

Unannounced Care Inspection Report

9 August 2016



Tamlaght

Type of Service: Nursing Home

Address: 34 Larne Road, Carrickfergus, BT38 7DY

Tel No: 028 9336 6194

Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Tamlaght took place on 9 August 2016 from 09.50 to 18.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA was suitably informed of notifications. Weaknesses were identified in the delivery of safe care, specifically in relation to compliance with best practice in infection prevention and control (IPC). Weaknesses were also identified within incident management and safe practices in summoning assistance if required. One requirement and two recommendations have been made to secure compliance and drive improvement. One recommendation has been stated as a requirement following consultation with senior management in RQIA.

Is care effective?

Staff were aware of the local arrangements for referral to health professionals. Communications between health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One requirement was made in this domain in relation to wound management and one recommendation has been made to ensure that staff meetings are conducted quarterly.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. One recommendation was made in regards to meal choice in menus.

Is the service well led?

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display.

Two requirements and four recommendations have also been made in the other three domains. In addition, one recommendation has been stated as a requirement following consultation with senior management in RQIA.

The term 'patients' has been used throughout the report to describe those living in Tamlaght which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Fiona Gray, registered person, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 May 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Tamlaght Private Nursing Home Limited Fiona Gray	Registered manager: Mrs. Fiona Gray
Person in charge of the home at the time of inspection: Mrs. Fiona Gray	Date manager registered: 5 May 2016
Categories of care: NH-LD, NH-I, RC-I A maximum of 2 residents in category RC-I. Category NH-LD for 1 identified patient only. The home is also approved to provide care on a day basis only to 4 persons.	Number of registered places: 45

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre-inspection assessment audit

During the inspection we met with eight patients individually and others in small groups, six patient representatives, four care staff, two registered nurses, one ancillary staff member and one visiting professional.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation.
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 1 to 14 August 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32 Criteria (1) (8) Stated: Second time	The registered person should ensure that registered nurses develop care plans, as relevant, on patients requiring end of life care. Care plans should include patients' and/or their representatives': <ul style="list-style-type: none"> • individual needs and wishes • cultural, spiritual and religious preferences. 	Met
	Action taken as confirmed during the inspection: An end of life care plan reviewed reflected the specific individualised needs of the patient.	
Recommendation 2 Ref: Standard 35 Criteria (16) Stated: Second time	Quality monitoring and audit systems in the home should evidence the action taken to address any identified shortfall and improvement with validation of outcomes by the manager.	Met
	Action taken as confirmed during the inspection: A reviewed care plan audit evidenced actions taken to address identified shortfalls within the audit.	
Recommendation 3 Ref: Standard 46 Criteria (1) (2) Stated: Second time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection.	Not Met
	Action taken as confirmed during the inspection: During a review of the environment, it was observed that compliance with best practice in infection prevention and control had not been complied with. Please see section 4.3 for further clarification. This recommendation has not been met and has now been stated as a requirement following consultation with senior management in RQIA.	

Recommendation 4 Ref: Standard 4 Criteria (1) (7) Stated: First time	The registered person should ensure that patient continence assessments and care plans are fully completed and include the patients' normal bowel pattern.	Met
	Action taken as confirmed during the inspection: The patients' normal bowel pattern was evident within three patient care records reviewed.	
Recommendation 5 Ref: Standard 4 Stated: First time	Fluid targets should be calculated for patients at risk and documented on fluid intake charts. Identified deficits with corresponding remedial actions should also be recorded within the patients' daily evaluation.	Met
	Action taken as confirmed during the inspection: The appropriate information pertaining to fluid targets had been documented within three patient care records reviewed.	
Recommendation 6 Ref: Standard 28 Criteria (1) Stated: First time	It is recommended that topical preparations are only administered to the person for whom they are prescribed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager/staff and a review of the environment evidenced that topical preparations were only administered to the person to whom they were prescribed.	
Recommendation 7 Ref: Standard 41 Stated: First time	The registered person should ensure hours worked by the manager in a nursing or managerial capacity are reflected in the duty rota.	Met
	The duty rota should be verified on completion, with a signature and date, by the nurse manager or designated representative.	
	Action taken as confirmed during the inspection: A review of the duty rota week commencing 1 August 2016 evidenced that this recommendation has now been met.	

