

Unannounced Care Inspection Report

1 October 2020



Victoria Court

Type of Service: Nursing Home

Address: 34 Larne Road, Carrickfergus, BT38 7DY

Tel No: 028 9336 6194

Inspector: Mandy Ellis

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 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited Responsible Individual(s): Fiona Gray	Registered Manager and date registered: Fiona Gray 5 May 2015
Person in charge at the time of inspection: Ethel Colquhoun – registered nurse	Number of registered places: 45 The home is also approved to provide care on a day basis for 4 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: 24

4.0 Inspection summary

An unannounced inspection took place on 1 October 2020 from 08.55 to 15.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements

The findings of this report will provide Victoria Court 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	3*	2

*The total number of areas for improvement includes one under regulation which has been stated for the third and final time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ethel Colquhoun, registered nurse, as part of the inspection process and the manager post inspection. The timescales for completion commence from the date of inspection.

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 we met with five patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us 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. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe

The following records were examined during the inspection:

- the duty rota from 21 September 2020 to 4 October 2020
- the home's registration certificate
- three patients' care records
- five patients' repositioning and fluid intake charts
- one staff recruitment file
- a sample of governance audits/records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 4 February 2020.

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 12 (1) Stated: Second time	The registered person shall ensure that care records evidence the delivery of pressure area care as prescribed in patients' care plans.	Not met
	Action taken as confirmed during the inspection: A review of three patients' care records did not evidence the consistent delivery of pressure relieving care in keeping with the repositioning care plan. This area for improvement was not met and is stated for a third and final time.	
Area for improvement 2 Ref: Regulation 13 (4) (b) and (c) Stated: Second time	The registered person shall ensure that topical medicines and nutritional supplements are safely and effectively administered in accordance with the prescriber's instructions; and that an accurate record is kept of the administration of any medicine to a patient.	Met
	Action taken as confirmed during the inspection: A review of records evidenced topical medicines were administered as prescribed. Nutritional supplements are administered by the registered nurses and an accurate record of this is maintained.	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the terminology used to record modified diet is consistently recorded across all records using the correct descriptors. To avoid confusion.</p> <p>Action taken as confirmed during the inspection: International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was used in all the records and charts reviewed. IDDSI guidance was printed and displayed in the dining room for all staff to adhere to.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall implement a monitoring system to ensure that staff adhere to bare below the elbow and do not wear jewellery or nail polish in keeping with regional infection prevention and control measures and best practice.</p> <p>Action taken as confirmed during the inspection: All staff observed on the day of inspection were adhering to best practice and IPC measures. Staff were bare below the elbow and no inappropriate jewellery was observed.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that fire doors are not wedged or propped open. Doors requiring to be 'held open' should be done so using a device/s connected to the home's fire alarm system which can then close automatically when the fire alarm sounds.</p> <p>Action taken as confirmed during the inspection: Fire doors were not wedged open and the identified room has a hold open device fitted.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20 (1) c</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – ensure that the persons employed by to work at the nursing home receive mandatory training and other training appropriate to the work they are to do</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The staff training matrix viewed evidenced mandatory training is up to date. Due to the Covid-19 pandemic the majority of training has been provided on-line. Staff spoken with confirmed they have attended mandatory training, as required.</p>	
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff monitor, record and meaningfully review the fluid intake of patients in a timely manner. This specifically relates to any patients on a daily fluid target.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of progress records evidenced the total 24 hour fluid intake was recorded and reviewed by the registered nurse. If appropriate, a care plan was initiated and reviewed monthly for patients who required a fluid target.</p>	Met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p>	<p>The registered person shall implement regular monitoring of repositioning charts to ensure nursing and care staff are completing them in a timely manner and that they accurately reflect the care delivered.</p> <p>Action taken as confirmed during the inspection:</p> <p>Repositioning charts reviewed were consistently and accurately recorded. Care plan audits are done monthly.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p>	<p>The registered person shall ensure medication records accurately reflect the prescriber's instructions.</p> <p>Monitoring arrangements shall be put in place to ensure staff safely transcribe the prescriber's instructions from one document to another with two registered nurses signatures.</p> <p>Action taken as confirmed during the inspection:</p> <p>Topical medication administration records were recorded with two registered nurses signatures with the instructions clearly documented.</p>	Met

Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that the type of pressure relieving mattress in use is recorded in the patient's plan of care.	Met
	Action taken as confirmed during the inspection: The mattress in use was documented in the care records reviewed.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure patient's care planning meaningful and reflective of their current assessed needs.	Met
	Action taken as confirmed during the inspection: Care plan reviews were meaningful and reflected the current assessed needs of the patients.	
Area for improvement 5 Ref: Standard 46.2 Stated: First time	The registered person shall ensure commodes are effectively cleaned to minimise the risk of infection.	Met
	Action taken as confirmed during the inspection: The commodes viewed on inspection were clean and fit for use by patients.	
Area for improvement 6 Ref: Standard 30 Stated: First time	The registered person shall review the management of limited shelf life medicines to ensure the date of opening is recorded. With particular reference to topical creams.	Met
	Action taken as confirmed during the inspection: Topical creams were observed with the date of opening appropriately recorded.	

6.2 Inspection findings

6.2.1 Staffing arrangements

A review of the staff duty rota from 21 September 2020 to 4 October 2020 evidenced that the planned staffing levels were adhered to. Staff were able to identify the person in charge of the home in the absence of the manager. 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.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. Staff did not express any concerns regarding staffing levels.

Staff spoken with told us that the recent change in ownership of the home has brought a sense of settlement to the home. The kitchen and housekeeping staff have had new equipment purchased to assist them with their roles. Feedback from staff indicated that they are enthusiastic about the future of the home.

