Unannounced Enforcement Care Inspection Report
16 September 2019

Valley Nursing Home

Type of Service: Nursing Home
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 0288554 8048
Inspector: James Laverty, Laura O'Hanlon and Jane Laird

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 servicefrom their responsibility for maintaining compliance with legislation, standards and best practice.

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.

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 and date registered:** Louise Hughes-McKenna Acting Manager
Person in charge at the time of inspection: Louise Hughes-McKenna	**Number of registered places:** 96
Categories of care: Nursing Home (NH) 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 81 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 September 2019 from 09.50 to 16.45.

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.

On 16 July 2019 seven failure to comply notices (FTC) were issued by RQIA. This inspection sought to assess the level of compliance achieved in relation to four of theseFTC Notices. The areas identified for improvement and compliance with the regulations within the notices were in relation to: the quality of governance arrangements in the home (FTC000069), care delivery to patients (FTC000066), the dining experience of patients (FTC000065) and the internal environment (FTC000063). The date of compliance with these notices was 16 September2019.

FTC ref: FTC000063, FTC000065, FTC000066

Evidence was available to validate compliance with these notices.The findings are discussed further in Section 6.3.

FTC ref: FTC000069

There was evidence of some improvement and progress made to address the required actions within the above notice. However, we were unable to validate full compliance.

RQIA senior management held a meeting on 17 September 2019 and a decision was made to extend this notice, with compliance to be achieved by 16 October 2019.

One area for improvement identified at the previous care inspection was reviewed during this inspection. The remainingareas for improvementwere not validated and will be reviewed at a future care inspection.

Two additional areas for improvement were identified during this inspection in relation to the securing of bedroom doors when not occupied by patients during the day and control of substances hazardous to health (COSHH).

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.

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*5

*The total number of areas for improvement includes three regulations and four standards which have been carried forward for review at a future care 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 Alison Sweeney, the Responsible Individual's representative, 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/

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 care inspection
- notifiable events received since the previous care inspection
- the previous inspection report
- four 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:

- quality assurance audits
- monthly monitoring reports
- adult safeguarding records
- governance records relating to infection prevention and control management
- three patient care records
- three patient reposition charts

Actions required as detailed within four 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 last care inspection dated 16 August 2019

The most recent inspection of the home was an enforcement compliance inspection. One area for improvement identified at the previous care inspection was reviewed during this inspection. The remainingareas for improvementwere not validated and will be reviewed at a future care inspection.

6.2 Inspection findings

FTC Ref: FTC000065

Notice of failure to comply with Regulation 12 (1) (a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005.

The Nursing Homes Regulations (Northern Ireland) 2005

Requirements to ensure quality of nursing and other service provision

Regulation 12.—
(1) The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

(a)meet his individual needs;
(b) reflect current best practice

In relation to this notice the following five actions were required to comply with this regulation: The responsible individual must ensure that:

- the dining experience for patients within the nursing home is improved to ensure that this is undertaken in a dignified and timely manner
- the dining room is arranged and equipped in such a manner so as to ensure that all patients can dine together according to their assessed needs and/or expressed preferences
- that staffing levels are sufficient so as to ensure that all patients are served their meals and provided with assistance, as required, in a timely manner
- relevant care plans are in place for all patients which clearly outline their assessed needs and expressed preferences in relation to meal provision
- robust and effective governance processes are in place which ensure that staff receive training focused on person centred values in practice in order to enhance the dining experience of patients.

The dining experience was improved, more dignified and undertaken in a timely manner. Patients were asked and assisted to move to the dining room around 12.15 hours. It was noted that all patients had completed their main meal by 13.15 hours. There was a choice of starter, main meal and drinks offered by staff in a compassionate manner. The main meal was well presented including meat, potatoes and two vegetables. Patients were asked if they wanted gravy or other sauces with their meal. The table was appropriately set with condiments in place.

All patients were accommodated in the dining room where possible. It was noted where one patient who was vocal during the meal was moved from the dining room (after reassurances from staff) so as not to disrupt other patients.

Observations during the inspection confirmed that there were sufficient staff in place to ensure that patients were assisted with their meal in a timely manner. Support staff was provided from other parts of the home to enable this.

