



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Valley Nursing Home  
**Establishment ID No:** 1502  
**Date of Inspection:** 4 June 2014  
**Inspector's Name:** Donna Rogan  
**Inspection ID** IN020020

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Home:</b>	Valley Nursing Home
<b>Address:</b>	8 Tullybroom Road Clougher BT76 0UW
<b>Telephone Number:</b>	02885548048
<b>E mail Address:</b>	valley@mpscare.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Paul Gray
<b>Registered Manager:</b>	Mrs Alison Sweeney
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Margaret Noble (unit manager, general unit)
<b>Categories of Care:</b>	NH-DE, NH-I, NH-MP, NH-MP(E), NH-PH, NH-PH(E), NH-TI, RC-I
<b>Number of Registered Places:</b>	96
<b>Number of Patients Accommodated on Day of Inspection:</b>	85
<b>Date and Type of Previous Inspection:</b>	Primary Unannounced Inspection 11 and 12 December 2013
<b>Date and Time of Inspection:</b>	4 June 2014 10:30 – 17:00
<b>Name of Inspector:</b>	Donna Rogan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 2.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- The Nursing Homes Regulations (Northern Ireland) 2005.
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008).
- Other published standards which guide best practice may also be referenced during the Inspection process.

## 2.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Review of any notifiable events submitted to RQIA since the previous inspection.
- Discussion with the unit manager in charge.
- Discussion with staff.
- Discussion with patients individually and to others in groups.
- Review of a sample of policies and procedures.
- Review of a sample of staff duty rotas.
- Observation during a tour of the premises.
- Evaluation and feedback.

## 2.3 Inspection Focus

With reference to 'Complaints in Health and Social Care (HSC) April 2009' and the DHSSPS Circular 23/2009, "Guidance on complaints handling in regulated establishments and agencies", RQIA do not have responsibility to investigate complaints made by or on the behalf of individuals since April 2009; this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

RQIA received a telephone call from a whistle blower 16 May 2014 alleging the following concerns:

- Issues regarding patients' finances, for example expensive items being purchased for patients without receipts
- Issues regarding the categories of care of patients admitted to the home, for example, an increase in the number of patients in the dementia and brain injury units
- Staff shortages
- High turnover of staff and staff working 48 to 60 hours per week.

The inspector informed the safeguarding vulnerable adults team in the Southern Health and Social Care Trust (SHSCT) of the concerns raised and a strategy meeting was held. The registered manager of the home was invited to attend the strategy meeting with the SHSCT and RQIA to discuss the concerns. Assurances were provided by the registered manager at the meeting that there were no ongoing issues in the home regarding the issues detailed above. However, following this meeting a joint unannounced inspection with Ms Briege Ferris, RQIA finance inspector, was undertaken to validate compliance against the assurances provided by the registered manager and to focus the inspection on the above concerns raised by the whistle blower. The finance inspection report is separate to this report.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

### 3.0 Profile of Service

Valley Nursing home is situated in its own private grounds centrally to Clogher village.

The nursing home is owned and operated by Mr Paul Gray (MPS Ltd). The current registered manager is Mrs Alison Sweeney

In August 2007, registration of Tullybroom House was approved by the Regulation and Quality Improvement Authority. This single storey building is located adjacent to the nursing home.

The home can accommodate a maximum of 96 patients.

The bedroom accommodation is comprised of single, some of which are en-suite, and double bedrooms. Day and sitting rooms are available for patients. An activity area and dining rooms, including a small kitchenette are also available. Bath, shower and toilets are accessible to all communal areas throughout the home.

The laundry facilities are located within the grounds of the home.  
There is adequate car parking facilities at the front and side of the home.

There are enclosed garden areas outside Tullybroom House and the dementia units in the main house where patients can relax.

The home is registered to provide care for a maximum of 96 persons under the following categories of care:

#### Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
DE	dementia care to a maximum of 31 patients accommodated within the dementia unit on the ground floor.
MP(E)	mental disorder excluding learning disability or dementia over 65 years
TI	terminally ill

#### Residential care

I	old age not falling into any other category
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## 4.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Valley Nursing Home. The inspection was a joint unannounced inspection undertaken by Donna Rogan, inspector and Briege Ferris, RQIA finance inspector on 4 June 2014 from 10.30 to 17.00. The unannounced inspection was undertaken to validate compliance against the assurances provided by the registered manager and to focus the inspection on the concerns raised by the whistle blower. The finance inspection report is separate to this report.

As a result of the previous inspection conducted on 11 and 12 December 2013, seven requirements and two recommendations were issued. Due to the focus of this inspection, the previous quality improvement plan was not reviewed with the exception of the requirement made regarding staffing. The remaining requirements will be reviewed at subsequent inspections and are included in the quality improvement plan following this inspection.

