



Unannounced Care Inspection Report 30 April & 1 May 2018



Valley Nursing Home

Type of Service: Nursing Home (NH)
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspector: Sharon Loane

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 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 registered nursing home which is registered to provide nursing care and residential care for up to 96 persons.

3.0 Service details

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd Responsible Individual: Paul Warren Gray	Registered Manager: Lorraine Margaret Cozma
Person in charge at the time of inspection: Ciara Currens: 30 April 2018 Lorraine Cozma: 1 May 2018	Date manager registered: 5 January 2015
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 96 comprising of: A maximum number of 58 patients in category NH-DE, in addition two persons may receive care on a day basis only in Tullybroom House and two 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 four named residents receiving residential care in category RC-DE and four named residents receiving residential care in category RC-A

4.0 Inspection summary

An unannounced inspection took place on 30 April 2018 from 09.30 to 16.15 hours and 1 May 2018 from 9.30 to 16 .30 hours.

The term 'patient' is used to describe those living in the Valley Nursing Home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The majority of patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Evidence of good practice was found in relation to the nursing process; communication between patients, staff and other key stakeholders.

Areas requiring improvement were identified across three domains. The details can be found in the Quality Improvement plan in section 7.0 of the report.

As a consequence of this inspection, referrals were made by RQIA to the following bodies; Southern Health and Social Care Trust (SHSCT); Public Health Agency (PHA) and Northern Ireland Fire Authority. The inspection also identified a number of issues which required immediate actions and/or improvements. The responsible person and the senior management team for the Valley Nursing Home were required to attend a serious concerns meeting in RQIA on the 10 May 2018. At this meeting the inspection findings were discussed and those present acknowledged the failings and provided information to RQIA detailing the actions taken or to be taken to address the regulatory breaches identified. RQIA were satisfied with the assurances provided and a further unannounced inspection will be scheduled to validate compliance and drive necessary improvements.

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

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*10	*6

*The total number of areas for improvement includes three regulations and one standard which were not met and have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Cozma, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection RQIA were concerned that the quality of care and services within the Valley Nursing Home was below the standard expected. A decision was taken to hold a serious concerns meeting to seek assurances from the registered persons that quality improvements would be achieved. The inspection findings were communicated in a correspondence to the responsible person, Mr Paul Gray and the meeting took place on the 10 May 2018.

Mr Paul Gray, responsible person, Lorraine Cozma, registered manager and Louise Hughes, home manager attended the meeting. During the meeting, management representatives acknowledged the failings identified and provided information to RQIA detailing the actions taken or to be taken to address the regulatory breaches identified.

RQIA were satisfied with the information and assurances provided and a decision was made to give Valley Nursing Home a period of time to address the concerns raised. A further unannounced inspection will be scheduled to validate compliance and drive necessary improvements.

Enforcement action did result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated

The most recent inspection of the home was an unannounced finance inspection undertaken on 2 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre- inspection assessment audit

During the inspection the majority of patients were observed, some of whom were resting in bed or seated in the day lounges. A number of patients (31) were spoken with individually. All registered nurses on duty were spoken with and discussion was also held with a sample of care staff from each unit. Ancillary staff, the activities person and the homes administrator were also consulted. One patient's representative was available to discuss care delivery with the inspector. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster informing staff of how to complete an online survey, if so wished, was given to the registered manager to display in the staff area.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 30 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four staff recruitment and induction files
- 13 patient care records
- care charts including food and fluid intake charts; urinary output charts; bowel and weight monitoring records and repositioning charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 February 2018

The most recent inspection of the home was an unannounced finance management inspection.

