



**The Regulation and
Quality Improvement
Authority**

**Tamlaght
RQIA ID: 1400
34 Larne Road
Carrickfergus
BT38 7DY**

**Inspector: Dermot Walsh
Inspection ID: IN021843**

**Tel: 028 9336 6194
Email: fiona@tamlaghtnursinghome.com**

**Unannounced Care Inspection
of
Tamlaght**

16 September 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 16 September 2015 from 09.45 to 17.20.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**
Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Tamlaght which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 9 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	7

The total number includes new recommendations and restated requirements.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Fiona Gray and the deputy manager, Pamela McDermott, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Tamlaght Private Nursing Home Ltd	Registered Manager: Fiona Gray
Person in Charge of the Home at the Time of Inspection: Pamela McDermott (Deputy manager) Fiona Gray was available for one hour during the inspection and for feedback at the end of the inspection.	Date Manager Registered: 5 May 2015
Categories of Care: RC-I, NH-I	Number of Registered Places: 45
Number of Patients Accommodated on Day of Inspection: 42	Weekly Tariff at Time of Inspection: £470 - £613

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- 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 returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, the inspector met with 18 patients, five care staff, two registered nurses, one ancillary staff and one patient representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Tamlaght was an unannounced pharmacy inspection dated 15 June 2015. No requirements or recommendations resulted from this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) (b) Stated: Second time	<p>It is required that a procedure is established to evidence that patient's individual care plans are reviewed and evaluated on at least a monthly basis</p> <hr/> <p>Action taken as confirmed during the inspection: An audit of documentation is carried out. However, this does not include an action plan or an outcome of actions verified and documented. A review of three care records evidenced evaluations were not consistently reviewed on a monthly basis. This requirement was stated for a third time.</p>	Partially Met
Requirement 2 Ref: Regulation 13 (1) (a) and (b) Stated: First time	<p>The registered person must review the delivery of care to ensure that all areas of the home where patients have access are adequately heated</p> <hr/> <p>Action taken as confirmed during the inspection: All rooms observed on inspection were adequately heated. The conservatory in the home is closed and not used by patients during winter months.</p>	Met

Requirement 3 Ref: Regulation 27 (4) Stated: First time	The registered person must ensure that the practice of wedging/propping open fire doors must cease.	Met
	Action taken as confirmed during the inspection: During a tour of the home fire doors were not wedged/propped open.	
Requirement 4 Ref: Regulation 14 (2) (a) Stated: First time	The registered person must ensure that <ul style="list-style-type: none"> the identified area of flooring in the corridor is replaced or replaced 	Met
	Action taken as confirmed during the inspection: The identified area of flooring in the corridor had been repaired and no longer constituted a hazard.	
Requirement 5 Ref: Regulation 13 (7) Stated: First time	The registered person must ensure that hoists, slide sheets and slings are not stored in the bathroom/shower room	Not Met
	Action taken as confirmed during the inspection: During a tour of the home hoist slings were observed to be stored on hooks in an identified bathroom. This requirement was stated for a second time.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.1 Stated: First time	The registered person must ensure that <ul style="list-style-type: none"> Care plans are fully completed for each individual assessed need. care plans for the management of urinary infections are discontinued when no longer required 	Met
	Action taken as confirmed during the inspection: A review of three care plans evidenced they were fully completed to meet the needs of the patients. Care plans for the management of urinary infections were discontinued when no longer required.	

Recommendation 2 Ref: Standard 26.2 Stated: First time	The registered person must ensure that policies and procedures in relation to continence management are reviewed in keeping with best practice guidance	Met
	Action taken as confirmed during the inspection: The continence policy was forwarded to the inspector following inspection and had been reviewed in keeping with best practice guidance.	

5.4 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communication. A separate policy was available on delivering bad news. Regional guidelines on 'Breaking Bad News' was available to staff. Discussion with seven staff confirmed that they were knowledgeable regarding breaking bad news.

A sampling of training records evidenced that four staff had completed training in relation to communicating effectively with patients and their families/representatives incorporated within palliative care training. Training on delivering bad news has been identified for October 2015. A recommendation was made for further training on communicating effectively with patients and their families/representatives to be identified for staff to attend.

Is Care Effective? (Quality of Management)

One out of three care records reflected patient individual needs and wishes regarding the end of life care. Recordings within records included reference to the patient's specific communication needs.

There was evidence within one of the four records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Patients were asked to complete a patient satisfaction survey in July/August 2015. Findings were displayed on an identified noticeboard. Discussion with the registered manager confirmed further satisfaction surveys are planned. This was noted as commendable practice.