This report refers to the inspection findings of the care inspector and makes some reference to issues raised by the finance inspector. Further details of the finance inspector's findings can be found in the finance inspection report for the same date.

The inspector was welcomed into the home by Ms Margaret Noble, unit manager and nurse in charge of the home. Ms Noble was available throughout the inspection. Verbal feedback of the inspection outcomes including issues identified was given to Margaret Noble, unit manager, Louise Hughes, unit manager and Lorraine Coote, Deputy Manager (who joined the inspection in the afternoon), at the conclusion of the inspection.

The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process. The inspector also spent a number of extended periods observing staff and patient interaction.

The inspectors raised serious concerns during the inspection regarding the following issues:

- nutrition
- health and welfare of patients
- restraint/restrictive practice
- staffing/staff competency and training
- environment/design and layout
- individual patient agreements
- fees payable
- provision of furnishings, bedding, curtains and floor coverings
- patients' finance.

Specific details of the inspector's findings are stated in section 5.0 of this report.

### Post inspection

In view of the serious concerns identified during the inspection, RQIA confirmed in writing to the registered provider, its intention to issue failure to comply with regulation notice(s) and a formal meeting was held in RQIA on 17 June 2014. Kathy Fodey (Director of Nursing and Regulation), Muriel Dickson (Head of Nursing and Pharmacy and Independent Healthcare Regulation), Linda Thompson (Senior Inspector), Donna Rogan (Nursing Home Inspector),

Breige Ferris (Finance Inspector) and Raymond Sayers (Estates Inspector), met with Mr Paul Gray, (Registered Provider) and Alison Sweeney, (Registered Manager), alongside other senior management of the home, to discuss the concerns identified during the inspection and the action required to be taken by the home.

At the meeting, Mr Gray and Mrs Sweeney provided an action plan to address the areas of concern identified at inspection. However, RQIA considered there was not sufficient evidence provided that all of the issues raised had been addressed. In view of this, RQIA confirmed to the registered provider and registered manager of its intention to serve Valley Nursing Home with eight Notices of Failure to Comply with The Nursing Home Regulations (Northern Ireland) 2005. The notices would be served in regard to the home's failings in the following areas:

- nutrition
- health and welfare of patients
- restraint/restrictive practices
- staffing/staff competency and training
- environment/design and layout
- individual patient agreements
- fees payable
- provision of furnishings, bedding, curtains and floor coverings
- patients' finance.

Eight Failure to Comply Notices were issued by RQIA to the provider of Valley Nursing Home on 18 June 2014.

On 5 June 2014, RQIA informed the adult safeguarding team from Southern Health and Social Care Trust (SHSCT) of the inspection findings in relation to potential or alleged abuse in the home. RQIA were informed by SHSCT on 9 June 2014 during a safeguarding strategy meeting that they have initiated an investigation into the issues raised during the inspection and a strategy is in place to ensure patients in the home are protected from any potential abuse. RQIA continue to liaise with the SHSCT in this regard.

## **Conclusion**

Fifteen requirements are made as a result of this inspection. The requirements are detailed throughout the report and in the quality improvement plan (QIP).

RQIA will undertake a further inspection to assess the home's compliance with the eight Notices of Failure to Comply with Regulations.

The inspector would like to thank the patients, deputy and unit managers, registered nurses and staff for their assistance and co-operation throughout the inspection process.



## 5.0 Inspection Findings

### 5.1 Nutrition

**During the inspection the inspector observed the following:**

- The evening meal was being served at 15:45 in the all-male dementia unit for the Amadeus patients. The registered person must ensure that the evening meal, unless through individual patient's choice, is not served before 17.00 hours. A review of the rotational menu evidenced the evening meal to be of poor nutritional value and portion size was not suitable to meet the needs of the patients. This was confirmed by the registered nurse who informed the inspector that a banana and a pancake or a poached egg on toast would be served for the evening meal.
- On three occasions, within the one week, the menu evidenced that a choice of a hot meal was not available in the evening. On three occasions every week, sandwiches are served for the evening meal. The registered person must ensure that portion sizes and choices of meals are appropriate to meet the needs of patients.
- The inspector was informed that there was no organized supper available and that patients received a cup of tea and a bun or biscuit at 18:00 hours. The registered person shall ensure that there is an organised supper available for all patients. Choices of snacks should also be made available.
- The interval between the evening snack and breakfast the following morning was more than 12 hours.

A requirement has been made to ensure that all of the above issues are addressed.

