

Unannounced Premises Inspection Report 20 September and 22 November 2019



Valley Nursing Home ID:1502

Type of service: Nursing Home
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspector: Raymond Sayers

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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.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide nursing care and residential care for up to 96 persons. Patients’ bedrooms are located within two buildings. The `Main House` comprises three distinct units: one unit providing care for people requiring frail elderly nursing care, one unit for people living with dementia and one unit for people living with a brain injury. The adjacent building (Tullybroom House) provides care for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd Responsible individual: Paul Warren-Gray	Registered Manager: Louise Hughes-McKenna (Acting Manager)
Person in charge at the time of inspection: 20 September 2019: Louise Hughes McKenna 22 November 2019: Findings feedback to Roger Ferguson (Maintenance Operative) as manager unavailable	Number of registered places: 96

4.0 Inspection summary

An unannounced inspection took place on 20 September 2019 from 09.35 to 10.40 and was continued on 22 November 2019 from 13.50 to 15.10

This inspection was underpinned by:

- The Nursing Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

The purpose of the 20 September 2019 and 22 November inspections was to review progress being made in relation to the ongoing areas for improvement previously identified during inspections and most recently during the RQIA Failure to Comply (FTC) Monitoring inspection IN035743 on 16 September 2019. These related to fire safety controls, and building fabric remedial works.

We had received information from MPS Care Group on 12 November 2019 that patient hoisting/lifting appliances had not received the appropriate Lifting Operations and Lifting Equipment Regulations (LOLER) examinations, and that the required LOLER engineer visit had been arranged.

We inspected on the 22 November 2019 to obtain assurance that the patient hoists/lifting appliances in the home were being maintained appropriately.

The following areas were examined on 20 September 2019:

- Tullybroom House and Valley NH main building bedroom doors.
- Environment/building fabric.

The following areas were examined on 22 November 2019:

- Valley NH main building bedroom doors.

- Patient hoists/lifting appliances.
- Environment/building fabric.

This inspection evidenced that while work is in progress to address the areas for improvement, progress is slow. Two areas for improvement in relation to these have been restated in this report.

The findings of this report will provide the provider with the necessary information to assist them to fulfil their responsibilities.

5.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2*	0

*The total number of areas for improvement includes two which have been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Valley Nursing Home management and maintenance staff, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action was currently in progress at the time of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services. 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 the last inspections

Areas for improvement from the last premises inspection on 11 July 2019 and 5 August 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time	The registered person shall progress to completion the bedroom fire door threshold improvement works. Ref: 6.0	Partially met

<p>To be completed by: 1 October 2019</p>	<p>Action taken as confirmed during the inspection: We confirmed Tullybroom House fire door improvement works had been completed. Works were ongoing to complete the remaining fire door improvement works in the home. Further progress in relation to this was noted on 22 November.</p> <p>This area has also been monitored during recent care inspections to the home.</p> <p>This area for improvement is stated for a second time.</p>	
<p>Area for improvement 2 Ref: Regulation 27(2)(b) Stated: First time To be completed by: 1 January 2020</p>	<p>The registered person shall continue to implement the 16 July 2019 refurbishment works project, reviewing progress at monthly intervals, and amending scheduled work where necessary.</p> <p>Ref:6.0</p> <p>Action taken as confirmed during the inspection: Building fabric repair & redecoration works had been completed in some areas, but some surfaces remain in a damaged/deteriorated condition.</p> <p>This area for improvement is stated for a second time.</p>	<p>Partially met</p>

A number of areas for improvement which are currently still ongoing are being kept under review by the care inspectors during their inspections to monitor the enforcement action currently in place.

6.2 Inspection findings

Fire safety

During the inspection visits we evidenced that the improvement works on the fire doors were ongoing. (see section 6.1). The maintenance staff were reminded that no fire doors should have floor/door gaps greater than 10mm. Confirmation should be submitted to RQIA when all fire doors have been inspected, and the required improvement works completed.

Hoisting equipment (LOLER)

Hoisting appliances in the home were examined and LOLER inspection record label details were noted. These verified that the equipment was safe to use.

Building fabric repairs

Redecoration works were ongoing at the time of inspection.

We noted that some bedroom doors, frames and architraves had sustained a significant degree of surface damage as a result of impact with wheelchairs, hoists etc.

The need for ongoing improvements in this area has also been identified during other recent RQIA inspections.

Areas for improvement

No new areas for improvement were made during these inspections.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Louise Hughes-McKenna, Acting Manager, as part of the inspection process on 20 September inspection. Roger Ferguson, Maintenance Person was informed of inspection improvement details on 22 November 2019 inspection due to the unavailability of manager. 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 Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall progress to completion the bedroom fire door threshold improvement works.</p> <p>Ref: 6.0</p> <hr/> <p>Response by registered person detailing the actions taken: fire door improvement work has now been completed throughout the home. on the 15.1.20 NI fire and rescue service attended site and discussed a statement saying the home is broadly compliant.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 1 January 2020</p>	<p>The registered person shall continue to implement the 16 July 2019 refurbishment works project, reviewing progress at monthly intervals, and amending scheduled work where necessary.</p> <p>Ref:6.0</p> <hr/> <p>Response by registered person detailing the actions taken: refurbishment works project completed, ongoing monitoring and any identified work necessary scheduled and action plan updated accordingly.</p>

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



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