Two registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of an environmentally quiet private area to talk to the recipient and the importance of using a soft calm tone of voice as well as using language appropriate to the listener. Staff also described the importance of reassurance and allowing time for questions or concerns to be voiced. Care staff were also knowledgeable on breaking bad news and offered similar examples when they have supported patients when delivering bad news. A best practice guideline on 'Breaking Bad News' was available in the home.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients generally were observed to be treated with dignity and respect.

The inspection process allowed for consultation with 18 patients both individually and with others in small groups. All patients stated they were very happy with the care they were receiving in Tamlaght. They confirmed that staff were polite and courteous and they felt safe in the home.

One patient representative commented, "You can't beat the nurses here."

Areas for Improvement

Training incorporating communicating effectively with patients and their families/representatives should be identified for staff to attend.

End of life care plans should be developed in a timely manner and incorporate patients individual wishes.

Patients and/or their representatives should be involved in the assessment; planning and evaluation of the patients care to meet their needs.

Number of Requirements:	0	Number of Recommendations:	3
--------------------------------	----------	-----------------------------------	----------

5.5 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. However these policies did not make reference to best practice guidance such as the Gain Palliative Care Guidelines, November 2013. A recommendation was made. A copy of the GAIN guidelines was present and available to staff as required. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the guidelines. A deceased residents policy was also available to staff.

Training records indicated four staff had completed palliative care training. A recommendation was made for training opportunities in palliative care and death and dying to be made available for all staff.

Information leaflets on 'Your Life and Your Choice: Plan Ahead' and 'The End of Life Guide' were available at the entrance to the home.

Discussion with the registered staff confirmed that arrangements were in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager and five staff evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was not in place. This was discussed with the registered manager and it was agreed a protocol should be developed to guide staff. A recommendation was made.

There is an identified palliative care link nurse for the home.

Is Care Effective? (Quality of Management)

Discussion with the registered manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Two separate quiet rooms have been identified for family/friends to have a private conversation or a rest. Staff consulted were aware of the importance of providing refreshments at this time.

A review of notifications of death to RQIA during the previous inspection year, were deemed to be appropriate.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Some compliments were as follows:

"Thank you all so much for everything."

"Thank you all for looking after"

Discussion with the registered manager and a review of the complaints records evidenced that there were no concerns raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

Areas for Improvement

The policies on palliative and end of life care and death and dying should be reviewed in line with and make reference to the current regional best practice palliative care guidelines.

Training in palliative care/death and dying should be identified for staff to attend.

A protocol for timely access to any specialist equipment or drugs should be developed.

Number of Requirements:	0	Number of Recommendations:	3*
		*1 recommendation made is stated under Standard 19 above	

5.6 Additional Areas Examined

.6.1. Consultation with patients, their representatives and staff

During the inspection process, 18 patients, eight staff, and one patient representative were consulted with to ascertain their personal view of life in Tamlaght Nursing Home. Seven staff questionnaires were completed and returned. Overall, the feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Tamlaght Nursing Home.

A few patient comments are detailed below:

"I love it here."

"We are well taken care of here."

"I enjoy living here and I'm happy in my own company."

The patient representative consulted with was very positive about the care provided.

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are detailed below:

"I love working here."

"The work can be challenging but I enjoy it."

"I believe we have good relationships with the residents and understand their personalities well which makes it easier for us to approach and care for them in a particular way."

"I think all the residents are well looked after. I love to see smiley faces which to me I know they are happy and content".

.6.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of matters were identified that were not managed in accordance with infection prevention and control guidelines:

- not all signage was laminated to ensure the surface may be cleaned
- the type of shelving used in the identified storage area did not have a cleanable surface
- inappropriate storage in identified rooms
- the tops of wardrobes checked were dusty
- shower chairs which had rust observed on them were in use
- identified commode chairs had not been cleaned after use
- the pull cord in the identified toilet did not have the cleanable plastic coating surrounding it

The above issues were discussed with the registered manager on the day of inspection. An assurance was given by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made for management systems to be in place to ensure the home's compliance with best practice in infection prevention and control.

6.3. Quality Assurance

The registered manager carries out monthly audits in respect of the quality of nursing and other services provided by the home. However, it was also noted that the deficit findings in the audits did not include an action plan to address the shortfalls nor did they include any documented record of outcomes. This was discussed with the registered manager who in the past displayed the audit in an identified area where staff could see the deficits. A recommendation has been made for action plans and documented outcomes to be added to the auditing process.

6.4. Documentation

A review of four care records evidenced evaluations were not consistently reviewed on a monthly basis for example one was reviewed February 2015, June 2015 then August 2015. This requirement/recommendation had been stated for the second time in the previous inspection. Following a discussion with the registered manager, assurances were given that this area would be addressed with staff to prevent any further recurrence. This requirement was stated for a third and final time during this inspection.

