

Inspection Report

8 September 2023



Victoria Court

Type of Service: Nursing Home
Address: 34 Larne Road, Carrickfergus, BT38 7DY
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited Responsible Individual: Mrs Sharon Duffy	Registered Manager: Mrs Gail Ellen Chambers Date registered: 09/06/2023
Person in charge at the time of inspection: Mrs Gail Ellen Chambers	Number of registered places: 43
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: 42
Brief description of the accommodation/how the service operates: This 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 September 2023 from 9.30am to 3.00pm by a care inspector and an estates inspector.

The inspection focused on the internal environment and the homes refurbishment plan.

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 in the home. Staff consulted with also told us teamwork in the home was good and that their training needs were met.

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 8 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: Third 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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 27 (2) (b) Stated: Third 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.	Met
	Action taken as confirmed during the inspection: A time bound refurbishment action plan was in place within the home, and evidence of works completed was noted at the time of the inspection. This included new carpet in the reception area of the home and redecoration of dining room and corridors. However, a new area for improvement was identified and this is discussed further in section 5.2.2	
Area for improvement 3 Ref: Regulation 27 (4) (e) Stated: Second time	The registered person shall ensure that staff receive fire prevention training in keeping with mandatory training requirements.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Regulation 27 (2) (l) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified at this inspection are addressed.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met as stated. A new area for improvement was identified and this is discussed further in section 5.2.1	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: Second time	The registered person shall ensure that patients are repositioned in accordance to their assessed needs as detailed within their care plan.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 43 Stated: First time	All patients have access to the nurse call system or other measures are in place for them to seek help should they require this.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure there is a system in place to monitor patient call bell response times.	Carried forward to the next inspection
	Records of this process including any action taken to address deficits are maintained.	
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Management of the Environment and Infection Prevention and Control

Observation on the day of inspection evidenced that the premises fire risk assessment had been reviewed by an accredited fire risk assessor on 9 May 2023. At this time the fire risk was noted as 'Tolerable'. The premises fire detection & alarm system, emergency lighting installation and portable fire-fighting equipment are serviced, tested and maintained in accordance with current best practice guidance.

An updated risk assessment for the control of legionella bacteria in the premises hot & cold water systems had been undertaken in August 2023. The manager has not yet received this report. However, in-house records inspected indicated that suitable control measures are in place and maintained in accordance with the current water safety plan, and best practice guidance.

With regards to health & safety within the home, it was confirmed that safe hot water is maintained throughout the premises and that patient lifting equipment is thoroughly examined in accordance with current best practice guidance. 'Gas Safe' certification was now due renewal, and the manager confirmed that dates for this had been scheduled with a suitably accredited contractor.

It is important that the manager ensures that the home's refurbishment plan continues to be implemented without further delay. It is good to note that the manager confirmed subsequent to the inspection, that paint had now been delivered to site to allow for the continued redecoration of the home. RQIA have requested that the regulation 29 report are submitted to RQIA on a monthly basis to evidence progress with the homes refurbishment plan.

An area of water penetration at ceiling level in the dining room should be suitably addressed without further delay. This was discussed with the manager and an area for improvement was identified.

Observation on the day of inspection evidenced that the infection prevention and control issues identified at the previous inspection had been addressed. However further deficits were identified in relation to the ineffective cleaning of manual handling equipment and a small number of commodes. A number of bed rail bumpers were required to be replaced. The manager confirmed following the inspection that these had been addressed. An area for improvement was identified.

A review of the bedroom furniture evidenced that a number of pieces of bedroom furniture were worn or damaged such as bed ends and drawers. This was discussed with the manager and an area for improvement was identified.

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 (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	6*	3*

* the total number of areas for improvement includes two under the regulations and three under the standards that are carried forward for review at the next inspection.

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	
Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: Third time To be completed by: 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</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 27 (4) (e) Stated: Second time To be completed by: 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</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure robust monitoring and governance arrangements are in place in relation to infection prevention and control and are effective in identifying shortfalls within the environment and staff practice.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: All staff reminded of importance of IPC / PPE compliance, staff have had further supervision of practice in this area and specific individuals have had 1-2-1 supervision and monitoring. Additional IPC audits have been put into place and new equipment has been purchased and old removed</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any worn or damaged furniture is repaired or replaced, in a timely manner, to improve the quality of life of patients. This includes but is not limited to chest of drawers and the headboards and footboards of patients' beds.</p> <p>A schedule for repair/replacement, that includes the room number and timescales, must be returned with this QIP.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will monitor the schedule for the additional refurbishment programme.</p> <p>It is estimated that 4 - 6 rooms will be completed on a weekly basis, and any additional soft furnishing required will be replaced</p> <p>All rooms have items of furniture that require repair this will be completed by end of February 2024</p> <p>Rooms 2, 19, 20 ,22, 25, 27, 29 and 32 have head or foot boards that require repair or replacement again this will be completed by end of February 2024</p> <p>Rooms 2, 26, and 40 require flooring to be replaced this will be completed by end of December 2023</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2023</p>	<p>The registered person shall ensure that the area of water penetration in the home's dining room is addressed and all damaged surfaces made good.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A survey has been undertaken for the area of wall and dampness is due to blocked guttering over many years. Advised no further treatment required to the wall will need time to dry out once problem is corrected. Dehumidifier used to further assist and then sanded and repainted</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall submit the regulation 29 reports to RQIA. The reports are to include specific reference and information on the progress of the home's refurbishment programme. These reports shall be submitted to RQIA on the 5th day of each month until directed otherwise.</p> <p>Ref:5.2.1</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The registered person has advised the RI that REG 29 reports are to be submitted by the 5th of each month detailing progress on the refurbishment programme</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 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</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection
<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.1</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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: 5.2.1</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection

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