We reviewed three care records and they included up to date assessments from Speech and Language Therapists (SALT) with the recommendations specified from the International Dysphagia Diet Standardisation Initiative (IDDSI) guidance. Observations during the inspection confirmed that all patients received their appropriate modified diet. However, only one care plan reviewed referenced the IDDSI recommendations. This was discussed during the inspection and an assurance was provided that all care plans would be reviewed to reflect the IDDSI recommendations.

Training wasunderway in regards to a dignity program. This wasto be provided to all staff. Further training is scheduled in relation to the dining experience. The acting manager advised that she wasundertaking a daily walk around the home to improve the dining experience. New table linen was ordered. Staff were noted to be kind, discreet and gentle in their interactions during the main meal. Overall assessment was much improved, timely and dignified.

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

FTC Ref: FTC000066

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

The Nursing Homes Regulations (Northern Ireland) 2005

Health and Welfare of patients

Regulation 13. –
(1) The registered person shall ensure that the nursing home is conducted so as -

(a) to promote and make proper provision for the nursing, health and welfare of patients;
(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

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

- Training in the management of distressed reactions and behaviour which challenges is undertaken with relevant staff and fully embedded into practice.
- Up to date and person centred care plans are in place for all patients who present with distressed reactions and/or behaviour which challenges.
- Care plans provide a detailed outline of the supervision arrangements in place for patients. This prescribed care should be embedded into practice.
- Care plans reflect the assessed needs and individual preferences of patients regarding assistance in and out of bed. This prescribed care should be embedded into practice.
- Staff ensure that patients are dressed in a dignified manner which reflects personal choice and preferences.
- Staff ensure that adequate and timely assistance is provided to all patients in regards to individual hydration needs.
- Training in moving and handling of patients is undertaken by relevant staff. A governance check should be completed to ensure that this is fully embedded into practice.

Training on the management of distressed reactions was scheduled to take place on the day of the inspection but was cancelled at short notice by the trainer due to unforeseen circumstances. On discussion with staff and observation of interactions with patients, staff demonstrated sufficient knowledge regarding identified patient's needs with complex behaviours and appropriate referrals had been made where necessary.

On review of a sample of care plans for identified patients with distressed reactions, it was evidenced that they were person centred and encouraged staff to utilise therapeutic methods to reduce the patient's behaviours and provide reassurance.

Care plans provided a detailed outline of the supervision arrangements in place for identified patients and staff spoken with were knowledgeable regarding patients preferences.

A review of one patient's care plan evidenced that the patients preferred time to rise in the morning and retire to bed were documented and embedded into practice.

Patients were observed to be dressed in a dignified manner during the inspection with clothing specific to the time of year and in a manner which reflected their personal choice and preference.

Staff were observed on several occasions throughout the inspection providing assistance with individual hydration needs and juice/water was readily available within the units.

Training in moving and handling had already taken place in June 2019. Additional 'train the trainer' two day moving and handling training wasarranged for five members of staff on 25 and 26 September 2019. The plan was to disseminate the training to the rest of the team. We observed the moving and handling practices to be appropriate during the inspection and the manager confirmed that as part of the daily walk arounds there is ongoing monitoring of moving and handling practices.

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

FTC Ref: FTC000063

Notice of failure to comply with Regulation 27 (1) (2) (b)(c)(d)(m) of The Nursing Homes Regulations (Northern Ireland) 2005.

The Nursing Homes Regulations (Northern Ireland) 2005

Fitness of premises

Regulation 27.—
(1)Subject to regulation 3(3), the registered person shall not use the premises for the purposes of a nursing home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.
(2) The registered person shall, having regard to the number and needs of the patients, ensure that –

(b) the premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally;

(c) equipment provided at the nursing home for use by patients or persons who work at the home is in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose for which it is to be used;
(d) all parts of the nursing home are kept clean and reasonably decorated;
(m)suitable storage facilities are provided for the use of patients

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

- A detailed and time bound refurbishment program is developed and submitted to RQIA by 31 July 2019, in relation to the ongoing redecoration and upkeep of the premises.
- Robust governance arrangements are in place to ensure that wardrobes are appropriately and safely secured within patients' bedrooms.
- Fixtures/fittings within communal bathrooms used by patients are well maintained and fit for patient use.
- Floor coverings within two identified stairwells and the large communal lounge of the brain injury unit are well maintained and fit for purpose.
- Bedroom furniture within patients' bedrooms is well maintained and fit for purpose.
- Furniture used for patient use within communal areas is well maintained and fit for purpose.
- Robust and effective governance arrangements are in place to ensure that maintenance issues are addressed in an effective and timely manner.