The completed QIP was returned and approved by the finance inspector and will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and/or care standards and that action plans are generated to address any areas for improvement.	Not met
	<p>Action taken as confirmed during the inspection: A review of reports completed for January; February; and March 2018 evidenced that this area for improvement had not been addressed satisfactorily.</p> <p>This area for improvement has not been met and formed part of the serious concerns meeting held in RQIA post inspection. This area for improvement has been stated for a second time.</p> <p>Please refer to Section 6.7 for further detail.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that stores in Tullybroom House to which patients have access are free from hazards to their safety.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of this area evidenced that the area for improvement had been addressed.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues identified in body of this report.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the homes environment and examination of equipment evidenced that this area for improvement had not been met.</p> <p>This area for improvement has not been met and formed part of the serious concerns meeting held in RQIA post inspection. This area for improvement has been stated for a second time.</p> <p>Please refer to section 6.4 for further detail.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records pertaining to falls management evidenced that this area for improvement had been met. Falls risk assessments and care plans had been reviewed following a fall. CNS observations were completed and recorded appropriately.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate and action plan to ensure the necessary improvements can be embedded into practice. Areas for audit should include but are not limited to the following:</p> <ul style="list-style-type: none"> • falls • wound management • infection prevention and control • environment • complaints • incident and accidents 	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of audits evidenced that this area for improvement had not been addressed appropriately. Please refer to section 6.7 for further detail.</p> <p>This area for improvement has not been met and formed part of the serious concerns meeting held in RQIA post inspection. This area for improvement has been stated for a second time.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of information evidenced that falls had been reviewed and analysed on a monthly basis. However the reviews completed were not sufficiently robust and inaccuracies were identified in the information recorded.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> <p>Please refer to section 6.4 & 6.7 for further detail.</p>	<p>Not met</p>

Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that supplementary care records; for example repositioning records and fluid balance charts, reflect the delivery of prescribed care accurately.	Met
	Action taken as confirmed during the inspection: A review sample of records as outlined above evidenced that these were maintained appropriately.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager and nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of staffing rotas for individual units for week commencing 30 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observations of the delivery of care evidenced that in the majority patients’ needs were met by the levels and skill mix of staff on duty. However, some issues were identified in regards to the Tullybroom unit. During the inspection on the 30 April 2018, observation of the delivery of care did not evidence that patients’ needs were being met by the staff available, the skill mix or their deployment. We observed that staff were extremely busy on the morning of the inspection, assisting patients to wash and dress, have showers and assist with breakfast. Some patients were observed getting their breakfast at 11.30 hours, staff advised that the last food and fluids provided to these patients was at 19.00 hours the previous evening. Some patients were also observed receiving their morning medication at 11.30 hours. In addition, two patients living in a designated area of the Tullybroom unit were observed not being supervised appropriately. These observations were discussed with the registered manager who advised that the issues outlined were not normal for this unit.

Whilst this was acknowledged, the observations made at the time of the inspection evidenced that patients’ needs were not being met appropriately. Therefore, the provision of and the deployment of staffing in this unit must be reviewed to ensure there are adequate staff on duty to ensure that care delivery is safe, effective and compassionate. This has been identified as an area for improvement under regulation.

The majority of patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the home. We also sought the opinion of patients and their representatives on staffing via questionnaires. Two questionnaires were returned, one from a relative and the second one received did not identify the details of the respondent. However, both respondents indicated that they were very satisfied that “there are enough staff to help”.

One relative spoken with at the inspection did not raise any concerns regarding staff or staffing levels.

We were unable to evidence that recruitment processes had been adhered to in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. A review of personnel files for four members of staff employed was undertaken. Shortfalls were identified across all records reviewed to include but not limited to; application forms incomplete; no physical and mental health assessment; references not obtained until after commencement of employment, conflicting information regarding start dates; details of Access NI not recorded and induction records were not available for some staff who had been employed for approximately six months. There was a lack of evidence available to demonstrate that management had oversight of this area of practice. An area for improvement has been made.

Discussions held with staff indicated that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. However, induction records were not available in some of the personnel files reviewed. This has been identified as an area for improvement.

