

Inspection Report

5 July 2021



Victoria Court

Type of service: Nursing Home
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Telephone number: 028 9336 6194

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited Responsible Individual(s): Mrs Sharon Duffy	Registered Manager: Mrs Perla Balmes – not registered
Person in charge at the time of inspection: Mrs Perla Balmes	Number of registered places: 43 The home is also approved to provide care on a day basis only to 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: 30
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 5 July 2021 from 10.00 am to 6.40 pm by a care inspector and an estates 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.

Three new areas requiring improvement were identified in regard to the dining experience, the provision of a structured activity programme for patients and the monthly monitoring reports. An area for improvement relating to patient repositioning has been stated for a second time.

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.

Comments received from patients, relatives, visiting healthcare professionals and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Victoria Court was safe, effective, compassionate and that the home was well led.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection, patients, their relatives, and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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. At the end of the inspection the Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with four patients, eight staff, one relative and one visiting healthcare professional during the inspection. RQIA received questionnaires completed by one patient and two relatives following the inspection. All the questionnaires indicated a satisfied or very satisfied response to all aspects of care delivery in Victoria Court. Written comments were shared with the manager.

The visiting healthcare professional commented on how helpful the staff were and that staff knew the patients very well. We received no feedback from the staff online survey. Patients expressed no concerns about the care they received and confirmed that all the staff were good. One patient told us they were very settled in the home and how good the staff were with them. A relative also commented on how communication in the home was good and they were kept them up to date with their loved one's care.

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 20 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: Second time	The registered person shall ensure that thickening agents are securely stored at all times when not in use.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with staff confirmed this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 13 (4) (a) Stated: Second time	The registered person shall ensure that robust governance arrangements are in place regarding pressure area care to patients; these arrangements shall include but not be limited to ensuring the following: <ul style="list-style-type: none"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times • That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. 	Partially met
	Action taken as confirmed during the inspection: A review of records confirmed that the type and/or setting of mattresses were well managed to meet the assessed needs of the patients. Repositioning records did not evidence consistent patient repositioning as prescribed in their plan of care. This area for improvement has been partially met and has been stated for the second time.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> • The use of fluid repellent surgical masks by all staff members when required • If staff are medically exempt from wearing a fluid repellent face mask, a risk assessment should be completed and appropriate alternative protection provided • Pull cords are cleaned and form part of the daily domestic cleaning schedule. <p>Action taken as confirmed during the inspection: Staff were observed wearing the appropriate face masks; the domestic cleaning schedule included the cleaning of pull cords.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (7)</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; the action plan should include but not be limited to the following:</p> <ul style="list-style-type: none"> • Wardrobes are secured to bedroom walls • Worn bed linen is replaced • Flooring within the nurses station is repaired • The stained ceiling within the identified bathroom and dining room is repaired • Communal rooms and/or the top of patients' wardrobes are not used for inappropriate storage • The identified faulty keypad is repaired • Damaged or worn bedroom furniture is replaced. <p>Action taken as confirmed during the inspection: Observation of the environment confirmed this area for improvement has been met. Refurbishment of the home is ongoing which RQIA will continue to monitor at future inspections.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed chemicals were stored securely. Cleaning chemicals were observed in the laundry area; refer to section 5.2.3 for further comments.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> • A current fire risk assessment is in place and available for RQIA inspection at all times • The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required. <p>Action taken as confirmed during the inspection: A review of documentation relating to fire safety by the estates inspector confirmed this area for improvement has been met.</p>	<p>Met</p>
<p>Area for Improvement 7</p> <p>Ref: Regulation 21 (1)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust selection and recruitment process is implemented in keeping with regulation and best practice.</p> <p>Action taken as confirmed during the inspection: A review of documentation and discussion with the manager confirmed that a new and improved selection and recruitment process had been implemented.</p>	<p>Met</p>

Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	<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.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Pressure ulcer audits • PPE use • Care documentation. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of governance audits provided assurance that this area for improvement has been met.</p>	
Area for improvement 2 Ref: Standard 41 Stated: First time	<p>The registered person shall ensure the following in regard to the staff duty rota:</p> <ul style="list-style-type: none"> • The person in charge of the home is clearly identified • The use of correction fluid ceases. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the duty rota confirmed this area for improvement has been met.</p>	
Area for improvement 3 Ref: Standard 39 Stated: First time	<p>The registered person shall ensure that governance arrangements are in place which will ensure that staff receive training commensurate with their role in regard to the Mental Capacity Act (2016) and associated Deprivation of Liberty safeguards.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff, the manager and review of training records confirmed this area for improvement has been met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A recruitment checklist had been implemented since the previous inspection. No new staff had been recruited since the previous inspection; however, review of two recruitment files evidenced implementation of the new checklist to ensure that all the required documentation was available within these files.

There were systems in place to ensure that staff were trained and supported to do their job. A system was in place to ensure that staff completed necessary training relevant to their role.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the new Manager.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met; examination of the staff duty rota confirmed this.

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 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 who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of the repositioning records did not evidence the consistent delivery of pressure relieving care to patients as prescribed in their care plans. However, an improvement was noted in patients' care plans and the monitoring of pressure relieving mattress settings. An area for improvement previously stated has been partially met and is stated for a second time.

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 which were served with meals. Staff attended to patients in a caring and compassionate manner throughout their meal.

