



Unannounced Care Inspection Report

18 April 2019



Tamlaght

Type of Service: Nursing Home
Address: 54 Larne Road, Carrickfergus, BT38 7DY
Tel No: 028 9336 6194
Inspector: Karen Scarlett

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

3.0 Service details

<p>Organisation/Registered Provider: Tamlaght Private Nursing Home Ltd.</p> <p>Responsible Individual: Fiona Gray</p>	<p>Registered Manager and date registered: Fiona Gray 5 May 2015</p>
<p>Person in charge at the time of inspection: Fiona Gray</p>	<p>Number of registered places: 45 comprising: NH-I, NH-PH 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 2 named residents receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 36</p>

4.0 Inspection summary

An unannounced care inspection took place on 18 April 2019 from 09.10 hours to 11.00 hours.

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

The inspection was undertaken following a verbal notification to RQIA from the Insolvency Practitioner on 10 April 2019 that the home was being placed into administration. The inspection was carried out to ensure that the home was delivering safe, effective and compassionate care and that the service was well led. Progress with all areas for improvement identified in the home since the last care inspection was also followed up. Areas for improvement in respect of previous estates had been appropriately followed up by the premises inspector.

The inspection confirmed that the home continued to operate as usual as they await a buyer. There were examples of good practice found throughout the inspection in relation to staffing and the maintenance of the home's environment. One issue with fire safety was addressed proactively and demonstrated a keen awareness by staff. The home was also maintaining stocks of food and equipment to meet patients' needs.

Staff demonstrated a positive attitude and a good knowledge of their patients. They were working well as a team, evident in the culture and ethos of the home, the attentiveness of staff to patients and the home's active participation with the local community. The registered

manager was available to staff and demonstrated an ongoing commitment to ensure the continued smooth operation of the home.

No areas for improvement were identified at this inspection.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Fiona Gray, registered manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, registration information, and any other written or verbal information received; for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

The following records were examined during the inspection:

- duty rota for all staff for week commencing 15 April 2019
- incident and accident records since the last care inspection
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 last care inspection dated 28 January 2019

Areas of improvement generated from a previous estates inspection have also been validated by the premises inspector.

Areas for improvement since 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 30 Stated: First time	The registered person shall ensure that accidents and incidents notifiable to RQIA are submitted without delay.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of accident and incident records since the last care inspection evidenced that this area for improvement had been met.	

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.

We reviewed the staffing arrangements in light of the notification to RQIA. The manager confirmed that staffing levels were reviewed on a regular basis to ensure that the needs of patients were met. A review of the rota for week commencing 14 April 2019 evidenced that these planned staffing levels were met. Observation confirmed that staff attended to patients' needs in a timely manner. Discussion with staff, including care staff, domestics and kitchen staff, confirmed that there was sufficient staff on duty. They stated that they were aware of the home's current status but had not noted any adverse impact on patient care. Discussion with six patients confirmed that their needs were being met and they reported that they had no complaints. The manager stated that the Insolvency Practitioner had agreed to agency nurse use where appropriate and that they were in negotiation with agencies to ensure a supply if required.

The home administrator accompanied us on a walk around the home. Observations evidenced that the home was clean, tidy and smelled fresh. Discussion with the domestic and laundry staff

and a review of several store rooms, confirmed that there were sufficient supplies of cleaning products.

There was evidence that personal protective equipment, such as gloves and aprons, were readily available. A selection of patients’ bedrooms were observed and found to be personalised and individualised. The home was mainly well maintained with some minor areas of wear noted to walls, floors and bed frames. The registered manager stated that the beds were being replaced on a rolling schedule. All bed tables had recently been changed and new commodes had just arrived. We agreed that the premises continued to be maintained and met the standards but would benefit from some refurbishment to improve the environment further for patients.

On the walk around the home it was noted that one patient had held open their bedroom door with a wastepaper bin. The administrator noted this immediately and ensured that the bin was removed, demonstrating a keen awareness of fire safety. This was discussed with the manager who stated that there were a number of bedrooms in which hold-open devices had been fitted where patients liked to keep their doors open. She agreed to discuss this with the specified patient today. All other areas of the home were free from clutter and exits were maintained clear.