### 5.2 Health and welfare of patients

During the inspection, the inspector observed the environment to prohibit the free movement of patients throughout all units of the home with the exception of Tullybroom unit. Examples of restrictive practice included the use of key coded locking mechanisms in the frail elderly unit and in the all male dementia unit. Patients were prevented from accessing their bedrooms and the dining room without requesting the assistance of staff. The arrangements regarding the supervision of patients during the night period in the dementia unit was unclear due to the use of three key coded locking mechanisms. The use of the key coded locks prevented patients from accessing staff and communal areas in the home. Nursing practice was observed not to be in accordance with best practice guidelines in dementia care.

There was no evidence at the time of inspection, that patients had been consulted regarding the use of restrictive practices which included the placing of a close circuit television (CCTV) in a sitting room and key coded locks throughout the home. The inspector observed the use of a key coded locking mechanism that prevented a patient having access to their personal possessions.

Requirements are made in this regard.

### **5.3 Restraint/Restrictive Practices**

The inspector observed restrictive measures evident in the home which was concerning as staff had completed training in the safeguarding of vulnerable adults. The actions of staff regarding these restrictive measures were not in keeping with current Department of Health and Social Services and Public Safety (DHSSPS) guidance, regional protocols and local procedures issued by the health and social care trusts.

The inspector was informed that the door to the dayroom in the all male dementia unit was kept locked and that patients were only allowed out one at a time. There was no evidence in the home that alternative measures had been considered to manage patient safety.

The overall outcome of this inspection was concerning. The inspector observed restrictive practices operational in the home; one example, was an increase in the use of key coded locking mechanisms observed in lounge and bedroom areas, this restricted patients' movement around the home. In addition, and following discussion with staff, the inspector was concerned that staff were not aware that this restrictive practice had a significant impact on patient care and their human rights. During the inspection, the finance inspector and care inspector were able to substantiate the whistle blowers concerns in terms of finance issues, staffing arrangements and changes in categories of care. The care inspector also requested that the estates inspector (RQIA) Mr Raymond Sayers join the inspection as a significant increase in the number of key coded locking mechanisms were observed to be in place in the home. The inspector sought assurances that these locking mechanisms were linked to the fire panel. The estates inspector concluded that there were no issues regarding the use of the key coded locking mechanism and fire safety procedures. However, the estates inspector was concerned that the key coded locking mechanisms were installed without consultation with patients, their representatives, the relevant Health Care Trusts and RQIA.

### **5.4 Staffing/staff competency and training**

A review of the duty rota evidenced that staffing levels in the Amadeus unit and in the all-male dementia unit were not in accordance with RQIA's Staffing Guidance for Nursing Homes, June 2009. The ratio of registered nurses and care staff was not within recommended guidelines of 35% registered nurses and 65% care staff. There was a deficit of one registered nurse between the hours of 20:00 to 08.00.

There was a deficit of one registered nurse between 08:00 to 20:00 in the Tullybroome unit. This deficit had previously been identified during an inspection in December 2013.

During discussion with a registered nurse, it was stated that training in responding to behaviours and the management of restraint/restrictive practice had not been completed. Despite staff having completed training in respect of safeguarding of vulnerable adults they were unable to demonstrate that safeguarding protocols had been implemented. Therefore, the training had not been embedded into practice.

A requirement has been made.

### **5.5 Environment/design and layout**

The inspector observed that the number of patients accommodated in the Amadeus unit had increased from 13 patients to 22 patients from the date of the previous inspection in December 2013. An application for variation of registration was not submitted nor did

management of the home discuss the increase with RQIA. As a result, there is no dining space in the unit to accommodate patients who reside in the Amadeus unit.

Patients from the Amadeus unit are using the all male dementia unit's allocated dining space to have their three main meals of the day. Each unit should have their own designated dining space in keeping with Nursing Homes Regulations (Northern Ireland) 2005 and the Nursing Home Minimum Standards 2008.

During the inspection, the inspector observed that there were five bedrooms allocated to all male dementia patients which were previously allocated to the frail elderly unit. These five bedrooms were in an area which could not be accessed by patients independently of staff during the day as they have to go through two key coded locking mechanisms to reach them. This is not in keeping with best practice. This area is some distance from the rest of the dementia unit.

The inspector was concerned regarding the supervision and staffing arrangements for this area during the night.

There was a key coded locking mechanism on the lounge door in the all male dementia unit. This prevented freedom of movement and choice of activity for those patients using the lounge as they could not exit the lounge independently. This was evident as the inspector observed staff were only allowing patients to exit the lounge one at a time. A requirement has been made in this regard.

## **5.6 Individual patient agreements**

The finance inspector requested to see copies of the individual written agreements between the home and the patients. The agreements were not available on the day of inspection. Post inspection telephone contact was made to the registered manager by the finance inspector who offered no explanation as to the whereabouts of these records.

