

Inspection Report

1 February 2023



Victoria Court

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Tamlaght Private Nursing Home Limited Responsible Individual: Mrs Sharon Duffy	Registered Manager: Mrs Gail Ellen Chambers – not registered
Person in charge at the time of inspection: Mrs Gail Ellen Chambers	Number of registered places: 43 The home is also approved to provide care on a day basis only to four persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 36
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 43 patients. Patients' bedrooms are located over two floors. Patients have access to communal lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 1 February 2023, from 8.50 am to 5.50 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Three areas for improvement have been stated for a second time in relation to the governance arrangements in regard to the management of pressure relieving mattresses, the regular review of care records and the refurbishment of the home.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Gail Chambers, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very happy", "The staff are very good" and "They (staff) look after me well, I have no complaints."

Two relatives expressed satisfaction with the care of their loved one receives in Victoria Court and commented positively regarding the level of communication from the staff and the activity provision in the home.

No questionnaires were returned or no feedback was received from the staff online survey within the allocated timeframe.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 10 (1) Stated: First time	<p>The registered person shall ensure that robust governance arrangements are in place to quality assure and effectively manage pressure relieving mattresses.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients • The pressure relieving mattress audit is accurately and comprehensively completed. 	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the pressure relieving mattress audit identified a number of deficits and a number of mattresses on patient beds were incorrectly set for the patients' assessed need.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure patients' risk assessments and care plans are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records evidenced gaps in the consistent review of patients care plans and risk assessments.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 4 (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that corridors are kept clear and unobstructed at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection at all times and evidence meaningful oversight by the Manager.</p> <hr/> <p>Action taken as confirmed during the inspection: The Manager was not in receipt of a refurbishment plan on the day of inspection. This was requested by the inspector to be forwarded after the inspection however; the document received did not provide sufficient detail regarding a timeframe for the identified areas to be refurbished.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>

Area for improvement 5 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall ensure the following in regard to fire safety arrangements. The fire risk assessment is effectively managed to evidence all the required actions are addressed within the assessed timeframe.	Met
	Action taken as confirmed during the inspection: There was evidence that the identified areas from the current fire risk assessment were being addressed.	
Area for improvement 6 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure thickening agents are securely stored when not in use.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 48.9 Stated: First time	The registered person shall ensure that fire drill records are accurately maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Staff members were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. Review of training statistics and discussion with the Manager highlighted that staff were not up to date with all mandatory fire training requirements. The Manager agreed to prioritise the required training. An area for improvement was identified.

Review of governance records provided assurance that nursing staff were registered with the Nursing and Midwifery Council (NMC). A review of care staff registration with the Northern Ireland Social Care Council (NISCC) identified one staff member who was not registered; this was discussed with the Manager to address as soon as possible.

The duty rota accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff members were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff.

A review of care documentation evidenced gaps in relation to how frequently care plans and risk assessments were reviewed; an area for improvement was stated for a second time.

Review of care records confirmed that wound care was managed in keeping with best practice guidance.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

Discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. A review of neurological observations for two patients identified that staff did not document a rationale if there was a gap in the recording of the observations. This was discussed with the Manager who agreed to highlight to the registered nurses the importance of this going forward; this will be followed up on the next inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food in Victoria Court. The seating arrangement in the dining room restricted the number of patients who could sit at a table to eat their meals; this was discussed with the Manager who agreed to review the dining experience in regard to the seating arrangements. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and clean. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

At the previous care inspection on 28 April 2022, an area for improvement was identified in relation to the home's environmental deficits and the need to develop a time bound refurbishment action plan. During this inspection, the home remained in need of refurbishment and painting. This was particularly evident in patient bedrooms, communal bathrooms and corridor areas. Carpets were also observed to be worn in several areas of the home. The inspection observations were discussed with the Manager who was not aware of any ongoing refurbishment plan. The Manager agreed to complete an action plan and submit to RQIA following the inspection. This was received on 7 February 2023 however; the information received did not provide a clear timeframe for any of the work to commence. RQIA were not assured that this area for improvement had been addressed and it is therefore stated for a second time.

There was evidence staff had taken part in regular fire drills and an up to date fire risk assessment was available for review dated 22 July 2022. A hoist had been left in a corridor after use; staff quickly moved this hoist when requested by the inspector otherwise, fire exits were observed clear.

An examination of two external doors raised concern regarding the security of the home. One door was observed not locking and the integrity of the other door was compromised. The findings were discussed with the estates inspector and the Manager was asked to prioritise the repair of these doors so that the home is made secure. An area for improvement was identified.

Communal bathrooms were observed being used to store additional items; for example moving and handling equipment. This was discussed with the Manager who agreed to address this with staff.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with patients confirmed that they were able to choose how they spent their day. The activity staff member planned activities and kept accurate records of patient engagement.

There was evidence of regular patient meetings and the minutes of these were available for review.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Gail Chambers is the new Manager of Victoria Court. Mrs Chambers is in the process of submitting an application to RQIA to be registered as the Manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. As stated above, an area for improvement was stated for a second time regarding the pressure relieving mattress audit.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were available for review. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	5*	2

*the total number of areas for improvement includes three Regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gail Chambers, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 10 (1) Stated: Second time To be completed by: 28 February 2023	The registered person shall ensure that robust governance arrangements are in place to quality assure and effectively manage pressure relieving mattresses. This includes but is not limited to: <ul style="list-style-type: none"> • That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients • The pressure relieving mattress audit is accurately and comprehensively completed. Ref: 5.1, 5.2.2 and 5.2.5
	Response by registered person detailing the actions taken: A robust audit system has been implemented for the management of the settings on residents pressure relieving mattresses. This is recorded twice daily and further monitored by the DM / HM
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: Second time To be completed by: 28 February 2023	The registered person shall ensure patients' risk assessments and care plans are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Registered Nurses given clear instructions regarding the regular review of residents care plans and risk assessments. A named nurse system has been implemented so each nurse

	aware of their residents and responsibility of completeing same on a 4 weekly bases. Manager monitores on a monthly bases to ensure same is being adhered to.
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<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection at all times and evidence meaningful oversight by the Manager.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: The home is waiting for a full refurbishment programme to commence and same is available for inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27(4) (e)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The registered person shall ensure that staff receive fire prevention training in keeping with mandatory training requirements.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have access to fire training on their e-learning platform. Further face to face Fire prevention training / evacuation is scheduled for staff in accordance with mandatory compliance</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The registered person shall repair the two identified external doors.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Main external door has been repaired / fixed to ensure safety of the home. The exterior set of fire doors are part of the refurbishment plan. Fire risk assessor will monitor and give further advise guidance in relation to its integrity and maintaining the safety of the home.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are repositioned in accordance to their assessed needs as detailed within their care plan.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Additional repositioning charts have been implemented to ensure an accurate time record is maintained of each residents assessed needs as detailed in their care plan.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The registered person shall review the dining experience; this is stated with specific reference to reviewing the seating arrangements.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Resident meeting was held and their views sought as to how they would like the dining room laid out with specific arrangements to the seating. Residents wished the dining room to be as it is. This has been recorded in the minutes of the meeting. Manager will keep this under review should opinion change.</p>

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



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