The kitchen and food storage areas were inspected. There was a healthy stock of dry goods, freezers were well stocked with meat and bread and there was ample supply of fresh fruit, vegetables, eggs and milk. The cook was preparing lunch and confirmed that there were sufficient supplies and anything she needed was provided. The manager confirmed that all suppliers had been informed about the home’s status and that they continued to supply to the home. Clinical, cleaning and catering stores were observed to be well stocked.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the maintenance of the home’s environment. One issue with fire safety was addressed proactively and demonstrated a keen awareness by staff. The management were also maintaining stocks of food and equipment to meet patients’ needs.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.

Observation at the inspection confirmed that the home was operating as usual. There was a calm atmosphere as the staff assisted patients with their breakfast in their rooms or the dining room, administering morning medications and transferring patients to the lounges to relax.

The manager confirmed that two staff meetings had been held on 11 April 2019 and letters had been sent to all staff to inform them that the home had gone into administration. They were reassured that Fiona Gray was to remain as the manager. Those staff spoken with were all aware of the situation, demonstrating effective communication amongst the staff team. Those spoken with were hopeful of a new owner and indicated that they were intending to stay on.

One care assistant spoken with stated that it was her main concern that the patients were not affected and she was of the opinion that there was still a good atmosphere in the home and the team were working together to ensure that this continued. Through discussion and observation staff were noted to be knowledgeable of patients' needs and preferences.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attitude and knowledge of their patients and team working.

Areas for improvement

No 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.

The registered manager confirmed that she and the Insolvency Practitioner had written out to all of the patients' families to inform them that the home had gone into administration. To date she has only received one enquiry and no one has indicated that they wish their relative to relocate. The registered manager confirmed that she remains available to speak with any relatives who have concerns. The Northern and Belfast Health and Social Care Trusts had also been made aware. The official notification was to appear in the media the following Friday.

Six patients spoken with expressed their satisfaction with life in the home and the care provided by the staff. One patient acknowledged that it was a 'different life' but was grateful for the care provided by the staff. Staff were observed to be attentive and chatted easily with the patients. Through discussion and observation it was evident that staff knew the patients well and were very attentive to their needs. Given the current circumstances, it was reassuring that staff spoken with were determined to minimise any impact on patients.

The manager and the home administrator discussed a recent project being undertaken in the home with the Peace Project in partnership with the Ageing Well Partnership. Local school children had been visiting the home and befriending the patients. They had also worked on joint art projects which was evident throughout the home. This was to culminate in a day out to a hotel. They were of the opinion that this had already had a really positive impact on patients' wellbeing.

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 attentiveness of staff and the home's participation with the local community.

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.

The registered manager confirmed her intention to stay on to manage the home in order to provide continuity and stability for patients, their relatives and staff. She has been working closely with the Insolvency Practitioner to ensure that the home continues to run smoothly and efficiently. Observations on the day confirmed that the home was operating as usual and there were ample supplies. The registered manager remained available to staff, patients and relatives. Enquiries by staff to the manager made on the day were responded to promptly.

The registered manager had also been fulfilling the role of Responsible Individual as the, now previous, owner of the home had been unable to fulfil this role due to ill-health. She indicated that she will stay on but would prefer not to continue in this role if and when the ownership changed. She indicated that there had already been a number of parties interested in buying the home as a going concern and she was hopeful of a prompt sale. She agreed to ensure that RQIA were kept informed of their progress.

A review of the home's certificate of registration was carried out and it was ascertained that the home now only had one named resident and no longer required the category of NH-PH. The registered manager was advised to contact the registration team in RQIA with the required changes and a new certificate would be issued. This was received and actioned by RQIA following the inspection.

An area for improvement was made at the last care inspection concerning notifications of head injuries to RQIA. The manager confirmed that she had researched this and taken advice from the Northern Health and Social Care Trust following the inspection. A review of incidents and accidents in comparison with those received by RQIA confirmed that head injuries were being appropriately notified and the area for improvement was met.

The manager was advised that RQIA had received verbal notification by the Insolvency Practitioner and that they had been advised to inform RQIA in writing. This had not yet been received and the registered manager agreed to follow this up. Written confirmation was received by RQIA following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the availability and ongoing commitment of the registered manager in ensuring the continued smooth operation of the home.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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