4.3 Is care safe?

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 1–14 August 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. A shortfall in mandatory training compliance had been identified by the registered manager prior to the inspection. An action plan to address the shortfall had been developed and was evident on inspection. Eight mandatory training days in August 2016 had been identified and staff had been nominated to attend one of the eight days. RQIA will continue to monitor compliance in mandatory training. The registered manager confirmed that they will monitor compliance in mandatory training on a monthly basis. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of a random selection of records pertaining to accidents and incidents forwarded to RQIA since 14 March 2016 confirmed that these were not appropriately managed. A recommendation was made to ensure that when a patient has an unwitnessed fall, the patients' temperature was taken as part of the baseline central nervous system (CNS) observation check and any further actions, including further checks conducted, are recorded within the accident/incident records. Notifications forwarded to RQIA since 14 March had been appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- staff unsure of NPSA colour coding for mop buckets
- pull cords in use without appropriate covering
- unclean storage surfaces
- shower chairs, commodes and toilet aids not effectively cleaned after use
- rusted shower chairs/commodes in use

The above issues were discussed with the registered manager and an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A recommendation was made at a previous inspection on 16 September 2015 that management systems are put in place to ensure compliance with best practice in infection prevention and control. This recommendation had been stated for a second time at the most recent inspection on 14 March 2016 and following the findings of this inspection and in consultation with senior management in RQIA this has now been stated as a requirement. A second requirement was made to ensure that the areas identified on inspection are appropriately managed.

During a review of the environment, it was observed that a nurse call provision was not accessible from the toilet in an identified shower room. A recommendation was made to ensure patients have a means to summon help if required when using the toilet in the shower room.

An ongoing refurbishment programme was in progress. Eight rooms had been refurbished and the registered manager confirmed plans have been approved to refurbish six bath/shower rooms, the lounge and the reception area.

Areas for improvement

It is required that the infection prevention and control issues identified on inspection are appropriately managed.

It is recommended that incident/accident records are completed in full to include record of the patients' temperature and any further actions or checks conducted following the accident/incident.

It is recommended that patients have a means to summon assistance if required when using the toilet in the identified shower room.

Number of requirements:	1	Number of recommendations:	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

However, a review of records pertaining to the management of wounds evidenced that registered nurses were not adhering to regional guidelines and the care planning process. For example, a care plan had been developed to manage a wound which had resulted from an accident. A wound assessment chart had not been completed and a wound observation chart had not been commenced. Following the documented initial wound dressing, the ongoing patient evaluation made no reference to the wound or wound dressings. A requirement was made to ensure wound management is conducted appropriately.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager and a review of records confirmed that staff meetings had not been conducted since the previous inspection on 14 March 2016. The previous staff meetings were dated 5 February 2016 and 31 July 2015. Minutes of these meetings were available for review and included dates, attendees, topics discussed and decisions made. A recommendation was made to ensure staff meetings were conducted at minimum quarterly.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

It is required that wound management is conducted appropriately.

It is recommended that staff meetings are conducted quarterly at a minimum.

Number of requirements:	1	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. One of the questionnaires was returned within the timescale for inclusion in the report. On inspection two registered nurses, four carers, one ancillary staff member and one visiting professional was consulted to ascertain their views of life in Tamlaght.

Some staff comments were as follows:

"It's really good, I like it."

"It's very good."

"I love it."

"I really enjoy working here."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with eight patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

"The girls are very good."

"It's very good here."

"It's alright."

"The food is nice and the girls are very good."

"It's a good home."