We reviewed the home's environment in comparison to the refurbishment plan submitted to RQIA.

The environment was neat, tidy and fresh smelling throughout. Some progress had been made in relation to the refurbishment plan. The wardrobes we observed were secured to the wall. The manager agreed that these would be checked regularly by the maintenance man and on the manager's daily walk around.

Fixtures and fittings in all communal areas viewed appeared to be in good working order with several having been replaced.

Floor coverings within two identified stairwells highlighted that one stairwell remained without carpet while the other stairwell still had unclean and stained carpet in place. Vanessa Davies advised inspectors that fitting of new carpets to these areas would be achieved within the next two to three weeks and agreed to keep RQIA informed. New vinyl flooring was noted within two communal lounges in Amadeus unit and external flooring contractors were noted to be working within the home. They advised inspectors that they were contracted to replace flooring within several areas throughout the home. The majority of bedroom furniture appeared to be in working order and a number of bedrooms within the dementia unit appeared to have been redecorated.

It was agreed that there remains a need for ongoing refurbishment throughout the home, including but not limited to, the main lounge of Tullybroom House and the frail elderly unit.

Given assurances from the manager and senior management team, inspectors were of the view that assessment against the actions outlined in this notice evidenced that compliance had been achieved. However, it was stressed by inspectors that the ongoing refurbishment plan should continue to be closely monitored by the manager and senior management team so as to ensure timely improvements for the benefit and comfort of patients.

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

FTC Ref: FTC000069

Notice of failure to comply with Regulation 29 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

The Nursing Homes Regulations (Northern Ireland) 2005

Visits by registered provider

Regulation 29.—
*(1) Where the registered provider is an individual, but not in day-to-day charge of the nursing home, he shall visit the home in accordance with this regulation**.***

In relation to this notice the following two actions were required to comply with this regulation: The responsible individual must ensure that:

- Sufficiently robust auditing systems are in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to, environmental audits; infection prevention and control audits; an audit of the dining experience of patients; the management, provision and review of activities to patients on a weekly basis; and that staff communication with patients is appropriate, effective and compassionate.
- Monthly monitoring reports are completed every 28 days in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and are sufficiently robust. Monthly monitoring reports must contain clear and time-bound action plans which detail all areas of improvement required and how these improvements are being monitored and maintained. The completed Regulation 29 report should be shared with the registered manager and the senior management team to ensure that the required improvements are effectively reviewed.

Review of the July 2019 monthly monitoring report, submitted via email to RQIA on 31 July 2019 by the former regional manager, Kim Truscott ,highlighted several deficits in regard to its content and lack of thoroughness. Overall, the monthly report concluded that there were no significant areas of concern within the home with regard to care delivery. This conclusion was discussed with the manager and Vanessa Davies who acknowledged that the report failed to identify and/or effectively address shortfalls relating to care delivery and the need to improve the underlying culture of the home.

Discussion with Vanessa Davies highlighted that she had amended the monthly monitoring report template being used. Vanessa had completed the report for August 2019 and while this showed marked improvement in comparison with the July 2019 report, a number of improvements were still required to ensure it robustly and consistently identified, monitored and reviewed ongoing improvements throughout the home. It was also stressed that there needs to be clear evidence that the report is being used as a ‘working document’ by the manager to help drive any necessary improvement.

With regard to quality assurance audits, we examined a range of documents relating to areas such as: pressure area care, the dining experience of patients, activities, and accidents/incidents. It was disappointing to note that some of these audits were incomplete and while some did produce time bound actions plans, others did not. The need to ensure that a suitable suite of audits are completed in a robust and consistent manner was stressed.

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

6.3 Additional findings

Environment / restrictive practices

During the inspection we observed bedroom doors within the male dementia unit to be locked when not being occupied by the patient. We discussed this with the registered nurse in charge of the unit who advised that due to the nature of the category of care, items were being removed by other patients from bedrooms to various locations within the unit resulting in it being difficult to maintain patient's personal items. We reviewed a sample of patient care records which evidenced that this had not been discussed with the patient's next of kin and/or care manager and a suitable care plan was not in place to direct this practice. This was discussed with the manager and an area for improvement was identified.

