

# **Unannounced Enforcement Care Inspection Report 16 August 2019 & 20 August 2019**



## **Valley Nursing Home**

**Type of Service: Nursing Home (NH)**  
**Address: 8 Tullybroom Road, Clogher, BT76 0UW**  
**Tel No: 0288554 8048**  
**Inspectors: James Lavery, Jean Gilmour,  
Catherine Glover & Helen Daly**

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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 provider 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

<b>Organisation/Registered Provider:</b> Valley Nursing Home (MPS) Ltd  <b>Responsible Individual:</b> Paul Warren-Gray	<b>Registered Manager:</b> Louise Hughes-McKenna Acting manager
<b>Person in charge at the time of inspection:</b> Louise Hughes-McKenna	<b>Date manager registered:</b> See above – no application required
<b>Categories of care:</b> <b>Nursing Home (NH)</b> I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 96  A maximum number of 58 patients in category NH-DE, in addition 2 persons may receive care on a day basis only in Tullybroom House and 2 persons who do not require bath/shower facilities may receive care on a day basis only in the Dementia Unit (Main House). There shall be a maximum of 4 named residents receiving residential care in category RC-DE and 4 named residents receiving residential care in category RC-A

### 4.0 Inspection summary

An unannounced inspection took place on 16 August 2019 from 08.50 to 15.00 and on 20 August 2019 from 10.20 to 15.25.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess the level of compliance achieved in relation to two Failure to Comply (FTC) Notices.

The areas identified for improvement and compliance with the regulations within one of the notices were in relation to the quality of management and governance arrangements in the home (FTC000064E1). The period for compliance of this notice had been extended at a previous inspection on 30 July 2019. The date of compliance with this notice was 16 August 2019. Evidence was available to validate compliance with this notice. These findings are discussed further in Section 6.3.

The areas identified for improvement and compliance with the regulations within the second notice were in relation to infection prevention and control (IPC) practices and management (FTC000067). The date of compliance with this notice was 16 August 2019. There was evidence of some improvement and progress made to address the required actions within the notice. However, we were unable to validate full compliance with the above FTC Notice. These findings are discussed further in Section 6.3.

RQIA senior management held a meeting on 19 August 2019 and a decision was made that the date of compliance for this Notice should be extended by a period of one calendar month. Compliance with this notice must therefore be achieved by 16 September 2019.

A further meeting was held on 19 August 2019 with the responsible individual and Ms Vanessa Davies, Director of Operations, to discuss the findings of this inspection. RQIA were provided with sufficient assurances by the responsible individual regarding the actions being taken to address the infection prevention and control deficits identified. Review of these actions will inform the future inspection relating to this Notice.

Areas for improvement which were identified during the inspection on 30 July 2019 which were not considered during this inspection will be reviewed at a future inspection.

In relation to the management of medicines evidence of good practice was found with regard to the standard of maintenance of the personal medication records and the medication administration records.

Two areas for improvement were identified in relation to the management of insulin and record keeping for distressed reactions.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*4	*5

\*The total areas for improvement include one under regulation and one under the standards both stated for a second time. Five areas for improvement have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Louise Hughes-McKenna, Manager, Vanessa Davies, Director of Operations, and Mr Paul Warren-Grey, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted from the findings 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received since the previous inspection
- notifiable events received since the previous inspection
- the previous inspection report
- two FTC notices

During the inspection the inspectors spoke with a number of patients and staff on duty.

The following records were examined during the inspection:

- governance records relating to adult safeguarding management
- staff duty roster
- staff selection and recruitment records
- statutory notification records
- the home's Statement of Purpose
- governance records relating to infection prevention and control management
- staff training and competency with regards to medicines management
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed of
- management of medication changes
- management of controlled drugs, insulin, warfarin, antibiotics, time-critical medicines
- care planning in relation to distressed reactions, pain and thickening agents
- medicine management audits
- medication related incidents
- storage of medicines
- stock control

Actions required as detailed within two FTC Notices were reviewed and assessed as met or not met and feedback was provided to the person in charge and senior management team at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 July 2019

On the 16 July 2019 seven FTC notices were issued by RQIA. This inspection focused on the actions contained within two of the Failure to Comply Notices issued on 16 July 2019; FTC000064E1 and FTC000067. In addition, we reviewed two areas for improvement identified at the previous inspection. These areas were validated as met during this inspection.

