

Unannounced Enforcement Care Inspection Report 30 July 2019



Valley Nursing Home

Type of Service: Nursing Home (NH)
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspectors: James Laverty & Jane Laird

www.rqia.org.uk

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

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: Staff Nurse Ciara Currens	Date manager registered: See above – no application required.
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 registered places: 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 30 July 2019 from 14.15 to 20.00 hours.

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 one Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulations were in relation to the quality of management and governance arrangements in the home (FTC000064). The date of compliance with this notice was 30 July 2019.

The following FTC Notices were issued by RQIA on 16 July 2019:

FTC ref: FTC000063
FTC ref: FTC000064
FTC ref: FTC000065
FTC ref: FTC000066
FTC ref: FTC000067
FTC ref: FTC000068
FTC ref: FTC000069

FTC ref: FTC000064

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.

RQIA senior management held a meeting on 31 July 2019 and a decision was made to extend the compliance date up to 16 August 2019. Compliance with this notice must therefore be achieved by this date.

Areas for improvement which were identified during the care inspection on 6 & 8 July 2019 were not validated and will be reviewed at a future care inspection. Additional areas of improvement were also identified in regards to adult safeguarding management and the selection and recruitment of staff.

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
Total number of areas for improvement	*6	*3

*The total number of areas for improvement includes one under regulation and one under the standards which have each been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Paul Warren-Grey, Responsible Individual, Kim Truscott, Area Manager and Gemma Hallett, Deputy Manager (Non-clinical), 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 care inspection
- notifiable events received since the previous care inspection
- the previous inspection report
- one FTC notice

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

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

Actions required as detailed within one FTC Notice were reviewed and assessed as met or not met and feedback was provided to the 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 6 and 8 July 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the careinspector and will be validated by the care inspector at a future care inspection.

6.2 Inspection findings

FTC Ref: FTC000064

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

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 the following five actions were required to comply with this regulation:

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

Discussion with the senior management team and review of the duty roster confirmed that the manager was now in a supernumerary role. However, while it was positive to note that the manager was no longer expected to work within the home in the capacity of a staff nurse, this had only been consistently achieved since the 23 July 2019. The need to ensure that the manager's supernumerary working pattern is consistently maintained was stressed. This will ensure the manager has sufficient time to effectively oversee and quality assure care to patients and service delivery.

An updated Statement of Purpose had been submitted to RQIA by Kim Truscott prior to this inspection. The role of the acting manager was accurately updated within this document. However, review of the document highlighted the need for some further areas of improvement, namely: the need to include sufficient information concerning the acting manager's relevant qualifications and experience; and a number of grammatical errors. Observation of the environment also highlighted that an out of date and inaccurate Statement of Purpose was still on display within Tullybroom House along with a photographic display of staff, which simply referred to the acting manager as a Staff Nurse. It was agreed that the Statement of Purpose would undergo some further amendments and that highlighted signage around the home would be appropriately updated for the benefit of patients and their visitors.

A sample of governance records were reviewed.

A review of existing adult safeguarding records highlighted that these were not up to date and required further reorganisation. It was also noted that a recent adult safeguarding referral record could not be located for inspectors during their visit to the home. This recent referral was discussed with the management team who were unable to provide a clear explanation as to why there had been a significant delay in submitting to both the relevant Health and Social Care Trust and RQIA. Given the nature of any potential adult safeguarding referrals, it was agreed with the management team that these would only be responded to by senior members of the clinical team, as appropriate. Feedback from the management team during the inspection

confirmed that an Adult Safeguarding Champion (ASC) was identified within the home and would continue to liaise with the acting manager as necessary. It was further agreed that all adult safeguarding matters would be accurately and meaningfully reviewed by the area manager on a monthly basis. A new area for improvement was highlighted.

We also reviewed selection and recruitment processes within the home. Review of two staff recruitment files confirmed staff were not consistently recruited in accordance with relevant statutory employment legislation and mandatory requirements. There was no evidence within either of the files that a satisfactory AccessNI had been received prior to the commencement of employment. Review of one file evidenced that the only available reference had been provided ten days after the employee commenced employment. On review of the second file references were received several weeks after employment had commenced. Following the inspection the home provided evidence that the AccessNI for one of the employees was received prior to the commencement of employment and a second reference had been located within the office. The other employee had been employed prior to identity being checked and a satisfactory AccessNI. This was discussed with the Responsible Person and Regional Manager and a new area for improvement was highlighted.

A previous area for improvement under the standards in relation to gaps in employment has been subsumed into this new area for improvement under regulation.

Areas for improvement

Two new areas for improvement were highlighted in regard to adult safeguarding and the selection and recruitment of staff.

	Regulations	Standards
Number of areas for improvement	2	0

6.4 Conclusion

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000064. 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 31 July 2019. The decision was made to extend the date for compliance with the FTC Notice 16 August 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. Also included in the QIP are areas for improvement carried forward from the last care inspection on 7 June 2019. Details of the QIP were discussed with Mr Paul Warren-Grey, Responsible Individual, Kim Truscott, Area Manager and Gemma Hallett, Deputy Manager (Non-clinical), as part of the inspection process. 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 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	<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: 6.1</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 care inspection.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 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 6.1</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 care inspection.</p>
Area for improvement 3 Ref: Regulation 27(2)(t) Stated: First Time To be completed by: 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: 6.1</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 care inspection.</p>
Area for improvement 4 Ref: Regulation 18 (2) (c) Stated: First time To be completed by: 7 July 2019	<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: 6.1</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 care inspection.
Area for improvement 5 Ref: Regulation 14 (4) Stated: First Time To be completed by: With immediate effect	<p>The registered person shall ensure that appropriate governance arrangements are in place to ensure that all adult safeguarding referrals are effectively managed at all times. These arrangements should also be meaningfully reviewed in a timely manner by the area manager and evidenced within monthly monitoring reports.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Adult Safeguarding Champion in position under Healthcare Ireland management and maintains close liaison with relevant HSC Trusts in regard to open cases. ASC maintains close oversight of the referrals and of ongoing follow up by Home staff. Staff in the Home through training and supervision and through notices are well informed of referral processes and need for prompt escalation.</p>
Area for improvement 6 Ref: Regulation 21 (1) (a) (b) Stated: First Time To be completed by: With immediate effect	<p>The registered provider must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p> <p>A full personnel audit has been completed under Healthcare Ireland Management and any shortfalls are being actioned.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	<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"> Fluid target should be recorded on daily intake chart over 24 hours. Frequency of repositioning to be recorded on individual charts. <p>Ref: 6.1</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 care inspection.</p>
Area for improvement 2 Ref: Standard 6	<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</p>

Stated: First time To be completed by: With immediate effect	before entering and establishing if the patient agrees for them to enter. 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: Standard 7 Stated: First time To be completed by: 7 August 2019	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. 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.

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



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