## **5.7 Provision of furnishings, bedding, curtains and floor coverings**

The finance inspector reviewed a sample of records relating to the withdrawal or expenditure of patients' personal monies. The records included expenditure from several patients' personal monies on items such as bedding, curtains, window blinds, and flooring. There was no indication that any patient or their representative had expressed a wish to pay for personalised items for their rooms.

## **5.8 Patients' finance**

The finance inspector noted that patients or their representatives had deposited money for safekeeping with the home. The finance inspector reviewed a sample of records relating to the withdrawal or expenditure of patients' personal monies. Within the records, a significant number of entries either did not have a corresponding receipt from the home to identify to whom individual patient monies had been provided; or a corresponding purchase receipt to confirm what individual patient monies had been spent on. The finance inspector was therefore unable to establish whether patients' had benefited from the withdrawal or expenditure of their monies recorded by the home.

A number of concerns were identified in respect of the recording of income and expenditure on behalf of patients and of the physical safeguarding of patients' property.

The finance inspector found that:

- There were inadequate controls around the documentation of income received and expenditure made on behalf of patients
- The record of cash deposited for safekeeping on behalf of patients did not agree to the balance of cash held
- There were inadequate controls in place to record and reconcile money and possessions deposited for safekeeping.

## 6.0 Follow-Up on Previous Issues of the inspection of 11 and 12 December 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (a)	<p>It is required that the registered person shall ensure that having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;</p> <p>In accordance to the minimum standards a second registered nurse is required from 8am to 2pm in the Tullybroom unit. A review of patient dependency levels of patients is required to be conducted by the registered manager alongside a review of the staffing levels. This should be done in consultation with staff, relatives and where possible patients. A copy of the review and the actions taken should be forwarded to the RQIA as soon as possible.</p>	<p>A review of the duty rotas evidenced that staffing levels in the Amadeus unit and all male dementia unit were not in accordance with RQIA's Staffing Guidance for Nursing Homes June 2009. The ratio of registered nurses and care staff was not within recommended guidelines of 35% registered nurses and 65% care staff. There was a deficit of one registered nurse between the hours of 20:00 to 08.00 hours.</p> <p>There was a deficit of one registered nurse between 08:00 to 20:00 hours in the Tullybroome unit. This deficit had previously been identified during an inspection in December 2013.</p>	<p>Not Compliant</p> <p>This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014</p>

2	20	<p>A unit manager should be appointed to the Tullybroom unit.</p> <p>In the interim the registered manager should ensure that there is clear leadership in the unit. The organisational chart should identify who staff are responsible to and who they can consult if they require advice or guidance.</p>	<p>This requirement was not reviewed on this occasion and is carried forward for review at subsequent inspections.</p>	<p>Not Validated</p>
3	29	<p>Ensure the regulation 29 inspection reports contain detail on the following issues;</p> <ul style="list-style-type: none"> <li>• the record of events, for example incidents and accident records;</li> <li>• the record of complaints; and</li> <li>• recorded their opinion as to the standard of nursing provided in the home at the time of their visit.</li> <li>• an action plan identifying any aspects for improvement as an outcome of the visit</li> <li>• the names of patients/residents, staff and relatives spoken to should be anonymous or coded. This information should however, be available to any person authorised to inspect the records.</li> <li>• the time of the visit and the end of visit time</li> <li>• requirements and/or</li> </ul>	<p>This requirement was not reviewed on this occasion and is carried forward for review at subsequent inspections.</p>	<p>Not Validated</p>

		<p>recommendations made by any person/agency authorised to inspect the home should be reviewed at this time. The action taken and progress made in relation to any requirements and recommendations should be monitored by the registered provider/responsible individual.</p>		
4	15 (2)	<p>The registered manager shall ensure that nursing staff address the following;</p> <ul style="list-style-type: none"> <li>• Ensure the grading of all wounds is included in the care records.</li> <li>• Ensure wound observation charts are always completed when dressings are changed.</li> <li>• Ensure the exact date of when patients' weights are taken is recorded in the care records.</li> <li>• Ensure all evaluations of care are not repetitive and are meaningful entries.</li> <li>• Ensure the identified care record is updated to reflect the required care and care delivered.</li> </ul>	<p>This requirement was not reviewed on this occasion and is carried forward for review at subsequent inspections.</p>	<p>Not Validated</p>