6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on Covid-19. All visitors, including the inspector, had a temperature check on arrival at the home. Visiting has been temporarily suspended due to the increase in Covid - 19 in the community; patients are keeping in touch with loved ones via the telephone or by means of video calls. The majority of staff were observed to use PPE correctly and were observed to carry out hand hygiene at appropriate times during our visit. However, not all staff wore PPE when serving lunch and this is further discussed in 6.2.4. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. Vinyl gloves were observed in use for patient care; this was discussed with the manager for action as vinyl gloves are not recommended and are less effective in the clinical setting than other latex type gloves. The manager advised that the home had a limited supply of vinyl gloves and once these were depleted they will not be reordered. This will be reviewed at a future inspection.

6.2.3 Infection Prevention and Control/Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. We found corridors and fire exits were clear and unobstructed. It was observed that the home had changed two bedrooms on the ground floor to office accommodation without informing RQIA as required by Regulation; any change of condition of registration in respect of the home requires a formal variation application to be processed and considered by RQIA. This was discussed with the manager and a variation to registration application was requested to be submitted retrospectively. An area for improvement was made.

We observed thickening agents in patients' bedrooms; thickening agents should be kept secured when not in use; an area for improvement was made.

6.2.4 Care delivery

We observed that patients looked well cared for and were content and settled in their surroundings. There was a friendly and relaxed atmosphere in the home. Patients spoken with commented positively about living in Victoria court and the care they received; they told us:

- "The staff are very good."
- "They're (the staff) are alright."
- "The staff couldn't be better."
- "The staff are friendly, I have no issues."

We observed the serving of lunch in the dining room and found this to be a pleasant and unhurried experience for the patients. The dining room was clean and tidy. The daily menu was displayed; we observed that the food provided was well presented and smelled appetising; and the staff were helpful and attentive. Not all staff were observed to wear the appropriate PPE when serving food. In addition, food that was being served to patients in their bedrooms was not covered. The dining room was observed busy; it was recommended that staff try to promote social distancing as much as possible in reducing the number of patients in the dining room at any one time. The dining room observations were discussed with the manager for action as appropriate; an area for improvement was identified.

We reviewed three patients' care records which evidenced that individualised care plans and risk assessments had been developed to reflect their assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Five repositioning and fluid intake charts were reviewed and were found to have been completed accurately. However, in regard to repositioning; care records did not consistently evidence the repositioning of patients in keeping with their prescribed care; this area for improvement was not met and is stated for a third and final time.

6.2.5 Governance and management arrangements

A review of records evidenced that that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding hand hygiene, PPE use, care documentation, fluid targets, nutritional care, falls management, pressure ulcer care, infection prevention and control and medications. However, there was inconsistency in the frequency and completion of these audits, for example, the nutritional audit was last completed in February 2020 and the pressure ulcer audit was infrequently completed in March 2020 and August 2020. These audits also lacked consistent action planning and review to address the deficits identified. An area for improvement was identified.

One staff recruitment file was reviewed and this evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body. The records reviewed were up to date for nursing staff. The records for care staff were not available to review due to access issues to the Northern Ireland Social Care Council (NISCC) web portal. Email confirmation was received post inspection from the manager confirming the care staff were all up to date with their NISCC registration.

Review of the record of complaints evidenced that there were systems in place to manage complaints and that expressions of dissatisfaction were taken seriously and managed appropriately. RQIA were appropriately notified of accidents/incidents that occurred in the home.

Areas of good practice

There were examples of good practice identified in relation to staffing and staff interaction with the patients.

Areas for improvement

Four new areas for improvement were identified in relation to: the use of rooms in keeping with their stated purpose, the storage of thickening agents, the dining experience and governance audits.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to the patients' individual needs.

Four new areas for improvement were identified as outlined in this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ethel Colquhoun, Registered Nurse, as part of the inspection process. The manager and responsible person received verbal feedback on the inspection and QIP via the telephone post inspection. 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 12 (1) Stated: Third time and final time To be completed by: 5 August 2019	The registered person shall ensure that care records evidence the delivery of pressure area care as prescribed in patients' care plans. Ref: 6.1 and 6.2.4
	Response by registered person detailing the actions taken: Care records will be reviewed to ensure that evidence of pressure area care provided reflects that documented in the care plans
Area for improvement 2 Ref: Regulation 32 (h) Stated: First time To be completed by: with immediate effect	The registered person shall submit a variation to registration application to RQIA; this is in regard to those rooms identified during the inspection. Ref: 6.2.3
	Response by registered person detailing the actions taken: Detailed Summary submitted to portal on 05.11.2020
Area for improvement 3 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: with immediate effect	The registered person shall ensure thickening agents are securely stored when not in use. Ref: 6.2.3
	Response by registered person detailing the actions taken: Storage of thickening agents has been reviewed and they are kept in a locked cupboard when not in use.
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 12 Stated: First time To be completed by: with immediate effect	The registered person shall review the dining experience for patients to ensure : <ul style="list-style-type: none"> • all staff wear appropriate PPE while serving food to patients • food leaving the dining room is appropriately covered
	Response by registered person detailing the actions taken: The issue of proper use of PPE while serving food has been discussed with staff and will be monitored. Plate covers are available and staff have been advised that any food leaving the dining room must be covered.

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2020</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice. This includes but is not limited to:</p> <ul style="list-style-type: none"> • nutritional audits • pressure ulcer audits • PPE use • Care documentation <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The homes audit system is being reviewed. The manager will ensure that a robust system is put in place to audit and monitor all aspects of care including those listed above.</p>
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Please ensure this document is completed in full and returned via Web Portal



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