## 6.2 Inspection findings

**FTC Ref: FTC000064E1**

**Notice of failure to comply with Regulation 8 (1)(a) of The Nursing Homes Regulations (Northern Ireland) 2005.**

**Appointment of manager:**

***Regulation 8.—***

*(1) The registered provider shall appoint an individual to manage the nursing home where –  
(a) there is no registered manager in respect of the nursing home;*

In relation to this notice four actions were required to comply with this regulation.

The responsible individual must ensure that:

- an individual is appointed with the necessary competence and skill to manage the nursing home in accordance with legislative requirements of the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria as stated in the Care Standards for Nursing Homes 2015
- the Statement of Purpose for the home defines the organisational structure of the home and the relevant qualifications and experience of the manager
- the manager delivers services effectively on a day to day basis in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria as stated in the Care Standards for Nursing Homes 2015
- the hours worked by the manager are accurately recorded included on the duty rota

Evidence was available to validate compliance with this FTC Notice as detailed below.

Discussion with the manager, senior management team and review of the duty roster confirmed that the manager was now in a supernumerary role. The duty roster confirmed that the manager was maintaining this working pattern in a consistent manner. The manager expressed confidence that this working pattern allowed her to effectively oversee and quality assure patient care and service delivery throughout the home. Feedback from staff during the inspection also



highlighted that they knew of these managerial arrangements and advised us that the manager was readily available to them if needed.

An updated Statement of Purpose had been submitted to RQIA by Kim Truscott on 7 August 2019. The role of the acting manager was accurately referenced within this document including relevant details concerning the manager's qualifications and working experience. However, it was noted that some further minor amendments were still required, which the Director of Operations agreed to action.

As a result of the previous inspection two new areas for improvement were made in relation to adult safeguarding and recruitment practices. These were reviewed during this inspection.

The manager confirmed that she monitored and reviewed all adult safeguarding incidents and investigations as appropriate. Governance records maintained by the manager in regard to adult safeguarding were noted to be accurate and up to date. It was further confirmed that these records would be subject to at least monthly review as part of ongoing monthly monitoring visits.

The home's adult safeguarding processes in relation to how any such incidents are to be responded to, documented and reported were discussed. Inspectors were assured that a robust system was in place so as to ensure that such incidents would be managed in a timely and effective manner at all times.

Selection and recruitment records relating to two staff members were reviewed. It was evidenced that all necessary pre-employment checks had been conducted by the home. While references were in place for both staff members, it was highlighted that the date on which the home had received these was not recorded. It was also noted that the induction record for one staff member was not present. The need to ensure that all references are dated upon receipt by the home and that induction records are appropriately maintained was stressed. The manager was also advised to ensure that a clear record is maintained when discussing any previous employment 'gaps' with prospective staff as part of their recruitment process. The manager confirmed that she maintains overall responsibility for the selection and recruitment of staff. It was agreed that as such, selection and recruitment records should clearly evidence that they have been effectively validated and quality assured by the manager in a timely fashion. The area for improvement identified at the inspection on 30 July 2019 was met.

Sufficient evidence was available to validate compliance with the Failure to Comply Notice FTC000064E1.

**FTC Ref: FTC000067**

**Notice of failure to comply with Regulation 13 (7) of The Nursing Homes Regulations (Northern Ireland) 2005.**

**Health and welfare of patients**

***Regulation 13.—***

*(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.*

In relation to this notice nine actions were required to comply with this regulation. The responsible individual must ensure that:

- Infection prevention and control training is undertaken and fully embedded into practice with all staff
- All equipment used in the delivery of patient care is well maintained and fit for purpose
- Robust and effective cleaning schedules are in place for use by all domestic staff. These arrangements should ensure that the hygiene of the environment is maintained whenever domestic staff are not on duty.
- Staff adhere to best practice guidance in regard to the management of clinical waste
- Furniture provided for use by patients is in good working order, properly maintained and suitable for the purpose for which it is to be used
- Sufficient robust audit and governance systems are in place to quality assure the management of infection prevention and control practice
- Patients' toiletries and topical medications are stored safely, securely and appropriately
- Bed linen provided for use by patients is properly maintained and suitable for the purpose for which it is to be used
- Wall mounted hand sanitisers which are used within the home are clean, well maintained and fit for purpose

Evidence was not available to validate compliance with this FTC Notice as detailed below.