5	14 (2) (d)	<p>“Third party bedrails” should be maintained in keeping with, MHRA (Medical Devices Regulations Agency), guidance on the ‘Safe Use of Bedrails’ (Device Bulletin DB 2006 (06).</p> <p>Ensure a risk assessment is carried out in the home regarding ligature points as discussed.</p>	This requirement was not reviewed on this occasion and is carried forward for review at subsequent inspections.	Not Validated
6	14 (3)	Ensure periods of discreet observation are carried out to ensure that the moving and handling of patients is always maintained in accordance with best practice.	This requirement was not reviewed on this occasion and is carried forward for review at subsequent inspections.	Not Validated
7	12 (4) (b)	Provide a heated food trolley in the Amadeus unit to ensure food is served at the appropriate temperature at all times.	This requirement was not reviewed on this occasion and is carried forward for review at subsequent inspections.	Not Validated



No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.12	Information should be placed on the patient/relatives' notice board informed patients and their representatives that copies of the Regulation 29 unannounced visit reports and the annual quality report are available on request.	This recommendation was not reviewed on this occasion and is carried forward for review at subsequent inspections.	Not Validated
2	25.13	<p>The following should be included in the annual quality report as discussed;</p> <ul style="list-style-type: none"> <li>• The outcomes of satisfaction surveys.</li> <li>• Actions taken to address any deficits.</li> <li>• Evidence of consultation with patients, representatives and staff.</li> <li>• Training undertaken by staff in the home over the previous 12 months.</li> <li>• Review of patient/relative meetings and any action taken in response to suggestions/comments made.</li> <li>• Environmental/estates issues.</li> <li>• Examples of recreational opportunities for patients.</li> <li>• Objectives/goals for the incoming year.</li> </ul>	This recommendation was not reviewed on this occasion and is carried forward for review at subsequent inspections.	Not Validated

## **5.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

With reference to 'Complaints in Health and Social Care (HSC) April 2009' and the DHSSPS Circular 23/2009, "Guidance on complaints handling in regulated establishments and agencies", RQIA do not have responsibility to investigate complaints made by or on the behalf of individuals since April 2009; this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding the safeguarding of vulnerable adults (SOVA) incidents since the previous inspection in December 2013.

Since this inspection on 4 June 2014, RQIA have informed the adult safeguarding team from Southern Health and Social Care Trust (SHSCT) of the inspection findings in relation to potential or alleged abuse issues in the home. RQIA were informed by SHSCT on 9 June 2014 that they have initiated an investigation into the issues raised during the inspection and a strategy is in place to ensure patients in the home are protected from any potential abuse. RQIA continue to liaise with the Southern Healthcare Trust in this regard.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Alison Sweeney by telephone the day following the inspection.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Donna Rogan  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



The Regulation and  
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Authority

## Quality Improvement Plan

### Unannounced Secondary Inspection

#### Valley Private Nursing Home

4 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Lorraine Coote, deputy manager, Margaret Noble, unit manager in charge of home and Louise Hughes unit manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (a)	<p>It is required that the registered person shall ensure that having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>In accordance to the minimum standards a second registered nurse is required from 8.00am to 2.00pm in the Tullybroom unit. A review of patient dependency levels of patients is required to be conducted by the registered manager alongside a review of the staffing levels. This should be done in consultation with staff, relatives and where possible patients. A copy of the review and the actions taken should be forwarded to the RQIA as soon as possible.</p> <p>The registered persons must ensure there are two registered nurses between the hours of 20:00 to 08.00 in the Amadeus and all male dementia units.</p> <p><b>Ref 4.4</b></p>	Third and final time	The staffing has been reviewed in accordance with the Rhys Hearn Model and dependencies have indicated staffing to be appropriate to patients needs. All endeavours are being made to recruit staff nurses and a unit manager.	This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014

2	20	<p>A unit manager should be appointed to the Tullybroom unit.</p> <p>In the interim the registered manager should ensure that there is clear leadership in the unit. The organisational chart should identify who staff are responsible to and who they can consult if they require advice or guidance.</p> <p><b>Ref Previous requirements</b></p>	One	<p>This requirement was not reviewed and will be brought forward to next/future inspections</p>	From the date of inspection
3	29	<p>Ensure the regulation 29 inspection reports contain detail on the following issues;</p> <ul style="list-style-type: none"> <li>• The record of events, for example incidents and accident records.</li> <li>• The record of complaints; and</li> <li>• Recorded their opinion as to the standard of nursing provided in the home at the time of their visit.</li> <li>• An action plan identifying any aspects for improvement as an outcome of the visit.</li> <li>• The names of patients/residents, staff and relatives spoken to should be anonymous or coded. This information should however, be available to any person authorised to inspect the records.</li> <li>• The time of the visit and the end of visit time.</li> <li>• Requirements and/or recommendations made by any person/agency authorised to inspect the home should be reviewed at this time. The action taken and</li> </ul>	One	<p>This requirement was not reviewed and will be brought forward to next/future inspections</p> <p>This has been strictly adhered to since inspection. June July and August 2014 done and subsequent reports will be done every on each managements visit.</p>	From the date of inspection

