

# Inspection Report

8 June 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

<b>Organisation:</b> Tamlaght Private Nursing Home Limited	<b>Registered Manager:</b> Mrs Gail Ellen Chambers –
<b>Responsible Individual:</b> Mrs Sharon Duffy	<b>Date Registered:</b> 9 June 2023
<b>Person in charge at the time of inspection:</b> Mrs Gail Chambers	<b>Number of registered places:</b> 43  The home is also approved to provide care on a day basis only to 4 persons.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40
<b>Brief description of the accommodation/how the service operates:</b> 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 8 June 2023, from 9.30 am to 6.50 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.

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.

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### 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: "If you have to be in a home this is the one to be in", "I feel well looked after." and "The staff are very good". A number of patients spoken with discussed delays in their call bells being answered this is discussed further in section 5.2.2.

Two relatives expressed satisfaction with the care of their loved ones received in Victoria Court.

Staff spoken with were mostly positive about the service provided in Victoria Court. Two staff were not satisfied with the staffing levels and staff responses to the inspection questionnaire also raised concerns about staffing and management arrangements. This is discussed further in section 5.2.1.

No resident/relative questionnaires were returned.

## 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 01 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time	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"> <li>• That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients</li> <li>• The pressure relieving mattress audit is accurately and comprehensively completed.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> Second time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met and is discussed further in section 5.2.2.  This area for improvement is now stated for a third time.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> Second time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met and is now stated for a third time. This is discussed further in section 5.2.3	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27(4) (e)  <b>Stated:</b> First time	The registered person shall ensure that staff receive fire prevention training in keeping with mandatory training requirements.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met and is stated for a second time. This is discussed in section 5.2.1	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> First time	The registered person shall repair the two identified external doors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that patients are repositioned in accordance to their assessed needs as detailed within their care plan.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall review the dining experience; this is stated with specific reference to reviewing the seating arrangements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 identified that a number of staff were not up to date with mandatory fire training requirements. The Manager confirmed in writing, following the inspection, that training dates had been arranged. An area for improvement was identified at the last inspection and is now stated for a second time to allow the Manager time to proactively manage how they monitor compliance with this regulation.

Review of governance records provided assurance that nursing staff were registered with the Nursing and Midwifery Council (NMC).

The duty rota accurately reflected the staff working in the home over a 24-hour period 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.

Staff members spoken with told us they were mostly satisfied with the staffing levels in the home. However, two staff were not satisfied. They told us this they had raised their concerns with the Manager of the home. Patients spoken with told us they were satisfied with the staffing levels however, some patients told us at times there was a delay in staff answering their call bells and some patients, in their bedrooms, could not reach their call bells. Details of staff and patient concerns about staffing and call bell response times were discussed with the Manager during feedback. The Manager confirmed that staffing levels were under review and that they would monitor the call bell response times. Two areas for improvement were identified.

In addition, after the inspection, RQIA received a number of comments from staff about staffing and management arrangements via the staff feedback survey. The comments received did not reflect the inspections findings in relation to the delivery of care and the majority of staff responses about staffing arrangements. RQIA wrote to the Responsible Individual, Mrs Duffy,

asking that the concerns raised by staff be investigated and that a written report be provided in relation to the outcome of the investigation and any actions taken.

### 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 care plans and risk assessments were generally kept under review. However, care plans relating to wound care, use of pressure relieving devices, one to one care and manual handling should to be reviewed to ensure they were reflective of the patients' specific care needs. This was discussed with the Manager who advised they had identified deficits through auditing and were currently reviewing the electronic system for care records. An area for improvement was stated for a third time.

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. This was discussed with the Manager and an area for improvement was stated for a second time.

Daily audits were in place to ensure that pressure relieving mattresses were effectively maintained. Two mattresses were observed to be incorrectly set. This was addressed by the Deputy Manager who advised that the audit had not been completed for that day. This was discussed with the Manager who agreed to continue to monitor this. This will be further reviewed at the next inspection.

Discussion with the Manager confirmed that the risk of patients 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.

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 advised that the seating was arranged at the patients' request and would change according to their wishes.

### **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 1 February 2023, an area for improvement had been stated for a second time in relation to the home's environmental deficits and the need to develop a time bound refurbishment action plan. An action plan was submitted to RQIA following that inspection. However, no clear timeframes were identified when the works were to begin. During this inspection it was observed that the home still remained in need of refurbishment. This was particularly evident in patient bedrooms, communal bathrooms and corridor areas; and carpets were observed to be worn in several areas of the home. Details were discussed with the Manager who acknowledged and accepted the deficits. Written assurances were provided by the Manager following the inspection that a refurbishment programme was due to commence on 3 July 2023 and an updated action plan was submitted to RQIA. Progress will be reviewed at the next care inspection.

Throughout the home it was observed that the storage of various items and patient equipment was inappropriate. For example, communal bathrooms were used to store moving and handling equipment and opened packets of continence products, wipes and multiple toilet rolls were stored on top of toilet cisterns; activity equipment was stored on the floor in a communal lounge. This was discussed with the Manager and an area for improvement was identified.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, a small number staff were observed to be wearing nail varnish. This was discussed with the Manager who agreed to address this with the individual staff concerned.

### **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 patients were observed to be enjoying singing hymns and taking part in a religious service.

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 no change in the management of the home since the last inspection. Mrs Gail Chambers is the Manager of Victoria Court and her registration with RQIA was approved on 9 June 2023 following the inspection.

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.

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 safeguarding 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 incidents 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
<b>Total number of Areas for Improvement</b>	4*	3 *

\* the total number of areas for improvement includes two that have been stated for a third time and two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gail Chambers, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> Third time  <b>To be completed by:</b> 1 September 2023	<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> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All RN reminded of the utmost importance of ensuring that residents risk assessments and care plans are kept fully updated as changes occur and that they are reviewed regularly to ensure they reflect the assessed needs of there resident</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> Third time  <b>To be completed by:</b> Ongoing from the date of inspection	<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><b>Response by registered person detailing the actions taken:</b>            A refurbishment action plan has been updated /completed. Refurbishment works have commenced in the main areas of the home and any environmental deficits will be addressed going forward</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (e)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 July 2023	<p>The registered person shall ensure that staff receive fire prevention training in keeping with mandatory training requirements.</p> <p>Ref:5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Additional Fire Prevention Training has been scheduled for all staff still requiring same and will be provided to all staff as per mandatory requirements</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (I)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the infection prevention and control issues identified at this inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff reminded of the importance of infection prevention and control and to ensure that this is maintained at all times, domestic staff have been instructed to ensure all equipment is thoroughly cleaned and any in breach brought to managements attention</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 July 2023</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: 5.1.and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All RN and HCA have been reminded of the importance of repositioning residents in line with their plan of care. A new system is being looked at so that records are reflective of same. Manager and RN continue to monitor and ensure plans of care are kept updated</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>All patients have access to the nurse call system or other measures are in place for them to seek help should they require this.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff reminded to ensure that residents are left with their call bell within reach should they require assistance can do so, same monitored by Manager and RN</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure there is a system in place to monitor patient call bell response times.</p> <p>Records of this process including any action taken to address deficits are maintained.</p> <p>Ref:5.2.3</p>

Immediate action required.	<b>Response by registered person detailing the actions taken:</b> All staff reminded to answer residents call bells in a timely manner. An audit has been devised to reflect the actual response time of staff to residents call bells. Same continues to be monitored by Manager and RN
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*\*Please ensure this document is completed in full and returned via Web Portal*



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