Records to confirm the registration status of registered nurses with the NMC and care staff registration with NISCC were unavailable at the time of the inspection. Discussions held with the registered manager and administrator confirmed that a system for monitoring this information had been in place however had not been maintained over the last number of months. An explanation was provided however it was apparent that the registered manager had limited oversight of this information. The inspector instructed that the necessary checks for registered nurses were to be completed and confirmation provided to RQIA. We can confirm that this information was received and reviewed as satisfactory. These findings evidenced that the governance arrangements were not sufficiently robust and an area for improvement has been identified.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017 -2018. Staff confirmed that training was provided and that training had been scheduled for the forthcoming weeks. A discussion with the registered manager and a review of information confirmed that the home had employed a training company to provide training across a variety of subject areas. These included but not limited to: safe moving and handling; first aid; adult safeguarding and dementia care.

A review of the training matrix identified that a number of staff had not completed training in a number of areas to include; Fire Safety. The registered manager gave assurances that staff had completed this training. At the serious concerns meeting, certificates to confirm staffs attendance at Fire Safety training were provided. The registered manager agreed that the training matrix had not been maintained appropriately to monitor staffs compliance. An area for improvement has been made.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. However, all staff spoken with were unable to identify who was the designated adult safeguarding champion. A review of the homes policy dated January 2018 identified that it did not reflect the regional operational safeguarding policy and procedures. The registered manager agreed that the training to be provided would refer to the above information. The homes policy should be reviewed to reflect and include this information and made available for staff. An area for improvement has been made. A discussion was also held with the registered manager in regards to the systems that should be developed in order to collate the information required for the annual adult safeguarding position report.

Review of patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from December 2017 to May 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. It was noted that a number of accidents/incidents had not been notified in accordance with regulation. An area for improvement in regards to this issue has been made under the well led domain.

Discussion with the registered manager and review of records confirmed that audits of falls had been developed and implemented since the last inspection. Audits completed for February and March 2018 identified some inaccuracies in the information recorded and that the audits completed were not sufficiently robust to identify if any patterns or trends were emerging. An area for improvement identified at the last inspection continued not to be met and has been stated for a second time.

However, a review of records, observation of practices and discussion with registered nurses and staff provided evidence that falls were being managed appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas within all units. A significant number of areas of the interior of the home were found to be in an unsatisfactory state of repair. This information was shared with the estates team at RQIA who agreed to follow up the concerns raised, by undertaking an unannounced estates inspection. This inspection was completed on the 3 May 2018. Following this inspection, a decision was made by senior management at RQIA to hold a meeting with an intention to serve a Failure to Comply Notice. This meeting was also held on the 10 May 2018. Information in regards to these matters has been reported on in a separate inspection report.

Fire exits and corridors in the majority were observed to be clear of clutter and obstruction. However, it was noted that a fire exit door within the Tullybroom unit was obstructed. This matter was brought to the attention of the registered manager and the nurse in charge of the unit who took immediate actions. The arrangements for fire evacuation were not sufficiently robust and managed appropriately. Additional concerns were also identified in regards to fire safety arrangements. These centred mainly on the management of patients smoking procedures in the premises. There was evidence that suitable management control measures had not been implemented and patients were observed smoking in areas of the building not designated as suitable smoking areas. Prior to the inspection, management had provided information to RQIA and had given assurances around these matters however these

assurances were not supported given the inspection findings. An area for improvement has been identified.

The registered manager was instructed that these matters should be addressed with immediate effect. At the estates inspection, 3 May 2018 there was evidence that appropriate actions had been taken to address these concerns.

Deficits in regard to infection prevention and control practices continued to be identified during this inspection, despite an area for improvement having been made at a previous inspection in December 2017. Some items of equipment and areas of the environment observed were damaged and therefore could not be cleaned effectively. As previously discussed issues pertaining to the environment have been dealt with by the estates team at RQIA.