		<p>progress made in relation to any requirements and recommendations should be monitored by the registered provider/responsible individual.</p> <p><b>Ref Previous requirements</b></p>			
4	15 (2)	<p>The registered manager shall ensure that nursing staff address the following;</p> <ul style="list-style-type: none"> <li>• Ensure the grading of all wounds is included in the care records</li> <li>• Ensure wound observation charts are always completed when dressings are changed.</li> <li>• Ensure the exact date of when patients' weights are taken is recorded in the care records.</li> <li>• Ensure all evaluations of care are not repetitive and are meaningful entries.</li> <li>• Ensure the identified care record is updated to reflect the required care and care delivered.</li> </ul> <p><b>Ref Previous requirements</b></p>	One	This requirement was not reviewed and will be brought forward to next/future inspections	From the date of inspection
5	14 (2) (d)	<p>"Third party bedrails" should be maintained in keeping with, MHRA (Medical Devices Regulations Agency), guidance on the 'Safe Use of Bedrails' (Device Bulletin DB 2006 (06)).</p> <p>Ensure a risk assessment is carried out in the home regarding ligature points as discussed.</p>	One	<p>This requirement was not reviewed and will be brought forward to next/future inspections</p> <p>Risk assessment done 3<sup>rd</sup> July 2014</p>	From the date of inspection

6	14 (3)	<p>Ensure periods of discreet observation are carried out to ensure that the moving and handling of patients is always maintained in accordance with best practice.</p> <p><b>Ref Previous requirements</b></p>	One	This requirement was not reviewed and will be brought forward to next/future inspections	From the date of inspection
7	12 (4) (b)	<p>Provide a heated food trolley in the Amadeus unit to ensure food is served at the appropriate temperature at all times.</p> <p><b>Ref Previous requirements</b></p>	One	This requirement was not reviewed and will be brought forward to next/future inspections	From the date of inspection
8	12 (4) (a) (b) (c) (d) and (e)	<ul style="list-style-type: none"> <li>• The registered persons must ensure that the evening meal, unless through individual patient's choice, is not served before 17.00.</li> <li>• The registered persons must ensure that portion sizes and choices of meals are appropriate to meet the needs of patients.</li> <li>• The registered persons shall ensure that there is an organised supper available for all patients. Choices of snacks should be made available.</li> <li>• The registered persons shall ensure that meals and mealtimes are maintained in accordance with Nutritional guidelines and menu checklist for residential and nursing homes 2014.</li> <li>• The registered persons shall ensure that at all times, patients' choice of timing of food must be considered and flexibility must be offered to those patients who</li> </ul>	One	<p>Menus have been extensively revamped as have mealtimes</p> <p>A range of options are now available at mealtimes as well as at all times.</p> <p>Snacks, fruits, porridge, yogurt, toast and other healthy options are available to all residents</p>	This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014



		<p>choose to have their meals or snacks at times other than the standard mealtimes agreed by the nursing home.</p> <ul style="list-style-type: none"> <li>• The registered persons shall ensure that three full meals and snacks (and extra servings if appropriate) should be served every day at regular intervals (no more than five hour intervals), of which at least one meal should be a cooked choice.</li> <li>• The registered persons shall ensure that the interval between the evening snack and the following morning should not be more than 12 hours.</li> </ul> <p><b>Ref 4.1</b></p>		<p>Unless it's a personal choice there will be no more than 12 hours between evening snack and breakfast.</p> <p>Menus and mealtimes as well as supported evidence emailed to Donna Rogan on June 25<sup>th</sup> 2014</p>	
9	13 (1) (a) and (b) 13 (2) and 13 (3)	<ul style="list-style-type: none"> <li>• The registered persons must ensure that restrictive practices do not occur in the home without proper consultation with the appropriate persons and the relevant Health Care Trusts. Best practice guidelines should be adhered to at all times in regards to restraint.</li> <li>• The registered persons must review the use of key coded locking mechanisms throughout the home. The circumstances or rationale for each use must be recorded, alongside the policy and procedure for which they are to be used and when they should be activated. This should be completed in consultation with RQIA.</li> </ul>	One	<p>All restrictive measures have been reassessed and subsequently reviewed.</p> <p>For ease of reference there is one keypad to protect exits and one protecting each unit.</p> <p>No internal unit keypads are being used</p>	<p>This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014</p>

