

Unannounced Care Inspection Report

26 October 2017



Tamlaght

Type of service: Nursing Home (NH)
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Tel no: 028 9336 6194
Inspector: Dermot Walsh

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 Limited Responsible Individual: Mrs Fiona Gray	Registered Manager: Mrs Fiona Gray
Person in charge at the time of inspection: Mrs 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 2 identified individuals only. The home is also approved to provide care on a day basis only to 4 persons. There shall be a maximum of 4 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 09:30 to 17:30 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 'patients' is used to describe those living in Tamlaght which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, recruitment, training and development, risk assessment and the culture and ethos of the home in regard to dignity and privacy.

An area for improvement under regulation was identified on environmental issues. Areas requiring improvement were identified under the care standards and included safe use of equipment and care records. Areas for improvement were stated for the second time at this inspection in relation to induction documentation, oxygen storage and supplementary record keeping.

Patients described living in the home in positive terms. 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	1	*5

*The total number of areas for improvement includes three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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.

4.2 Action/enforcement taken following the most recent inspection dated 5 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 June 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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 13 patients, seven staff and one patients' representative. A poster was displayed at a staffing area in the home inviting staff to respond to an on-line questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

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.

The following records were examined during the inspection:

- duty rota for week commencing 16 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- staff register
- patient register
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 June 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 May 2017

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 14 (2) (a) (c) Stated: First time	The registered person must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: During a review of the environment, all chemicals were observed to be securely stored.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 17 Criteria (7) Stated: First time	The registered person should ensure that staff within the home receive training pertinent to their role on distressed reactions in patients.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that training on distressed reactions in patients had been difficult to source. However, there was evidence that training on distressed reactions had been scheduled for 6 November 2017. RQIA will continue to monitor staff training in this area.	

Area for improvement 2 Ref: Standard 39 Criteria (1) Stated: First time	The registered person should ensure that an induction completion statement is included at the end of the induction booklet and signed/dated by the inductee and the staff member responsible for completion of the induction with oversight of the registered manager.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that a statement of completion had been developed. A review of induction records evidenced that this had not been implemented.	
	This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 3 Ref: Standard 40 Stated: First time	The registered person should ensure that a system is put in place to ensure that all staff members receive two recorded supervisions annually.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that a system is now in place to ensure completion of supervisions.	
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person should ensure that oxygen cylinders are stored in compliance with legislative requirements and professional standards and guidelines.	Not met
	Action taken as confirmed during the inspection: During a review of the environment, observation confirmed that this area for improvement has not been met.	
	This area for improvement has not been met and has been stated for a second time.	

Area for improvement 5 Ref: Standard 4 Criteria (9) Stated: First time	The registered person should ensure that supplementary documentation in regard to repositioning and bowel management records are recorded contemporaneously and include any action/s taken where there is any variation from the patients' care plans.	Not met
	Action taken as confirmed during the inspection: A review of supplementary documentation for three patients in relation to bowel management and repositioning evidenced gaps in the records. See section 6.5 for further information. This area for improvement has not been met and has been stated for a second time.	

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 and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 16 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with staff and patients' representatives evidenced that there were no concerns regarding staffing levels. One patient consulted commented that they had to wait at times to be assisted to the toilet. These concerns were passed to the registered manager for their review and action as appropriate. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. A statement of completion had been developed by the registered manager, although, this had not been implemented into practice. An area for improvement in this regard made at the previous inspection has been stated for a second time.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities. An area for improvement identified at a previous care inspection in relation to training on distressed reactions will be recorded as met at this inspection. Discussion with the registered manager confirmed that training in this area was difficult to source, although, a date had now been secured for staff to attend. RQIA will continue to monitor training provided in the home.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction. However, the following environmental issues were discussed with the registered manager and identified as an area for improvement:

- drying racks and drip trays not available in two sluices
- flooring not secure in identified shower room
- skirting coming away from walls in identified room
- multiple bedrails in disrepair in patients' bedrooms

During the review of the environment the pressure settings on two airwave mattresses were observed to have been incorrectly set for the patient. These observations were discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment and training and development.

Areas for improvement

An area was identified for improvement under regulation in relation to the environment.

An area was identified for improvement under standards in relation to the safe use of equipment.

Areas for improvement in relation to induction records and safe storage of oxygen cylinders made at the previous inspection have been stated for a second time at this inspection.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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. However, there was evidence within one patient's wound care plan that the care plan had not been updated following recommendations made by another health professional. The professional's recommendation was implemented in practice. This was discussed with the registered manager and identified as an area for improvement.