On observation of the environment within the general nursing unit we identified gaps under a number of bedroom doors which would not be effective in the event of fire. This was discussed with the manager who agreed to liaise with the home's fire risk assessor and to install fire resisting strips at the bottom of each identified door as necessary. This was shared with the estates inspector for RQIA to monitor and to ensure that all necessary work has been completed.

An area for improvement that was identified at a previous inspection in relation to ensuring that each patient in the identified unit has the name and contact details of their care manager located in their bedroom was reviewed which evidenced that this area for improvement had been met.

We identified that a bedroom within the dementia unit did not have a wardrobe and discussed this with the registered nurse who stated that the patient was at risk of removing the wardrobe from the wall and potentially injuring themselves. On review of the patients care records there was no discussion around an alternative option to locate the patient's clothes. This was discussed with the manager who agreed to review suitable alternatives whilst maintaining the patient's safety.

Risk Management

An area for improvement which was identified at a previous inspection in relation to the potential ligature risk from window blinds and curtain tie backs was reviewed and evidenced that this area for improvement had been met.

Within the general nursing unit we identified an unlabelled chemical on the cleaning trolley. We discussed this with the domesticstaff who acknowledged the risks associated with this type of practice and removed the chemical. The cleaning trolley was later observed to be left unattended for a significant period of time, posing a risk to patients who had access to these chemicals. We discussed this with the manager who agreed to monitor this practice and this was identified as an area for improvement.

We reviewed a sample of supplementary care charts in relation to repositioning records which evidenced that there was a delay in the records being inputted onto the computer from the hand held device. This was discussed with the manager who agreed to review the system to ensure that records were being maintained contemporaneously.

Areas for improvement

An area for improvement was identified in relation to the control of substances hazardous to health (COSHH).A further area for improvement was identified in relation to the securing of bedroom doors when not occupied by patients during the day.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices FTC000063, FTC000065 and FTC000066.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000069. 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 17 September 2019. The decision was made to extend the date for compliance with the FTC Notice to 16 October 2019. Compliance with the notices must therefore be achieved by this date.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP which also contains the areas for improvement carried forward from the last care inspection as referenced within section 4.0 of this report.

This inspection focused solely on the actions contained within four of the Failure to Comply Notices issued on 16 July 2019.

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	
Area for improvement 1 **Ref**: Regulation 27 (2) (b) **Stated:** Second time **To be completed by:** 31 August 2019	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. Ref: 6.1
	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 care inspection.
Area for improvement 2 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall take adequate precautions against the risk of fire. This is with specific reference to the gaps identified to fire resistant doors. Ref 6.1
	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 care inspection.
Area for improvement 3 **Ref:** Regulation 18 (2) (c) **Stated:** First time **To be completed by:** 7 July 2019	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. An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP. Ref: 6.1
	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 care inspection.

Area for improvement 4 **Ref:** Regulation 14 (2) (a) (b) and (c) **Stated:**First time **To be completed by:**Immediate effect	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations. Ref: 6.3
	Response by registered person detailing the actions taken: Chemicals are suitably labelled and stored in accordance with COSHH regulations. Staff have been completing training also in relation to COSHH.
Action required to ensure compliance withthe Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** With immediate effect	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. Specific reference to fluid and repositioning recording charts: • Fluid target should be recorded on daily intake chart over 24 hours. • Frequency of repositioning to be recorded on individual charts. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients are treated with respect and their right to privacy is upheld. With specific reference to knocking on a patient's bedroom door before entering and establishing if the patient agrees for them to enter. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Area for improvement 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 20 September 2019	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. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 4 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 20 September 2019	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. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 5 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 16 October 2019	The registered person shall ensure that the level, nature and type of any restraint is proportionate to the risk it is attempting to address and that relevant documentation is maintained including evidence of consultation with the patient (where appropriate), their next of kin and care manager. This is with specific reference to the locking of bedroom doors within the identified unit of the home. Ref: 6.3
	Response by registered person detailing the actions taken: All staff are aware of that Bedrooms doors are not to be locked. The Home Manager checks this when walking around the Home. There is an ongoing focus to ensure this requirement is adhered to.

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

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