



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

17 October 2018



Tamlaght

Type of Service: Nursing Home (NH)

Address: 34 Larne Road, Carrickfergus, BT38 7DY

Tel No: 028 9336 6194

Inspector: Kieran McCormick & Jane Laird

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Tamlaght Private Nursing Home Ltd Responsible Individual: Fiona Gray	Registered Manager: Fiona Gray
Person in charge at the time of inspection: Fiona Gray	Date manager registered: 5 May 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 45 comprising: Category NH-PH for two identified individuals only. The home is also approved to provide care on a day basis only to four persons. There shall be a maximum of two named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 17 October 2018 from 09.30 hours to 15.25 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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Tamlaght which provides both nursing and residential care.

The inspection set out 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 staffing, staff knowledge of roles and responsibilities, the monitoring of staff professional registration, and communication between residents, staff and other key stakeholders. Good practice was also observed in relation to the completion of supplementary care records, the culture and ethos of the home, the meal time experience, management of complaints and completion of monthly monitoring reports.

Areas requiring improvement were restated regarding the provision of fire safety training, storage of specific prescribed items, identified environmental concerns and patient fluid management/assessment arrangements. A new area for improvement was identified regarding the provision of snack options for those patients who require a modified diet.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*2	*3

*The total number of areas for improvement include two under regulations and two under the standards which have been stated for a second time and which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Gray, registered manager/responsible 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.

4.2 Action/enforcement taken following the most recent inspection dated 24 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 July 2018. There were no further actions required to be taken following the most recent 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with six patients and 13 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the door entering the nursing home.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 24 July 2018

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

6.2 Review of areas for improvement from the last care inspection dated 9 April 2018

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 27 (4) (e) Stated: First time To be completed by: 7 May 2018	The registered person shall ensure that fire safety training is urgently provided for all staff currently working in the home and that this training continues to be provided twice per year.	Not met
	Action taken as confirmed during the inspection: A review of records evidenced that fire safety training for all staff was out of date. On the day of inspection a date of completion was unable to be provided but was later submitted to RQIA post inspection.	

	This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 20 (c) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the checking of the registration status of registered nurses and care staff is carried out in a timely and robust manner to ensure that staff do not work unregistered. A robust system of checks should be established and maintained. This should be countersigned by the registered manager.</p> <p>Action taken as confirmed during the inspection: A review of records provided assurances that systems were in place for the checking of the registration status for both registered nurses and care staff.</p>	Met
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that prescribed thickening agents, food supplements and creams are securely stored at all times whilst in the home.</p> <p>Action taken as confirmed during the inspection: The inspectors observed an identified store room, used for the storage of prescribed thickening agents and food supplements, to have been left repeatedly unlocked throughout the inspection.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	Not met
Area for improvement 4 Ref: Regulation 13 (1)(a)(b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that pressure relieving equipment used is appropriately set in regards to manufacturer's guidance and patient weight. The settings required should be appropriately recorded in care plans and reviewed as required.</p> <p>Action taken as confirmed during the inspection: Observations of a number of patient pressure relieving mattresses and review of records provided assurances that equipment was used in accordance with individual patient need.</p>	Met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time To be completed by: 30 June 2018	The registered person shall ensure that an environmental audit which includes flooring is completed; records of this should be maintained and the environmental issues identified on this inspection in regards to the two flooring areas of concern should be appropriately addressed.	Partially met
	Action taken as confirmed during the inspection: Environmental audits submitted post inspection evidenced that issues for address had been identified by the home. However work to action the areas of concern had not been completed in relation to the identified flooring areas.	
	This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: Immediate action required	The registered person shall review the existing fluid management and assessment arrangements in the home so to ensure that daily targets are reflective of individualised assessed need.	Not met
	Action taken as confirmed during the inspection: Despite nursing daily records reflecting daily total fluid intake the care records reviewed for two patients provided no evidence of individualised assessed fluid target.	
	This area for improvement has not been met and has been stated for a second time.	
Area for improvement 3 Ref: Standard 7 Stated: First time To be completed by: 7 May 2018	The registered person shall ensure that the complaints procedure developed in the home is updated to reflect the role of RQIA and is maintained in accordance with legislation and DHSSPS guidance on complaints.	Met
	Action taken as confirmed during the inspection: The complaints policy reviewed on the day of inspection did not provide assurances that it had been updated since the last inspection. A policy submitted post inspection by the registered manager provided assurances that the policy had been updated in accordance with legislation and DHSSPS guidance on complaints.	

Area for improvement 4 Ref: Standard 35.7 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that a monthly quality assurance report/audit is undertaken and that where a shortfall/action has been identified a corresponding action plan is implemented to address this.	Met
	Action taken as confirmed during the inspection: A sample of completed monthly quality assurances audits were available for review.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 8 to 21 October 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Training records reviewed were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However a review of training records evidenced that fire safety training was not in date for any of the staff working in the home, this was discussed with the registered manager for their urgent attention. An area for improvement under the regulations has been stated for a second time regarding this area of concern. Written correspondence received and information submitted post inspection provided assurances of planned training in relation to fire safety training.

