

Announced Premises Inspection Report 12 May 2016



Valley Nursing Home

Address: 8 Tullybroom Road, Clogher, BT76 0UW

Tel No: 028 8554 8048

Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Valley Nursing Home took place on 12 May 2016 from 10.00 to 13.30hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention by the registered person/registered manager. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care; no issues were listed for attention by the registered person. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care; no issues were listed for attention by the Registered Person. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led; no issues were listed for attention by the Registered Person. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Lorraine Margaret Cozma, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered person: Valley Nursing Home (MPS) Ltd	Registered manager: Lorraine Margaret Cozma
Person in charge of the home at the time of inspection: Lorraine Margaret Cozma	Date manager registered: 5 January 2005
Categories of care: NH-MP, NH-MP(E), NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E), RC-I	Number of registered places: 96

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with three patients, laundry, kitchen and maintenance staff..

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 20/01/2016

The previous inspection of the establishment was an announced finance inspection; the completed QIP was returned, and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last premises inspection dated 11/04/2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14(a)(a)(b) & (c) Stated: First time	Complete a BS7671 Periodic Inspection Report for the electrical installation and implement prioritized corrective/improvement works if recommended, in compliance with the Electricity at Work Regulations.	Partially Met
	Action taken as confirmed during the inspection: B7671 inspection completed 14 July 2014; verification of recommended remedial/improvement works not submitted.	
Requirement 2 Ref: Regulation 14(a)(a)(b) & (c) Stated: First time	The hot and cold water storage and distribution systems legionella prevention risk assessment should be reviewed. A prioritized works action plan must be implemented in compliance with L8 approved code of practice recommendations.	Met
	Action taken as confirmed during the inspection: Legionella risk assessment completed and controls actions implemented.	
Requirement 3 Ref: Regulation 27(4)(c) & (d)(i) Stated: First time	Adjust and re-hang visitor room/dementia day-room door, ensuring that FD30S fire/smoke resistance is achieved.	Met
	Action taken as confirmed during the inspection: Door removed and adjusted.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Repair and re-seal Tullybroom House floor covering defective butt joints.	Met
	Action taken as confirmed during the inspection: Repairs completed.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed by a risk assessor holding professional body registration for fire risk assessors. The registered manager stated that a fire blanket would be provided for the courtyard patient smokers' area.

This supports the delivery of safe care.

Legionella risk assessment control measures are implemented, and the hot and cold water storage and distribution systems were chlorinated on 27 July 2015. Eight water samples were analysed for the presence of legionella bacteria in July 2014, test results concluded no legionella bacteria detected.

A BS7671 Periodic Inspection Report of the electrical installation was completed on 15 July 2014; a number of code 3 items were listed as recommended for improvement works action; no verification of completed or planned works action was presented for examination.

The issues identified for attention during this estates inspection are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The BS7671 Periodic Inspection Report recommendations should be assessed, prioritised and listed on a works action plan for future implementation, or verified as completed.

Refer to Quality Improvement Plan recommendation 1.

Number of requirements:	0	Number of recommendations:	3
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the refurbishment of the premises.

Interior refurbishment has been ongoing in the home; floor coverings have been renewed and wall /ceiling surfaces redecorated.

It was noted that a butt joint in the kitchen floor covering was becoming defective as the joint was becoming enlarged. A number of cuts/abrasions were noted in the flooring adjacent the window wall side of the room.

Gaps have developed between a number of skirting boards and floor coverings; this has occurred in bedrooms and corridors where floor coverings have been replaced with thinner coverings.

The issues identified for attention during this estates inspection are detailed in the 'areas for improvement' section below.

Areas for improvement

1. Damaged kitchen floor covering should be repaired or replaced.

Refer to Quality Improvement Plan recommendation 2.

2. Gaps should be eliminated at floor/wall skirting junctions.

Refer to Quality Improvement Plan recommendation 3.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, free from malodours, and adequately lit.

Service users are consulted about decisions regarding bedroom decoration and replacement surface finishes where appropriate.

This supports the delivery of compassionate care.

Service users consulted during our inspection stated that they were comfortable and had no issues with the standard of the environment.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 44.2, 44.8 & 44.10</p> <p>Stated: Second time</p> <p>To be Completed by: 04 August 2016</p>	<p>The registered person should arrange to have the BS7671 Periodic Inspection Report recommendations assessed, prioritised and inserted in a planned works action schedule for future implementation, or verified as completed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Planned works action schedule drawn up for all ongoing work and verified as completed when carried out.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44.1 & 44.2</p> <p>Stated: First time</p> <p>To be Completed by: 04 August 2016</p>	<p>Assess the condition of the kitchen floor covering and undertake remedial/replacement works action to eliminate/reduce the potential for dirt/bacteria accumulation in cracks/crevices.</p> <p>Response by Registered Manager Detailing the Actions Taken: Quotation obtained for replacement of flooring A/W authorisation from proprietor</p>
<p>Recommendation 3</p> <p>Ref: Standard 44.1 & 44.2</p> <p>Stated: First time</p> <p>To be Completed by: 04 August 2016</p>	<p>Complete a survey of all floor covering/wall skirting joints and take remedial action to eliminate gaps.</p> <p>Response by Registered Manager Detailing the Actions Taken: Skirtings under repair and / or replacement to eliminate all gaps which have occurred as a result of floor covering changes.</p>

Please ensure this document is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address



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