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Six patient representatives were consulted on the day of inspection.

Some representative comments were as follows:

"We are very, very pleased with the care."

"The nursing care is exceptional. The carers are kind."

"The care involves all the family. It's not just mum."

"We go home contented as we know ... is well cared for."

Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned.

The visiting professional was very complimentary within their feedback of the home.

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Food was served in an organised manner when patients were ready to eat, or be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was on the tables and a range of drinks was offered to the patients. The food appeared nutritious and appetising.

A menu was displayed on a noticeboard at the entrance to the dining room. A review of the menu evidenced a lack of choice of meal. This was discussed with the head cook who confirmed that if a patient was not satisfied with the meal provided an option would then be offered. This was then discussed with the registered manager and a recommendation was made to ensure that the menu offers a choice of two meals from which patients may select their preferred option.

The registered manager confirmed that the results from annual surveys conducted would be included within the Annual Quality Report and discussed at staff and patient/relatives' meetings. Results would also be documented within the home's 'communication book'.

Discussion with staff confirmed that the religious needs of patients were met through a church service conducted in the home every Thursday. Staff also confirmed that members of the clergy come to the home to visit patients and that the diversional therapist would sing and pray with patients who wish to participate.

Areas for improvement

It is recommended that the menu offers a choice of two meals from which patients may select their preferred option.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception and included within the 'Patients Guide'.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

“You made us feel very welcome when we visited and were very supportive.”

“Your work is very much appreciated. All of you have been excellent.”

“A big thank you for all the love and care shown to ... during her stay in Tamlaght.”

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, complaints, hand hygiene and infection prevention and control.

A care record audit was reviewed. An action plan to address shortfalls identified within the audit was in place. There was evidence that the action plan had been completed by staff and verified by the deputy manager.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

As previously discussed issues were identified with the management of infection prevention and control practices, wound management, management of accident/incidents, means of summoning assistance, staff meetings and choice of meals within menus

Two requirements and four recommendations have also been made in the other three domains. In addition, one recommendation has been stated as a requirement following consultation with senior management in RQIA.

In considering the findings from this inspection and the requirements and recommendations that have been made/stated for a second time regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

Areas for improvement

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

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Gray, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions that must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 4.2, 4.3</p> <p>Response by registered provider detailing the actions taken: Inhouse infection control issues have been remedied with orders now placed to provide new colour coded mop buckets, mops, brushes, clothes, etc and replacement of rusted items.</p>
<p>Requirement 2</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider must ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 4.2, 4.3</p> <p>Response by registered provider detailing the actions taken: The homes internal audit tool has been amended to ensure that it reflects the practice in this home and that all staff comply with best practice and any non-compliance identified and remedied at an early stage.</p>
<p>Requirement 3</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: All the nurses have been reminded of their responsibilities regarding legislative requirement, minimum standards and professional guidance in relation to Record Keeping and Wound Management.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>It is recommended that incidents/accidents are managed and recorded in accordance with best practice and professional guidance.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: We confirm that nursing staff have been reminded to record the resident's temperature following any unwitnessed fall as part of the baseline observation check and for subsequent checks.</p>
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Recommendation 2 Ref: Standard 44 Stated: First time To be completed by: 31 August 2016	<p>It is recommended that patients have a means of summoning assistance, if required, within the identified area.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The pull cord to summon assistance has been adjusted to ensure it can be accessed from the toilet.</p>
Recommendation 3 Ref: Standard 41 Criteria (8) Stated: First time To be Completed by: 30 October 2016	<p>The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Individual staff meetings have taken place with all the different grades of staff and these have been recorded appropriately.</p>
Recommendation 4 Ref: Standard 12 Stated: First time To be completed by: 31 September 2016	<p>The registered should ensure that the menu offers a choice of two meals from which patients may select their preferred option.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Whilst a choice of two meals has always been available, we have now formally documented this on the home's menus.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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