Some work has been undertaken to promote infection prevention and control within the home. An IPC e-learning training package is available for all staff to complete. Staff have been issued with personal hand sanitisers to promote hand hygiene practices and were knowledgeable regarding when hand hygiene should be carried out. Posters were available to remind staff when and how to carry out hand hygiene.

Despite these improvements, it was evident that IPC is not fully embedded into practice with all staff. It was disappointing to learn that only two of the sixteen staff who had registered to undertake online IPC training had completed it. Observations of hand hygiene undertaken during the audit confirmed that practice was not consistent; 53 percent of staff observed were compliant with hand hygiene practices. Non-compliance related to poor hand hygiene technique and not decontaminating hands between different procedures or following removal of personal protective equipment (PPE). Whilst posters were displayed to promote hand hygiene practices, there was a variance in the information displayed, with some posters promoting a seven step technique and others a twelve step technique. This information is confusing for staff and needs reviewed. Staff knowledge in relation to IPC standard precautions was variable; whilst knowledge was generally good regarding the correct use of personal protective equipment, other areas of staff knowledge needs to be improved such as: laundry management, and how to clean equipment, the management of needle stick injuries, dilution rates for disinfectants and management of blood spillage. Posters to remind staff of correct waste and laundry segregation, dilution rates for disinfectants, aseptic non touch technique and management of needle stick injuries are also required.

Whilst IPC knowledge was good this was not always applied to practice, as evidenced by dirty patient equipment in the home, for example, commodes, weighing scales and procedure trays. One commode in particular had just been cleaned but remained heavily contaminated with body fluids on the underside. Damage was evident to patient equipment, including a commode lid, a laundry trolley and chipped paintwork to bed frames. Of the four mattresses checked in the home, all were found to be unfit for purpose and were disposed of. Whilst staff could not confirm the symbol for single use items, they could identify single use equipment such as disposable gloves/aprons/syringes. However, there was evidence of single use pieces of equipment being



re-used, for example, medicine cups were washed and upended on a sink in one treatment room. Hoist slings were shared between patients with no evidence of decontamination between patient use. We were informed by staff that single patient use hoist slings which had been purchased did not fit the existing hoists. The senior management team advised that they had not been made aware of this.

There was evidence of cleaning schedules for domestic staff which had been 'signed off' each day to confirm when cleaning had been completed. However, these cleaning schedules were not robust and effective. The environment throughout the nursing home required more attention to detailed cleaning. High and low level dust was evident in patient and non-patient areas. Non patient areas including dirty utility rooms and treatment rooms required de-cluttering and cleaning. Cleaning equipment needed to be replaced. Clinical waste bins in some areas were observed to be rusty and damaged and there was a distinct lack of waste bins throughout the home. We were told that new bins had been ordered.

There was evidence that some work has been carried out to improve the fabric of the building and replace damaged furniture, however, this work was slow to progress. Much of the environment and many pieces of furniture in both patient and non-patient areas, remains dated, with evidence of chipped paintwork, damaged surfaces and required replacing.

We were provided with evidence of audits for hand hygiene, mattress checks and environmental cleaning being carried out in the nursing home. However, given the findings from our inspection there was no assurance of the robustness and quality of the audit process. Overall governance of the IPC audit process within the home requires strengthening.

Patient toiletries have been removed from the communal cupboard within one patient's bedroom. Individual patient items requiring refrigeration were clearly identified for the patient and stored in a clean, locked fridge. Fridge temperature records were maintained for the fridge checked. We were told that new sheets have been purchased by the home. All bed linen checked was properly maintained and fit for purpose. Wall mounted hand sanitisers checked were clean, sufficient product available, well maintained and fit for purpose. Staff were observed transporting waste safely.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000067. However, there was evidence of some improvement and progress made to address the required actions within the notice.

Following the inspection, RQIA senior management held a meeting on 19 August 2019. The decision was made to extend the date for compliance with the FTC Notice to 20 September 2019. Compliance with the notice must therefore be achieved by this date.

### **6.3 Additional Findings**

#### **Medicines management**

Satisfactory systems for the following areas of the management of medicines were observed: medicine records, stock control, the administration of the majority of medicines, the management of medication changes, controlled drugs, warfarin, antibiotics, time-critical medicines, thickening agents and pain.