Seating within the dining room was only available around one large table arrangement. This resulted in restricting the number of patients who could make use of the dining room at the same time and limited their ability to reach condiments.

We spoke with the staff who told us that this dining arrangement made assisting patients difficult. The dining experience was further discussed with the Manager who agreed to audit the dining experience and make any changes, as needed. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm, well-lit and free from malodours.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. However, some storage cupboards were cluttered and untidy; this was discussed with the Manager who agreed to action. This will be reviewed during a future inspection.

Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. Surface damage was evident to a number of identified beds; this was discussed with the Manager who agreed to replace the beds. The Manager stated that a refurbishment plan remains ongoing within the home; this will be kept under review at a future inspection.

Records inspected confirmed that the home's mechanical and electrical services were being maintained in accordance with current legislation and best practice guidance.

The most recent risk assessment for the control of legionella bacteria in the premises hot and cold water systems was undertaken on 29 June 2021. The Manager subsequently confirmed on 13 July 2021 that an action plan had been developed to ensure full compliance with this risk assessment within the required timescales. Additional records inspected confirmed that suitable control measures continued to be undertaken by staff.

The current fire risk assessment was available for inspection and confirmed that the overall risk within the premises was assessed as 'tolerable'. Records indicated that all required function checks for the premises fire detection and alarm system, emergency lighting installation and fire-fighting equipment were being undertaken in accordance with current best practice guidance.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Staff were seen to practice hand hygiene at key moments and to use Personal Protective Equipment (PPE) correctly.

Governance records showed that Infection Prevention and Control audits were conducted regularly and monitored staffs' practice and compliance with the guidance. Domestic staff maintained records of cleaning schedules and told us that they had the staffing and resources to meet IPC standards. Domestic stores were appropriately locked. The laundry room was observed to have a lock on the door but the key had been missing for some time; therefore the room could not be secured. Several cupboards containing cleaning products were also located within the laundry. This was discussed with the Manager who immediately secured the area; before conclusion of the inspection the laundry key had been located and the room secured.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to spend time in their bedrooms and some used the communal areas.

Patients were observed chatting with staff, reading and watching TV.

The provision of activities provides patients with meaning and purpose to their day. It was noted that there was no activities staff employed within the home and that no structured activity programme was in place for patients.

The Manager advised that care staff try to provide activities for patients in addition to their caring duties; the Manager shared some photographs of a band who recently visited the home and played music for the patients within the front garden; the patients had also recently enjoyed some flower planting. The potential benefits for patients from providing bespoke activities staff was discussed with the Manager; an area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection and RQIA were appropriately informed of this change. Mrs Perla Balmes has been appointed as the new Manager; an application for the Manager's registration has been submitted to RQIA and will be reviewed accordingly.

There was evidence that a robust 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. The audits reviewed included the development of action plans to address identified deficits as necessary.

Staff commented positively about the new Manager and described her as supportive and approachable.

The quality monitoring visits completed on a monthly basis by an external consultant were reviewed. The reports from April 2021, May 2021 and June 2021 were examined. All three reports were repetitive in places and lacked meaningful detail; in addition, the finish time of each visit was not recorded.

The reports also lacked any evidence of consultation having taken place with relatives, staff and/or patients in order to inform each monthly visit. The specific deficits were discussed with the Manager and an area for improvement was identified.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness.

Improvement in the managerial oversight and governance processes was observed with evidence of robust systems in place which were used by the Manager to monitor the quality of care and services provided and to drive improvement in the home.

Based on the review of records, observation of the environment and discussions held, we are satisfied that this service is providing safe, effective and compassionate care and that the service is well led by the Manager.

Service provision will be further improved by compliance with three new areas for improvement which were identified in regard to patients' dining experience, the provision of a structured activity programme for patients and the monthly monitoring reports; care delivery will also be improved by compliance with a restated area for improvement relating to repositioning.

7.0 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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* the total number of areas for improvement includes one under regulation which has been partially met and has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Perla Balmes, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust governance arrangements are in place regarding pressure area care to patients; these arrangements shall include but not be limited to ensuring the following:</p> <ul style="list-style-type: none"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times • That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Significant progress has been made in relation to the undertaking of repositioning of residents in keeping with the timings prescribed in their care plans. Repositioning records are accurate and comprehensive consistent and accurate in relation to their recording. The type of pressure relieving mattress and the setting are monitored and checked to ensure that they are in keeping with the residents assessed needs</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2021</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are completed in sufficient detail in accordance with the regulations and care standards.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The quality monthly monitoring reports previously complied were done so during the current pandemic, their content has been reviewed and going forward complied have been reviewed in light of the comments and were issues are identified these are identified in the associated action plan and carried forward until completed.</p>

Action required to ensure compliance with the 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. This specifically relates to the arrangement of furniture within the dining room. Ref: 5.2.2
	Response by registered person detailing the actions taken: The dining experience for residents has been reviewed including the seating arrangements, with the dining tables re-arranged to facilitate improved ease of assistance by staff where required and enhance the experience for the resident.
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that effective arrangements are in place so that person centred activities are consistently provided to patients. Activities provision must be an integral part of care delivery and be recorded within patients' care records. Ref: 5.2.4
	Response by registered person detailing the actions taken: The home is currently in the process of recruiting a dedicated Activity Therapist to enable more person centred activities and a more structured approach towards the provision of activities for the residents.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care