risk of developing a pressure ulcer. Registered nurses were aware of how to refer to the tissue viability specialist nurse (TVN) if required, the types of wounds and grading of pressure ulcers. The manager and training records reviewed confirmed that staff were required

to attend pressure area care training as part of the induction of new staff and on a regular basis thereafter, usually annually.

We reviewed patient care records and care charts in relation to pressure area care. Discussion with nursing staff provided assurances that the repositioning care was delivered as planned. However, the records we reviewed did not support this because of the gaps noted in the record keeping. For example, in one record, dated 4 August 2019, there was no record of repositioning of the patient between 14:00 and 20:00 hours despite their care plan, dated 2 August 2019, stating “reposition 2-3hourly from side to side.”

Details were discussed with the nursing staff and the manager. Two areas for improvement were made.

#### **Areas for improvement**

Two areas for improvement were identified during the inspection in relation to record keeping.

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

#### **6.4.5 Management of complaints**

From a review of records and discussion with the manager we were satisfied that complaints made about the home were managed effectively.

#### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to the management of complaints..

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

#### **6.4.6 Other areas examined**

##### **Record keeping**

As stated previously, we reviewed a number of patients’ care records, including care charts and as stated in section 6.4.4, two specific areas for improvement were made in relation to pressure area care record keeping.

We also found inaccuracies across other care records we reviewed as follows:

- Topical medication administration records reviewed were not reflective of the patient’s main prescription record or of the frequency of administration of the prescribed medicines.
- Discussion with nursing staff confirmed that the application of topical medicines was delegated to the care staff who had been trained to apply these medicines. However, the registered nurse is still accountable and responsible for the safe administration of the medicine.

- Nutritional supplement records were not reflective of the patient's main prescription record or the frequency of administration as prescribed. For example, one patient supplementary chart stated they were prescribed Forticreme one daily yet the patient's main prescription record did not include this supplement. Another patient was prescribed Fortisip Compact 125mls twice a day. The supplementary records indicated they had not received this medicine as prescribed on at least two occasions.
- Medication details transcribed to additional chart were not dated and signed by the staff transcribing them.

Details regarding the areas for improvement relating to the management of medicines were shared with the home's aligned pharmacy inspector. Areas for improvement have been made.

In addition, records relating to modified diets were not reflective of the regionally agreed descriptors. We were satisfied that patients were receiving the correct modified diet but records needed to be updated to reflect the correct descriptors to avoid confusion. An area for improvement was made.

### Areas for improvement

Areas for improvement were identified during the inspection in relation to accurate record keeping and the safe administration of medicines.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 2         |

#### 6.4.7 Staffing arrangements

Discussion with patients, staff and the manager; and a review of the duty rotas confirmed that staffing levels met the needs of the patients. Staffing levels were kept under regular review and adjusted as required to meet patients' needs.

Patients spoken with were complimentary regarding the staff and their caring attitude.

We advised that the manager's hours and the capacity in which they were worked was recorded on the duty rota. This was confirmed as addressed in an email from the manager after the inspection.

We observed the hand over report from night duty to day duty staff. All staff attended the handover report relevant to where they were working in the home. The night nurse provided details of any changes in each patient's condition or well-being. Staff were seen to take notes as an aid memoir. This is good practice.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to staffing .

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

## 6.4.8 Environment

The home was well decorated and maintained, clean, tidy and fresh smelling throughout. There were no concerns identified in relation to environmental infection prevention and control measures.

However, a number of nursing, care and ancillary staff were noted to be wearing various items of jewellery and nail polish.

We discussed our concerns with the individual staff who were aware that they should adhere to best practice guidance regarding uniform and IPC measures. Details were discussed with the manager. An area for improvement was made.

We also discussed the Department of Health's Deprivation of Liberty Safeguards (DoLS) in relation to doors which required a PIN number to go through; as Tamlaght is not registered for dementia care which would require a locked door. The manager agreed to review the locking of these doors in line with the DoLS guidance. An area for improvement was made.

We saw that two bedroom doors were wedged or propped open. Staff explained why these doors were wedged open. Details were discussed with manager and an area for improvement was made as fire door must not be wedged or propped open.

### Areas for improvement

Areas for improvement were identified during the inspection in relation to IPC, DoLS and fire safety.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 3           | 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, registered manager and responsible individual, 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 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 DHSSPS 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   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 12 (1)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate action required              | The registered person shall ensure that care records evidence the delivery of pressure area care as prescribed in patients' care plans.<br><br>Ref: 6.3.4   |
|   | <b>Response by registered person detailing the actions taken:</b><br>Care records have been reviewed and staff reminded of the necessity of keeping accurate records.   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 13 (4) (b) and (c)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate action required. | 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.<br><br>Ref: 6.4.6 |
|   | <b>Response by registered person detailing the actions taken:</b><br>Staff reminded of the need for accurate records and this is being kept under review.   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 14 (2) (b)<br><br><b>Stated:</b> First time   | 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.<br><br>Ref: 6.4.6  |
|   | <b>Response by registered person detailing the actions taken:</b><br>Dieticians have attended the home and delivered training to all relevant staff in the new terminology and all the records have been updated to ensure compliance.  |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Regulation 13 (7)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate action required.             | 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.<br><br>Ref: 6.4.7   |
|   | <b>Response by registered person detailing the actions taken:</b><br>All staff have been reminded of the home's policy in relation to uniform and the wearing of jewellery, etc.  |

|  |   |
|--|---|
| <b>Area for improvement 5</b><br><br><b>Ref:</b> Regulation 14 (5) and (6)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> 5 September 2019     | <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>Ref: 6.4.7</p> <p><b>Response by registered person detailing the actions taken:</b><br/>As discussed during the inspection, the code for the door is now displayed above the keypad.</p>   |
| <b>Area for improvement 6</b><br><br><b>Ref:</b> Regulation 27 (4)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> Immediate action required.   | <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 6.4.7</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Following the inspection the lady in one of the rooms agreed to move into the room next door which already had a automatic closure device. The other door has had a device fitted.</p>                  |
| <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><br><br><b>Ref:</b> Standard 35.3<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> Immediate action required        | <p>The registered person shall implement regular monitoring of repositioning charts to ensure nursing and care staff are completing them accurately.</p> <p>Ref: 6.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This is being carried out by the Deputy Manager and /or nursing staff.</p>  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 28<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> Immediate action required          | <p>The registered person shall implement an immediate review of medication records to ensure they 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.</p> <p>Ref: 6.4.6</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Staff have been reminded of the importance of accurately transcribing all relevant information from one sheet to another and Nursing staff are monitoring this.</p> |

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



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