In April 2018, RQIA were notified by the Public Health Agency (PHA) of an infectious outbreak occurring in the home. The standard of cleanliness observed at this inspection was concerning given that a terminal clean had been completed on the 18 April 2018 as confirmed by cleaning records and discussions held with the registered manager and domestic staff. RQIA are concerned regarding the effectiveness of the terminal cleaning process. As discussed earlier, the findings of this inspection have been shared with the Public Health Agency for actions as deemed appropriate. The area for improvement identified at the last inspection in regards to infection prevention and control has been stated for the second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to

Areas for improvement

The following areas were identified for improvement in relation to staffing; staff recruitment; induction; training; safe guarding policy, infection prevention and control, risk management and the home's environment.

	Regulations	Standards
Total number of areas for improvement	4	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of 13 patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, falls, catheterisation, infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Trust care managers, General Practitioners (GPs), Speech and Language Therapists (SALT) and Dieticians. Care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Supplementary care charts such as food and fluid intake records; urinary output charts; bowel and weight monitoring records and repositioning charts evidenced that contemporaneous records were maintained in accordance with best practice guidelines.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Patients and one patient’s representatives spoken with expressed their confidence in raising concerns with the home’s staff and/or management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout the inspection staff were observed attending to patients’ needs and offering support and encouragement as deemed appropriate. Staff were observed engaging with patients cheerfully and it was apparent that staff knew patients well and vice versa.

Staff demonstrated a knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate and caring. We were assured by the observed interactions that patients were treated with dignity and respect.

As previously discussed in section 6.4 some specific issues were identified in regards to the delivery of care for identified patients living in the Tullybroom unit which had the potential to impact negatively on patient’s health and welfare. The inspector observed that safe, effective and compassionate care was not being delivered to these patients.

Three bedrooms were identified in the Tullybroom unit beyond a locked door. The key coded locking mechanism installed prevented freedom of movement and choice of activity for those patients living in this area. This is viewed as Defacto Detention.

Other methods of restrictive practice were observed in use in regards to an identified patient. Discussion with staff demonstrated that although they recognised that the practice was not in keeping with best practice guidelines; it was concerning that even when the inspector had alerted staff they failed to take corrective actions.

The placement of some patients throughout certain areas of the home was also concerning. There was evidence that patients were accommodated together despite them having been assessed as having different categories of care. This arrangement has the potential to impact negatively on patient's health and welfare.

Areas for improvement have been made in relation to the issues outlined above. These matters were also referred to the Southern Health and Social Care Trust for information and actions as deemed necessary.

Discussion with patients, staff and review of the activity programme displayed in the foyer evidenced that the arrangements in place to meet patients' social, religious and spiritual needs within the home needed to be reviewed and improvements made. The home has three members of staff employed to provide activities, however one of these staff members had been absent for a number of months and cover had not been obtained to fulfil this role. The other staff employed to provide activities were being delegated to undertake other duties which were preventing them from organising and delivering planned activities. Whilst the home had attempted to organise some events, staff acknowledged that these would not have been adequate to provide the patients with daily stimulation. This matter was discussed with management who confirmed that the member of staff was due to return to work in the very near future and that they would review the current arrangements in place to ensure improvements in this area of care delivery. This area of practice will be monitored at a subsequent care inspection.

Both the Tullybroom and the Lane units are designated areas for people living with dementia. A review of these environments identified that they required adaptations and development to promote positive outcomes for the patients. For example, there was a lack of aids available to promote orientation, for example appropriate signage, photographs, and the provision of clocks and prompts for the date. This observation was discussed with the registered manager and a recommendation was made by the inspector that an environmental audit in accordance with best practice guidelines for dementia should be undertaken. An area for improvement has been made.

We observed the serving of the lunchtime meal in both the Lane and the Tullybroom units. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal and a registered nurse was available during the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. However, shortfalls identified at the previous inspection had not been addressed appropriately. For example; the menu was not displayed in a suitable format to aid patients understanding, the tables were not set appropriately with no condiments available. Some staff were observed offering same but this was not consistent across both units. The dining experience should be reviewed within these

units of the home in line with best practice guidelines to ensure it meets the needs of the patients accommodated. An area for improvement has been made.