		<ul style="list-style-type: none"> <li>• The registered persons shall ensure that the CCTV is removed from the small sitting room in the all male dementia unit.</li> <li>• The registered persons shall ensure that patients have free access to their bedrooms, sitting rooms, dining rooms and all communal areas in their designated units.</li> <li>• The registered persons shall ensure that patients are not prohibited from free movement throughout home, without consultation with the relevant persons as deemed appropriate in accordance with the health and welfare and nursing needs of the patients.</li> <li>• The registered persons shall ensure that care practice in the all male dementia unit is in keeping with best practice guidelines in dementia care.</li> <li>• The registered persons shall ensure that patients have access to their personal possessions at all times.</li> </ul> <p><b>Ref 4.2</b></p>		<p>CCTV was a fake and was removed on the day of inspection.</p> <p>All bedrooms sitting rooms and dining rooms are unlocked and are free to access at all times</p> <p>Stirling Dementia Care Training is being undertaken by key staff members</p> <p>As above</p>	
10	14 (4) (5) and (6)	<ul style="list-style-type: none"> <li>• The registered persons must ensure that they and all staff receive further training in safeguarding vulnerable adults, managing behaviors that challenge, restraint and restrictive practices.</li> <li>• The registered persons must ensure that staff adheres to current (DHSSPS) guidance, regional protocols and local procedures issued by the health and</li> </ul>	One	SOVA Training undertaken by all staff	This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014

		<p>social care trusts.</p> <ul style="list-style-type: none"> <li>• The registered person 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 and there are exceptional circumstances.</li> <li>• The registered persons shall ensure that the overall management of restraint in all areas of the home is reviewed and that on every occasion restraint is used that there is written evidence available that patients are not restrained without consultation of the appropriate persons in accordance with their needs and welfare.</li> <li>• The registered persons shall ensure that the practice of locking patients into the all male dementia lounge using a key coded locking mechanism ceases immediately. The practice of letting patients out of the lounge one at a time and allowing another patient out when they come back must also cease immediately.</li> <li>• The registered persons shall provide written evidence that where any form of restraint is used that alternative measures were considered in order to manage patient safety.</li> <li>• The registered person shall ensure that on any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details</li> </ul>		<p>MAPA Training is all booked for 30/07/14, 01/08/14, 18/08/14, 19/08/14, 01/09/14, 02/09/14 as discussed with Donna - all nurses.</p> <p>Key coded mechanisms were disarmed on the day of inspection 4<sup>th</sup> June 2014 and subsequent to this all trained staff have attended DOLS T training on 15/07/14 and 08/08/14.</p> <p>There was in house DOLS Training on the 15/07/14</p>	
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		<p>should also be reported to RQIA as soon as is practicable.</p> <ul style="list-style-type: none"> <li>• The registered person is required to ensure that when patients' money lodged with the registered persons for safekeeping is used to make purchases, the purchases are verified and receipts are obtained or copied for the patient's records.</li> <li>• The registered person must implement a policy and procedure addressing the safeguarding of patient's money and valuables, which will support compliance with the regulations.</li> <li>• All staff engaged in any tasks involving patients' money and valuables must be trained on implementation of the new policy and procedure.</li> </ul> <p><b>Ref 4.3</b></p>		<p>Finance processes have been reviewed to ensure receipts are verified, copied and retained in patients records.</p> <p>Policies and procedures are in place for safeguarding of monies and staff are aware of these policies.</p>	
11	20 (1) (c) (iii)	<ul style="list-style-type: none"> <li>• The registered persons must ensure that they and all staff receive further training in safeguarding vulnerable adults, managing behaviours that challenge, restraint and restrictive practices. Periods of discreet observation of practices should be carried out by the registered manager to ensure that the training provided is embedded into practice. Records of the observations should be maintained for review by the inspector.</li> <li>• The registered persons shall ensure that current up to date training in Human Rights is attended by management and</li> </ul>	One	<p>As previously stated staff have and are in the process of attending MAPA Training inhouse.</p> <p>Unit Managers and the Home Manager have had further enhanced POVA Training and inhouse training has been undertaken by other staff.</p>	<p>This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014</p>

		<p>registered nursing staff in the home. The content of the training and who attended the training shall be made available for inspection.</p> <p><b>Ref 4.4</b></p>			
12	27 (1) (2) (a) (g) and (h)	<ul style="list-style-type: none"> <li>• The registered persons must ensure that there is sufficient dining space allocated to patients in the Amadeus unit in keeping with the Nursing Home Minimum Standards 2008.</li> <li>• The registered person shall carry out a risk assessment regarding the key coded locking mechanisms on the lounge doors to ensure that they are appropriate and enable patients' freedom of movement and choice of activity.</li> <li>• The registered persons shall ensure that any changes made to the home are discussed with RQIA prior to them having been made. The works shall not be completed until the required written application is made and permission is granted by RQIA.</li> <li>• The registered persons must ensure the physical design and layout of the premises is suitable to meet the needs of patients at all times.</li> <li>• The registered persons shall ensure that bedrooms used by dementia patients are situated in an area accessible to them during the day. Patients shall be able to</li> </ul>	One	<p>Amadeus now have their own dining space.</p> <p>Key coded mechanisms were disarmed on the day of inspection and subsequently removed.</p> <p>Any further changes at The Valley will be discussed with RQIA and will be made to meet the needs of the patients.</p> <p>Dementia bedrooms are now accessible at all times and patients are able to move freely around the units.</p>	<p>This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014</p>