Supplementary care charts such as bowel management and food and fluid intake records evidenced that records were not maintained in accordance with best practice guidance, care standards and legislation. Significant gaps were observed between repositioning in two patient care records reviewed. Bowel management records indicated a 10 day period where no bowel movements were recorded. This was discussed with the registered manager and an area for improvement made at the previous care inspection was stated for the second time at this inspection.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Registered nurses confirmed that they received appropriate information at the handover to meet the needs of patients. Care assistants consulted relayed some concerns that they had in respect of the shift handover. These concerns were passed to the registered manager for their review and action as appropriate.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

A staff register and a patient register was maintained in the home. The registered manager confirmed that both registers were reviewed regularly and updated as required.

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 daily walks around the home and would avail of the opportunity to engage with patients and relatives at this time. Notices for relatives'/representatives' attention were displayed at the reception area and the entrance to the home.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient assessment and communication between patients, staff and other key stakeholders.

Areas for improvement

An area was identified for improvement under standards in relation to care planning.

An area for improvement, in relation to the recording of supplementary documentation made at the previous inspection, has been stated for a second time at this inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 13 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. Lunch commenced at 12.40 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. There was appropriate background music during the meal. Patients appeared to enjoy the mealtime experience.

There was evidence of an activities programme displayed in the home spanning seven days. On the day of inspection 11 patients were engaged in an interactive activity in the main lounge on the ground floor. The patients were observed to enjoy this activity.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Seven staff members were consulted to determine their views on the quality of care within Tamlaght.

Some staff comments were as follows:

"It's brilliant. I love it here."

"I am happy here. There is good support from the office."

"I enjoy it. I am happy here."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Thirteen patients were consulted during the inspection. Ten patient questionnaires were left in the home for completion. One of the patient questionnaires was returned. The respondent indicated that they were 'very satisfied' with the care provided to them.

Some patient comments were as follows:

"When I came in I was afraid. Now I want to stay as long as I can."

"They (the staff) take good care of you here."

"The staff are very, very nice."

"It's all great apart from the toileting. Have to wait sometimes."

"It's ok. Ups and downs. They're very good."

Two patient representatives were consulted during the inspection. Concerns raised during this consultation were passed to the registered manager for their review and action as appropriate. Ten relative questionnaires were left in the home for completion. Two of the relative questionnaires were returned within the timeframe for inclusion in the report. Both respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Three additional questionnaires were returned but did not indicate if they were patients or relatives responding. Responses within the three returned questionnaires indicated that they were 'very satisfied' with the service provided within the home and that the home was well led.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 evidenced that there was a clear organisational structure within the home. Consultation with four staff confirmed that they were unclear with the organisational structure within the home. This was discussed with the registered manager who agreed to review this with staff to ensure clarity. 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 Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"I would not hesitate to recommend you highly enough to anyone seeking advice on Tamlaght."

"Thank you so much for the lovely day I had on my 89th birthday. Special thanks for the lovely cake."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Care record audits were reviewed. The audits were conducted monthly and actions taken to address shortfalls were identified within the auditing records.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

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. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements.

Areas for improvement

No 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 Mrs 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 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 (2) (b) (c) Stated: First time To be completed by: 31 December 2017	<p>The registered person shall ensure that the environmental issues identified on inspection are managed appropriately and in a timely manner.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All the areas identified have been or are in the process of being addressed</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 39 Criteria (1) Stated: Second time To be completed by: 31 December 2017	<p>The registered person should ensure that an induction completion statement is included at the end of the induction booklet and signed/dated by the inductee and the staff member responsible for completion of the induction with oversight of the registered manager.</p> <p>Ref: Section 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: The 'old' booklets have been replaced with the new version to ensure the signing off of new staff is completed appropriately.</p>
Area for improvement 2 Ref: Standard 30 Stated: Second time To be completed by: With immediate effect	<p>The registered person should ensure that oxygen cylinders are stored in compliance with legislative requirements and professional standards and guidelines.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Staff supervision carried out around this issue.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person should ensure that supplementary documentation in regard to repositioning and bowel management records are recorded contemporaneously and include any action/s taken where there is any variation from the patients' care plans.</p> <p>Ref: Section 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: Staff reminded of the need for records to be completed in full and at the time of the event.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff training in the use of the airwave mattresses carried out to ensure all staff are aware of the correct procedure for their use.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2017</p>	<p>The registered person shall ensure that recommendations made by other professionals are clearly documented within the patient's care records so that the patient's care plan accurately demonstrates the care to be provided.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Findings from the inspection were shared with staff to ensure compliance and best practice.</p>

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



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