The serving of the mid-morning tea refreshments was also observed and it was noted that the no dietary provision was made for those patients requiring a modified diet. Discussion with staff confirmed that “yogurts” are typically provided for such patients. A variety of snacks should be provided and available on the tea trolley on a daily basis for patients requiring a modified diet. This aspect will be reviewed during a future care inspection.

Consultation with 31 patients individually, and with others in smaller groups, confirmed that living in the home was a positive experience. Patient comments included:

“No use complaining, make the best of a bad job, not too bad fair enough”
 “Being looked after very well”
 “I have lived here for nine years and being looked after very well”.

Ten relative questionnaires were provided; one was returned within the timescale. The respondent indicated that they were very satisfied with the care provided across the four domains. Additional comments were recorded as follows:

“I have nothing but praise for the staff and management team in the Valley and the care shown to my ...”

Staff were asked to complete an on line survey, no responses were received within the timescale specified. Staff spoken with at the inspection, were in the majority satisfied with working in the home. Any specific issues raised were shared with the registered manager.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communications with patients.

Areas for improvement

The following areas for improvement were identified in relation to: restrictive practice; placement of patients; audit of the environment in accordance with best practice guidelines for dementia care and the dining experience.

	Regulations	Standards
Total number of areas for improvement	2	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. However, as discussed in section 6.6 of the report concerns were raised regarding the placement of some patients which had the potential to impact negatively on their wellbeing and that of other patients living in the home.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients.

The registered manager advised that systems were in place to manage complaints and confirmed that no complaints had been received since the previous inspection. A discussion held with the registered manager demonstrated that they understood that a complaint is any expression of dissatisfaction with the service provided in the home.

Concerns were identified regarding the lack of effective and robust monitoring and governance arrangements that should be in place to ensure the safe and effective delivery of care to patients and other services provided in the home.

Although, some audits had been developed and implemented since the last inspection, they were of no intrinsic value to assure quality care and other services provided. As previously discussed, a number of issues identified also demonstrated that there was a lack of oversight by management in regards to the operations of the home. It is of concern that these issues had not been picked up by the homes own governance systems.

A review of records evidenced that although monthly quality monitoring visits are completed, the records available indicate that these are not to be sufficiently robust. Reports reviewed did not provide an accurate account of the quality of services provided in Valley Nursing Home, and action plans with identified timescales were not established to guide the management team and drive the required improvements.

RQIA are therefore concerned that the lack of governance and oversight has the potential to impact negatively on patients living in the home.

Despite these matters being raised previously, it is concerning that the necessary improvements have not been made and the service is not operating in accordance with its statement of purpose.

As previously referred to, these matters were discussed with management representatives during the serious concerns meeting. They acknowledged that more robust governance arrangements needed to be developed and implemented and provided details of actions already taken since the inspection. Areas for improvement at the previous inspection have been not been met and are stated for a second time.

As previously discussed in section 6.4 a review of notifications submitted to RQIA since the previous inspection evidenced that some accidents and/or incidents had not been reported in accordance with legislative requirements. This has been identified as a new area for improvement.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management support and the maintenance of good working relationships between staff.

Areas for improvement

New areas for improvement have been identified in relation to the submission of notifications.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Cozma, registered manager, 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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing 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 29 Stated: Second time To be completed by: 10 June 2018	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and/or care standards and that action plans are generated to address any areas for improvement.</p> <p>Ref: Section 6.2 & 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Regs 29's have been reviewed, following Head office visits an action plan is now attached to same.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate from the time of the inspection	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues identified in body of this report.</p> <p>Ref: Section 6.2 & 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: New infection control audit in situ Infection control training updated with staff investigatory meeting were held with two domestic staff Equipment was replaced to aid with effective cleaning Terminal clean documentation</p>
Area for improvement 3 Ref: Regulation 17 (1) Stated: Second time To be completed by: 10 June 2018	<p>The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate and action plan to ensure the necessary improvements can be embedded into practice. Areas for audit should include but are not limited to the following:</p> <ul style="list-style-type: none"> • falls • wound management • infection prevention and control • environment • complaints • incident and accidents <p>Ref: Section 6.2 & 6.7</p>