A review of four patient care records evidenced that only one included a signed care plan agreement. Three care records did not evidence patient/representative involvement in the care planning process. A recommendation was made.

Communication to and from healthcare professionals was well documented in four care records reviewed. However, communication with family/patient representatives was not always well recorded. An incomplete relatives' communication record was observed in one of the care records. A recommendation was made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Fiona Gray and deputy manager, Pamela McDermott, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person



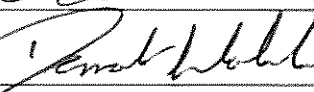
The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to **Nursing Team, Regulation and Quality Improvement Authority, 9th Floor, Riverside Tower, 5 Lanyon Place Belfast, BT1 3BT** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 16 (2) (b) Stated: Third time To be Completed by: 30 October 2015	<p>It is required that a procedure is established to evidence that patient's individual care plans are reviewed and evaluated on at least a monthly basis.</p> <p>Ref: Sections 5.1 & 5.6.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Whilst a monthly Care Plan Audit tool was in use prior to the inspection, we have now taken steps to ensure all care plans are reviewed and evaluated and this is documented and evidenced by completion of the audit tool.</p>
Requirement 2 Ref: Regulation 13 (7) Stated: Second time To be Completed by: 14 October 2015	<p>The registered person must ensure that hoists, slide sheets and slings are not stored in the bathroom/shower room.</p> <p>Ref: Sections 5.1 & 5.6.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All hoists, slings and slides have been removed. The hooks have been taken down and moved into the linen cupboard.</p>
Recommendations	
Recommendation 1 Ref: Standard 39.4 Stated: First time To be Completed by: 30 November 2015	<p>The registered person should ensure that training is provided to staff, relevant to their roles in:</p> <ul style="list-style-type: none"> • communicating effectively • death, dying and bereavement • palliative and end of life care. <p>Ref: Sections 5.4 & 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Tamlaght have an "in-house" trainer and training is provided on a rolling basis during the year. Training is being offered to all relevant staff in these areas. Dates and a list of staff have been allocated to them and these are displayed in the Home.</p>

<p>Recommendation 5</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person should ensure that a protocol for timely access to any specialist equipment or drugs is developed.</p> <p>A system to implement the protocol should confirm that all relevant staff have read the document with evidence of staff signature and date.</p> <p>Ref: Section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A formal protocol has been developed and put in place to reflect our current practice as stated by the Inspector.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35 Criteria (16)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>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.</p> <p>Ref: Section 5.6.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A new document has been designed to identify action needed with completion of same audited by the Nurse Manager or Deputy N.M.</p>
<p>Recommendation 7</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>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.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.6.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The identified issues have been attended to. Additionally the Head of Housekeeping and Maintenance have been instructed to ensure robust systems of working are now in place to ensure compliance with best practice on this issue.</p>

<p>Recommendation 2</p> <p>Ref: Standard 32 Criteria (1)(8)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person should ensure that registered nurses develop care plans, as relevant, on patients requiring end of life care.</p> <p>Care plans should include patients' and/or their representatives':</p> <ul style="list-style-type: none"> • individual needs and wishes • cultural, spiritual and religious preferences. <p>Ref: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: In line with best practice an Advanced Care Directive is in place for each resident. This is carried out by the GP in the first 6 weeks of placement. A Care Plan template has been developed which will be tailored to each individual's needs/wishes.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>Patients and/or their representatives should be involved in the assessment; planning and evaluation of the patients care to meet their needs. If this is not possible the reason should be clearly documented within the care record.</p> <p>Staff should record communication between the home and patients families/representatives.</p> <p>Ref: Sections 5.4 & 5.6.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff have been advised that any communication between the home and families/representatives or residents is formally recorded. If no communication is possible this too will be recorded.</p>
<p>Recommendation 4</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The policies on palliative and end of life care and death and dying should be reviewed in line with current regional guidance, such as GAIN <i>Palliative Care Guidelines (2013)</i>.</p> <p>Ref: Section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The policies have been reviewed and re-written to take account of recent guidelines.</p>

Registered Manager Completing QIP		Date Completed	05/11/15.
Registered Person Approving QIP		Date Approved	6/11/15
RQIA Inspector Assessing Response		Date Approved	11/11/15

****Please ensure the QIP is completed in full and returned to***

Nursing Team, Regulation and Quality Improvement Authority, 9th Floor, Riverside Tower, 5 Lanyon Place Belfast,
BT1 3BT *

