



Unannounced Care Inspection Report 28 January 2019



Tamlaght

Type of Service: Nursing Home (NH)
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Tel No: 028 9336 6194
Inspector: Kieran McCormick

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 and residential care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited 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 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 one named resident receiving residential care.

4.0 Inspection summary

An unannounced inspection took place on 28 January 2019 from 10.00 to 13.15 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 sought to assess progress with issues raised since the last care inspection on the 17 October 2018.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Gray, registered manager/responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 2018. 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
- written and verbal communication received since the previous care inspection
- the registration status of the home
- 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 seven 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. The inspector 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 front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 14 and 21 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- a sample of governance audits
- complaints records
- two staff recruitment and induction files
- two patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- RQIA registration certificate
- certificate of employer's liability insurance
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 17 October 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 October 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: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of staff training records confirmed that all staff had completed fire safety training in November 2018.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that prescribed thickening agents, food supplements and creams are securely stored at all times whilst in the home.	Met
	Action taken as confirmed during the inspection: The inspector observed that the above items were securely and safely stored throughout the inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The inspector was provided pre-inspection with a detailed environmental audit for the home carried out by the registered manager. Further environmental audits were evidenced on the day of inspection. The two areas of flooring have been appropriately addressed since the last inspection.	
Area for improvement 2 Ref: Standard 12 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of care records for two patients in receipt of fluid management care evidenced a robust system in place for the assessment, monitoring, governance and oversight of patient fluid intake by registered nursing staff.	
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.	Met
	Action taken as confirmed during the inspection: Discussion with the cook, care staff and review of records confirmed that appropriate snack options were made available for those patients who require a modified diet.	

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last care inspection on 17 October 2018. It was noted that all areas for improvement were assessed as having been met.

The certificate of registration issued by RQIA was appropriately displayed in the home. 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.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, storage areas and dining room. Discussion with laundry staff and observation of the laundry area evidenced that clothing was labelled for individual patient use. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The home was fresh smelling and tidy throughout. The inspector identified a worn commode that was no longer fit for purpose; this was discussed with the registered manager for their attention. The inspector observed ongoing replacement of bed side tables and patient bed frames, the registered manager provided assurances regarding the ongoing works in these areas. There was a noted improvement in the environmental décor in the front reception and other identified key areas throughout the home, this is to be commended.

A review of the staff duty rota from 14 to 27 January 2019 evidenced that the planned staffing levels remained consistent. A system of ongoing auditing and governance regarding the environment and adherence to best practice infection prevention and control was evidenced on the day of inspection.

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.

The inspector reviewed the care records for two patients within the home. Records reviewed evidenced that for patients who were in receipt of fluid management care a robust system was in place for the assessment, monitoring, governance and oversight of patient fluid intake by registered nursing. Care records were consistently reviewed/evaluated monthly. Care records evidenced that good practice had been adhered to in regards to post falls management. However we identified three occasions from December 2018 where accidents/incidents had occurred resulting in patients sustaining a head injury, however notifications had not been submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This was discussed with the registered manager who was signed posted to the most update to date guidance on the reporting of accidents and incidents to RQIA and an area for improvement under the regulations was made.

At the time of writing this report, there were three questionnaires returned from relatives/patients representatives, six from patients and one from an unknown source. Responses from all questionnaires indicate a response of being very satisfied across the four domains of safe, effective, compassionate and well led care. A comment made on one questionnaire stated, “....need more lighting in day room”.

Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to environmental improvements and adherence to infection prevention and control best practice, governance arrangements, staffing, dignity and privacy, staff knowledge of patients’ wishes, preferences and assessed needs.

Areas for improvement

An area for improvement identified during the inspection included the notification of accidents and incidents to RQIA relating to patients who have sustained a head injury.

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 individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that accidents and incidents notifiable to RQIA are submitted without delay. Ref: 6.3
	Response by registered person detailing the actions taken: Staff meetings were held and all nursing staff have been informed of the need to report all accidents appropriately to the RQIA.

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



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