	<p>Response by registered person detailing the actions taken: Audit tools in place and carried out monthly.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that the provision and deployment of staffing in the home (Tullybroom unit) is reviewed to ensure that there are adequate numbers of staff on duty, appropriately deployed, to meet the needs of the patients.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: An additional member of staff allocated to the Tullybroom house unit</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. Records should be available for inspection.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: A new checklist has been implemented to be signed off prior to commencement of employment</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are in place. These should include but not limited to:</p> <ul style="list-style-type: none"> • the arrangements for the evacuation in the event if fire, of all persons in the nursing home and safe placement of patients • all fire exits should be free from obstruction • suitable arrangements and control measures for those patients that smoke <p>All records with respect to fire safety are maintained and available for inspection.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: evacuation plan reviewed, updated and implemented in all units Fire exits checked daily Control measures in place as observed by estates inspector</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered persons must ensure that robust systems are in place to monitor and ensure nurses' registrations with the NMC and care staffs registration with NISCC. Records should be available for inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: NMC pin check records initially held at head office, all NMC and NISCC records are now available in office</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that notifications are submitted to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: Section 6.4 & 6.7</p> <p>Response by registered person detailing the actions taken: Reg 30's discussed with all staff nurses through staff meeting Regs 30's signed off by management</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed: 10 June 2018</p>	<p>The registered persons shall ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient. This includes but not limited to: the use of key coded locking mechanisms within the Tullybroom unit.</p> <p>The circumstances or rationale for each use of restraint must be recorded, alongside the policy and procedure for which they are to be used and when they should be activated.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Key codes removed between two unit in the tullybroom unit DOL's care plan in place for any circumstance for use of restraint</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First Time</p> <p>To be completed: 10 June 2018</p>	<p>The registered provider should provide RQIA with a breakdown of the categories of care of patients located as per each unit in the home. The registered persons should also endeavour to ensure that patients with differing categories of care needs are supported together in appropriate units.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Provided at meeting with RQIA Discussed with relivent staff nurse's</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 22.10 Stated: Second time To be completed by: 10 June 2018	<p>The registered person shall ensure falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken.</p> <p>Ref: Section 6.2 & 6.4</p> <p>Response by registered person detailing the actions taken: falls audit implimented monthly</p>
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 10 June 2018	<p>The registered provider shall ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training identified by the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Training matrix updated In house training ongoing</p>
Area for improvement 3 Ref: Standard 39 Criteria 1 Stated: First time To be completed by: 10 June 2018	<p>The registered person shall ensure that all new employees are provided with a structured orientation and induction for their roles and responsibilities. Records should be retained and available for inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A structured induction programme is in place for all new staff and this will be reflected in personnel files</p>
Area for improvement 4 Ref: Standard 24 Stated: First time To be completed by: 10 June 2018	<p>The registered person shall undertake an audit of the environment to ensure that it is more enabling for the needs of those patients living with dementia.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Audit completed and requisitions sent to head office to improve inviroment in relation to dementia</p>

<p>Area for improvement 5</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2018</p>	<p>The registered person shall ensure that the mealtime experience is reviewed in both the Tullybroom and Lane units to ensure they reflect best practice dementia guidelines.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Meal time experience reviewed, requisitions sent to head office to improve dining to improve dementia guidelines</p>
<p>Area for improvement 6</p> <p>Ref: Standard 13</p> <p>Stated : First time</p> <p>To be completed by: 10 June 2018</p>	<p>The registered person shall ensure that the policy for adult safeguarding is reviewed in line with Departmental policy and regional protocols.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Safeguarding policy reviewed</p>

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