The staff we met were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. However some environmental issues were identified during the inspection and included identified worn/damaged flooring, profiling beds in a state of disrepair, overbed tables in a state of disrepair, an identified damaged door and bins throughout the home requiring repair or replacement. These concerns were discussed with the registered manager for their urgent attention and an action plan to address the concerns was submitted to RQIA post inspection. An area for improvement under the standards has been stated for a second time regarding this area of concern.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

During a tour of the home the inspector observed a room used for the storage of prescribed thickening agents and supplements to have been ajar and unlocked on at least three occasions during the course of the inspection. This was discussed with the registered manager and an area for improvement under the regulations was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management, staffing, staff knowledge of roles and responsibilities and the monitoring of staff professional registration.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of two patients' care records evidenced that a plan of care was available to direct the care required and the assessed needs of the patients. Supplementary care charts such as patient repositioning, food and fluid intake records evidenced that contemporaneous records were maintained. However fluid management records for two patients provided no evidence of assessed daily fluid target. As a result a previous area for improvement has been stated for a second time.

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

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders and the completion of supplementary care records.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 09.30 and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Observations, discussion with staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Morning entertainment was observed to take place in the main lounge area.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining area or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and registered nurse's were overseeing the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed to be promptly and attentively attending to patient's needs. Staff were calm in their approach and provided reassurance to patients who appeared distressed. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. Observation and discussion with staff identified that during the daily tea/drink round there was no snack option available for those patients requiring a modified diet, this was discussed with the registered manager and an area for improvement under the standards was made.

There were systems in place to obtain the views of patients and their representatives on the running of the home, a suggestions box was available. Cards and letters of compliment and thanks were available in the home.

Consultation with six patients individually, confirmed that they were happy and content living in Tamlaght. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comment received from one patient included:

“...i love it here”.

One questionnaire received from a patient post inspection indicated that they were very satisfied across the four domains of safe, effective, compassionate and well led care.

Questionnaires received from five other persons indicated that they were very satisfied across the four domains of safe, effective, compassionate and well led care.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, dignity and privacy, staff knowledge of patients' wishes, preferences and assessed needs.

Areas for improvement

The following area was identified for improvement in relation to the provision of snacks for those patients requiring a modified diet.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home.

The certificate of registration issued by RQIA was appropriately displayed in the home. The inspector noted that the employer's liability insurance certificate on display had expired, this was discussed with the administrator for the home and a new certificate was obtained and displayed prior to the conclusion of the inspection. The registered manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change of management arrangements for the home. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The inspector was able to evidence actions taken in relation to complaints received; the complaints procedure had been updated since the last inspection.

Discussion with the registered manager and review of records evidenced that monitoring reports were completed on a monthly basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints, completion of monthly monitoring reports and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified during the inspection.

	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, registered manager/responsible person, 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 27 (4) (e) Stated: Second time To be completed by: 30 November 2018	<p>The registered person shall ensure that fire safety training is urgently provided for all staff currently working in the home and that this training continues to be provided twice per year.</p> <p>Ref: 6.2 & 6.4</p> <p>Response by registered person detailing the actions taken: Fire Safety training was delivered on 01.11.18, 02.11.18 and 15.11.18 and all staff attended.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that prescribed thickening agents, food supplements and creams are securely stored at all times whilst in the home.</p> <p>Ref: 6.2 & 6.4</p> <p>Response by registered person detailing the actions taken: The door to the supplements room has been repaired to ensure ease of closing and a neat fit.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 43 Stated: Second time To be completed by: 31 December 2018	<p>The registered person shall ensure that an environmental audit which includes flooring is completed; records of this should be maintained and the environmental issues identified on this inspection in regards to the two flooring areas and additional areas of concern should be appropriately addressed.</p> <p>Ref: 6.2 & 6.4</p> <p>Response by registered person detailing the actions taken: All those areas which were highlighted during the inspection have been, or are in the process of being, addressed. An audit has been completed covering all of the home and work is ongoing to address those areas also.</p>
Area for improvement 2 Ref: Standard 12 Stated: Second time To be completed by: Immediate action required	<p>The registered person shall review the existing fluid management and assessment arrangements in the home so to ensure that daily targets are reflective of individualised assessed need.</p> <p>Ref: 6.2 & 6.5</p> <p>Response by registered person detailing the actions taken: The assessed individual daily target for each resident is recorded</p>

	both within the care plan, and on the daily food and fluid sheet. This has been the case since the last Inspection highlighted this. The daily target is reviewed monthly or more frequently if there is a change in the resident's condition.
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that appropriate snack options are made available during daily tea/drink rounds for those patients who require a modified diet. Ref: 6.6
To be completed by: Immediate action required	Response by registered person detailing the actions taken: There is a daily record kept of the snack options provided on the tea trolleys throughout the day. This includes options for people on a modified diet.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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