		<p>move freely to their bedrooms during the day and also have access to day space during the night time.</p> <ul style="list-style-type: none"> <li>• The registered persons shall review the use of key coded locking mechanisms currently in use in the frail elderly unit. A risk assessment should be carried out and if they are to remain in place, the rationale, evidence of consultation with patients or their representatives and details of when they are to be activated should be retained in the home and made available for inspection.</li> <li>• The registered person shall submit a variation of registration to RQIA detailing the numbers and categories of care designated to each unit in the nursing home.</li> </ul> <p><b>Ref 4.5</b></p>		<p>As previously key codes are only evident in the entrance exit and in between units.</p> <p>This has already been submitted.</p>	
13	5 (1)	<p>The registered person must ensure that an individual written agreement is provided to each patient or their representative, which supports compliance with Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4 of the DHSSPS Minimum Standards for Nursing Homes 2008. Where a patient does not have a family member or friend to act as their representative, the patient's individual written agreement should be shared with their care manager. A copy of each patient's agreement must be retained in their records.</p>	One	<p>All individual agreements have been forwarded to patients or their representatives, some have been returned.</p> <p>Copies are retained in patients records.</p>	<p>This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014</p>

		<b>Ref 4.6</b>			
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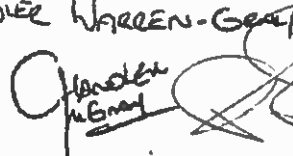
14	18 (2)	<ul style="list-style-type: none"> <li>• The registered person must ensure that any items of furniture, bedding, and other furnishings (including curtains and floor coverings) and equipment suitable to the needs of the patients are provided by the home.</li> <li>• The registered person must ensure a record of previous purchases of any items specified in Regulation 18 (2) (c) must be examined and the cost of these items to the patients identified. Records relating to purchases made on behalf of patients who are no longer residing in the home must also be included.</li> <li>• The registered manager must ensure that an examination of the records must cover the period from at least six years prior to the date of the last entry.</li> <li>• The registered persons must submit to RQIA an acceptable proposal for making repayments of any inappropriate charges to patients. The registered persons must agree a timescale with RQIA for making any such repayments to patients.</li> </ul> <p><b>Ref 4.7</b></p>	One	These have been dealt with appropriately and detailed in the Finance Inspection.	This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014
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15	19 (2)	<ul style="list-style-type: none"> <li>• The registered persons must ensure that records of cash or possessions deposited for safekeeping reflect the date cash or possessions are deposited and should be signed by two persons. When cash or possessions are returned to the patient or their representative, the record is updated with the date the cash or possessions are returned and includes two signatures to verify the return of the items. A reconciliation of the cash or possessions held within the safe place is performed, evidenced and recorded with the date and signatures of two persons at least quarterly. An initial reconciliation is to be performed, evidenced and recorded before 12 August 2014.</li> <li>• The registered person must ensure that a reconciliation of the patients' bank account/s is performed, evidenced and recorded with the date and signatures of two persons at least quarterly. An initial reconciliation is to be performed, evidenced and recorded before 12 August 2014.</li> <li>• The registered person must ensure that a standard financial ledger format is used to clearly and accurately detail transactions for patients. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal,</li> </ul>	One		This requirement is subsumed into a Failure to Comply Notice issued on 18 June 2014
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		<p>the amount of the lodgement or withdrawal; the running balance of the patient's cash total held and the signatures of two persons to verify the entry in the ledger.</p> <ul style="list-style-type: none"> <li>• The registered person must ensure that when cash or cheques are deposited for safekeeping in the home, there are records (eg: a duplicate receipt book) which confirm the date, details and the amount of cash or cheque deposited, signed by two persons.</li> <li>• The registered person must implement a policy and procedure addressing the safeguarding of patient's money and valuables, which will support compliance with the regulations.</li> <li>• The registered persons must ensure that all staff engaged in any tasks involving patients' money and valuables must be trained on the implementation of the new policy and procedure.</li> </ul> <p><b>Ref 4.8</b></p>			
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

Name of Registered Manager Completing QIP	Alison Sweeney
Name of Responsible Person / Identified Responsible Person Approving QIP	C. HANOVER WARREN-GEAR 

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Dore Lopez	22/5/14
Further information requested from provider			