

Inspection Report

28 April 2022



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	Registered Manager: Mrs Perla Balmes
Responsible Individual: Mrs Sharon Duffy	Date registered: 22 October 2021
Person in charge at the time of inspection: Icy Kuriakose Registered Nurse (8am – 8pm)	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: 38
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 28 April 2022, from 8.50 am to 6.00 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

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.

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 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 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.

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 Perla Balmes, Manager at the conclusion of the inspection.

4.0 What people told us about the service

On the day of inspection we spoke with 11 patients, 11 staff and two relatives. Seven questionnaires were returned, two from relatives and the remainder from patients. All the respondents expressed satisfaction with the services provided in Victoria Court. One staff member started to complete the online survey but did not complete it.

Patients spoken with on an individual basis told us that they were happy with the care and services provided in the home. Patients described the staff as "very good", "kind" and "efficient." One patient commented "this is my home and I love it here."

Two relatives spoke positively about their experiences and commented how they feel the staff know the patients very well, some concerns were expressed about the menu choices, these comments were shared with the Manager who agreed to meet and discuss the menu with the family.

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 16 February 2022		
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	<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. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced patients were being repositioned as prescribed in their care plans and the care plans accurately reflected the assessed need and repositioning regime for patients. Repositioning records were accurately maintained. However, mattress settings were set incorrectly on patients' beds and not effectively overseen by the Manager.</p> <p>There was evidence of improvement with repositioning and care documentation since the last inspection. Therefore, this area for improvement has been met however, the effective oversight and management of mattresses and their setting is still required. This will be stated as a new area for improvement under Regulation 10 (1).</p>	

Area for improvement 2 Ref: Regulation 29 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that in-use insulin pens are labelled with the patient's name and date of opening.	Met
	Action taken as confirmed during the inspection: Observation of the insulin pens in use confirmed they were all labelled appropriately, this area for improvement has been 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 help 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. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

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 care records were held confidentially.

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. The outcome of visits from any healthcare professional was also recorded.

A review of care documentation evidenced gaps in relation to how frequently care plans were reviewed and in the regular review of patients Braden score; A Braden tool is an assessment tool used to assess the risk of developing pressure ulcers; these deficits were discussed with the Manager and an area for improvement was identified.

Management of wound care was examined. 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 regularly. Review of repositioning records evidenced that patients were repositioned as prescribed in their care plans and the care plans detailed the assessed type of mattress and prescribed setting. However, observation of the prescribed pressure relieving mattress and mattress setting on several patients' bed was incorrect. In addition, a mattress setting audit in place was not consistently done nor did it accurately reflect the current mattress in use by the patients or the correct setting. This was discussed with the Manager and a new 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. The appropriate care records were reviewed and updated post fall.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rail and alarm mats. It was established that safe systems were in place to manage this aspect of care.

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. One comment from a relative about the menu choices was discussed with the kitchen staff and Manager for their appropriate action.

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Review of storage areas identified a number of items stored on the floor, to enable effective cleaning of these areas storage should be lifted off the floor, this was discussed with the Manager and the maintenance personnel who agreed to address.

Several pieces of bedroom furniture and flooring was observed tired and worn and in need of replacement. This was discussed with the Manager who was asked to submit a time bound refurbishment plan to RQIA for review. An area for improvement was identified.

Moving and handling equipment and a chair were seen in a corridor when not in use; this was discussed with the Manager and the items were moved immediately. In the event of an emergency these pieces of equipment would be a potential obstruction and could prevent clear exit from the building. This was identified as an area for improvement in order to comply with the regulations.

The fire risk assessment available for review was dated 22 July 2021; a number of required actions were identified. There was evidence that a number of actions had been addressed however, there were still a number of actions which had not been addressed within the required time frame. The fire risk assessment was shared and discussed with the estates inspector and it was agreed an area for improvement was required to ensure all the required actions are addressed within the timeframe outlined by the fire risk assessor.

Although there was evidence fire drills had been conducted the record keeping was poor in regard to the staff who attended and an accurate account of the drill. This was discussed with the Manager and an area for improvement was identified.

A tub of thickening agent was observed in a dresser in the dining room; thickening agents should be kept secured when not in use; an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Visiting arrangements were managed in line with the Department of Health and IPC guidance.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control measures and the use of PPE had been provided. 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

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounge when they wished.

An activities coordinator is employed to plan and implement social activities for patients in the home. Activities included singing, reminiscence, arts and crafts, games and exercises. The activity coordinator maintained accurate records which reflected patient involvement in activities. Photographs of activities which patients were involved in were also available for review.

5.2.5 Management and Governance Arrangements

Since last inspection Mrs Perla Balmes has been registered with RQIA as the Manager of the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home. An audit implemented by the Manager to monitor pressure relieving mattresses and settings evidenced gaps in the recommended twice daily review of mattresses, it was also noted that this audit had not been updated to accurately reflect the current patients in the home and their prescribed mattress or setting. An area for improvement was identified.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept

well informed. Discussions with the Manager and staff, and observations on inspection indicated good working relationships.

Review of records confirmed that systems were in place for staff appraisal and supervision.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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 completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. 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/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	6	1

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	
Area for improvement 1 Ref: Regulation 10 (1) Stated: First time To be completed by: With immediate effect	<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. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The system for auditing and monitoring the type and settings of the mattresses that are in situ has been revised to ensure that greater accuracy and that they are match the patients prescribed needs.</p>
Area for improvement 2 Ref: Regulation 16 2 (b) Stated: First time To be completed by: With immediate effect	<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: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The frequency of the auditing of patient's risk assessments and care plans has been reviewed to ensure that they are kept up to date and reflect the assessed needs of the patients.</p>
Area for improvement 3 Ref: Regulation 27 4 (c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that corridors are kept clear and unobstructed at all times.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Staff have been advised that corridors must be kept clear of obstructions at all times</p>

Area for improvement 4 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 28 May 2022	<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: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Person has submitted to the RQIA a detailed refurbishment audit and action plan.</p>
Area for improvement 5 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the following in regard to fire safety arrangements.</p> <p>The fire risk assessment is effectively managed to evidence all the required actions are addressed within the assessed timeframe.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Points raised have been actioned where possible, others will be actioned as advised when variation is approved and further work is commenced.</p>
Area for improvement 6 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Thickening agents are now stored in a secure location when not in use.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 48.9 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that fire drill records are accurately maintained.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A more detailed revised fire drill recording form has been put in place</p>

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