The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. A small number of apparent discrepancies were noted for four patients in the Lane unit. These were discussed with the registered nurse on duty and manager for investigation and follow up if necessary. The outcome of the investigations (which included the reporting of one medication incident) and action taken to prevent a recurrence was forwarded to RQIA following the inspection.

The manager was also requested to investigate a discrepancy in the administration of one medicine in the Valley unit. An incident report form detailing the outcome of the investigation and action taken to prevent a recurrence was received by RQIA on 3 September 2019.

The management of insulin was reviewed. Records of prescribing and administration were accurately maintained. In-use insulin was stored in the medicines refrigerator and pens were not individually labelled. In-use insulin pens should be stored at room temperature. Each pen should be individually labelled and marked with the date of opening to facilitate audit and disposal at expiry. An area for improvement was identified.

The management of distressed reactions was reviewed. Records of prescribing and administration were clearly recorded. Care plans detailing the parameters for administration were not in place for all patients. The reason for and outcome of administration was not recorded on all occasions. An area for improvement was identified.

Medicines were observed to be stored safely and securely. Registered nurses and the management team were advised that a number of eye preparations and injections did not require cold storage. It was agreed that spacer devices for inhaled medicines would be replaced and cleaned on a regular basis. It was also agreed that a record of the daily treatment room temperatures would be maintained and that oxygen cylinders would be appropriately chained to prevent them falling over, from the date of the inspection onwards.

### Areas of good practice

Areas of good practice were identified in relation to the standard of maintenance of the personal medication records and medication administration records.

### Areas for improvement

Detailed care plans for the management of distressed reactions should be in place. The reason for and outcome of administration should be recorded.

Insulin pens should be individually labelled and marked with the date of opening. In-use pens should be stored at room temperature.

	Regulations	Standards
Number of areas for improvement	0	2

## 6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice FTC000064E1.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000067. However, there was evidence of some improvement and progress made to address the required actions within the notice.

Following the inspection, RQIA senior management held a meeting on 19 August 2019. The decision was made to extend the date for compliance with the FTC Notice to 20 September 2019. Compliance with the notice must therefore be achieved by this date.

## **7.0 Quality improvement plan**

The attached QIP contains the areas for improvement carried forward from the previous inspection and to two new areas for improvement identified during this 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 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 August 2019	<p>The registered person shall ensure that the premises both internally and externally are kept in good state of repair. This relates to the uneven surface of the outdoor patient smoking area within the Valley suite.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>This is with specific reference to the gaps identified to fire resistant doors.</p> <p>Ref 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27(2)(t)  <b>Stated:</b> First Time  <b>To be completed by:</b> 7 July 2019	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out on all potential ligature risk points.</p> <p>This is specific to window blinds and curtain tie backs.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 18 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 July 2019</p>	<p>The registered person shall having regard to the size of the nursing home and the number of patients provide adequate furniture, bedding and other furnishings suitable to meet the needs of the patients. Overgrown foliage from the window view of identified patient bedrooms must also be removed.</p> <p>An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to fluid and repositioning recording charts:</p> <ul style="list-style-type: none"> <li>• Fluid target should be recorded on daily intake chart over 24 hours.</li> <li>• Frequency of repositioning to be recorded on individual charts.</li> </ul> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>With immediate effect</p>	<p>The registered person shall ensure that patients are treated with respect and their right to privacy is upheld.</p> <p>With specific reference to knocking on a patient's bedroom door before entering and establishing if the patient agrees for them to enter.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> First time  <b>To be completed by:</b> 7 August 2019	<p>The registered person must ensure that each patient in the identified unit has the name and contact details of their care manager located in their bedroom.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 20 September 2019	<p>The registered person shall review and revise the management of insulin. Insulin pens should be individually labelled and marked with the date of opening. In-use insulin pens should be stored at room temperature.</p> <p>Ref: 6.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Insulin pens are now individually labelled and all nurses are aware of responsibility to mark with date of opening and to store In use insulin pens at room temperature. This is being monitored within the internal governance systems on an ongoing basis.</p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 20 September 2019	<p>The registered person shall review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of administration should be recorded.</p> <p>Ref: 6.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>  As part of the Management Action Plan under Healthcare Ireland Management, audits have been completed in relation to management of distressed reactions and these included review of care plans and also administration of associated medication. These audits form part of the ongoing internal governance systems.</p>

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



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