



Announced Enforcement Compliance Inspection

Name of Establishment:	Valley Nursing Home
Establishment ID No:	1502
Date of Inspection:	12 August 2014
Inspector's Name:	Linda Thompson
Inspection ID	20362

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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General Information

Name of Home:	Valley Private Nursing Home
Address:	8 Tullybroom Road Clogher BT76 0UW
Telephone Number:	028 85548048
E mail Address:	valley@mpscare.co.uk
Registered Organisation/ Registered Provider:	Valley Nursing Home (MPS) Ltd Mr Paul Gray
Registered Manager:	Mrs Alison Sweeney
Person in Charge of the Home at the Time of Inspection:	Mrs Alison Sweeney
Categories of Care:	NH-DE, NH-I, NH-MP, NH-MP(E), NH-PH, NH-PH(E), NH-TI, RC-I
Number of Registered Places:	96
Number of Patients Accommodated on Day of Inspection:	83
Scale of Charges (per week):	£567.00 - £836.00
Date and Type of Previous Inspection:	4 June 2014 Unannounced secondary inspection
Date and Time of Inspection:	12 August 2014 08.30 – 16.00 hours
Name of Inspector:	Linda Thompson

1.0 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 announced inspection to assess the level of compliance achieved with four Failure to Comply Notices issued on 18 June 2014.

The report details the extent to which compliance has been achieved and if any further actions are required.

1.1 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 aim of the inspection was to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the Failure to Comply Notices issued on 18 June 2014.

FTC Ref: FTC/NH/1502/2014-15/01
 FTC/NH/1502/2014-15/02
 FTC/NH/1502/2014-15/03
 FTC/NH/1502/2014-15/04

The following Failure to Comply notices were also issued in 18 June 2014. The first refers to estates issues and the final three refers to finance issues. Compliance with these notices was assessed by the specialist inspectors and reported upon separately.

FTC REF: FTC/NH/1502/2014-15/05
 FTC/NH/1502/2014-15/06
 FTC/NH/1502/2014-15/07
 FTC/NH/1502/2014-15/08

- 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

1.2 Methods/Process

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

- Discussion with Mr Chandler Gray, Managing Director
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Examination of the general environment
- Examination of the staff duty rota
- Examination of the three weekly menu and management of meal provision
- Examination of patient food and fluid diaries
- Examination of the current restrictive practice deployed in the home
- Review of a sample of staff training records
- Review of a sample of care plans
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the four Failure to Comply Notices issued 18 June 2014:

1. FTC Ref: FTC/NH/1502/2014-15/01

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)

12 (4) The registered person shall ensure that food and fluids –

- (a) are provided in adequate quantities and at appropriate intervals;
- (b) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
- (c) are suitable for the needs of patients;
- (d) provide choice for the patients; and
- (e) that the menu is varied at suitable intervals.

2. FTC/NH/1502/2014-15/02

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (1) (a) and (b), 13 (2), and 13 (3)

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

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

13 (2) The registered person shall so far as practicable enable patients to make decisions with respect to the nursing they are to receive and their health and welfare.

13 (3) The registered person shall, for the purpose of providing nursing to patients, and making proper provision for their health and welfare, so far as practicable, ascertain and take into account their wishes and feelings.

3. FTC/NH/1502/2014-15/03

Regulation not complied with:

The Nursing Home Regulations (Northern Ireland) 2005 Regulation 14 (4), (5) and (6)

14 (4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

14 (5) 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.

14 (6) 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 should also be reported to the Regulation and Improvement Authority as soon as is practicable.

4. FTC/NH/1502/2014-15/04

Regulation not complied with:

The Nursing Home Regulations (Northern Ireland) 2005 Regulation 20 (1) (a) and 20 (1) (c) (iii)

20 (1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

- (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;
- (c) Ensure that the persons employed by the registered person to work at the nursing home receive –
 - (iii) are enabled from time to time to obtain training and /or further qualifications appropriate to the work they perform;

2.0 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. Ms Sweeney has held the post of registered manager for several years.

The home is registered to accommodate in total up to a maximum of 96 patients however due to changes in rooms this is effectively limited to 93 patients.

The home is subdivided into four areas.

Tullybroom House; 30 patients

Amadeus unit; 28 patients

Male dementia unit; 16 patients

General dementia unit; 19 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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3.0 Summary

This summary provides an overview of the services examined during an announced compliance monitoring inspection to Valley Nursing Home. The inspection was undertaken by Linda Thompson, inspector on 12 August 2014 from 08.30 to 16.00 hours.

Ms Alison Sweeney registered manager and Mr Chandler Gray managing director were both available throughout the inspection. Verbal feedback regarding the issues identified during the inspection was given to Ms Sweeney and Mr Gray at the conclusion of the inspection.

The purpose of the inspection was to assess the level of compliance achieved by the home with the eight Notices of Failure to Comply with Regulations issued on 18 June 2014. This inspection report records the finding of the four notices relating to care delivery. One notice in respect of estates issues and three in respect of finance are reported upon separately.

During the course of the inspection, the inspector met with patients and staff. 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.

As a result of the previous care inspection conducted on 18 June 2014 15 of requirements were issued. The inspector can confirm that compliance has been achieved in relation to seven requirements, three requirements are restated and five requirements have been carried forward for validation of compliance at the next inspection visit.

Details can be viewed in the section immediately following this summary.

Conclusion

The inspector can confirm that at the time of this inspection that delivery of care to patients was evidenced to be of a satisfactory standard.

Evidence was available to validate full compliance with the following three Failure to Comply notices;

FTC/NH/1502/2014-15/01

FTC/NH/1502/2014-15/02

FTC/NH/1502/2014-15/03

The inspector was unable to validate full compliance with FTC/NH/1502/2014-15/04 which refers to staffing levels in the home. Analysis during the inspection, of the staff duty rota and discussion with both the registered manager and the general manager confirmed that work to recruit the required additional staff was ongoing. Whilst this has not yet been fully achieved it is hoped that full compliance will be achieved in the near future.

This notice was extended to 16 September 2014 to ensure full compliance is achieved.

As part of the inspection the inspector examined the general environment of the home and whilst there was evidence of significant improvements in the layout of the units, concerns were raised regarding a number of infection prevention and control issues. These matters were discussed with both the registered manager and the managing director during inspection and the inspector was assured that actions would be taken as required to minimise risks to patients.

A requirement has been made.

The inspector would like to thank the patients, the senior management team, the registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

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 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>The inspector examined the staff duty rota for the Amadeus unit, the male dementia unit and Tullybroom House during the inspection. The duty rota's evidenced that there continued to be a deficit in the number of registered nurses employed in these three units. Whilst recruitment is ongoing the home was not able to demonstrate full compliance with the requirement or with the Failure to Comply Notice issued in June 2014.</p> <p>This requirement is stated for a second time.</p>	Moving towards compliance

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 during this inspection and is carried forward for assessment at the next inspection.</p>	<p>Carried forward</p>
3	29	<p>Ensure the regulation 29 inspection reports contain detail on the following issues;</p> <ul style="list-style-type: none"> • The record of events, for example incidents and accident records. • The record of complaints; and • Recorded their opinion as to the standard of nursing provided in the home at the time of their visit. • An action plan identifying any aspects for improvement as an outcome of the visit. • 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. • The time of the visit and the end of visit time. • Requirements and/or 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 	<p>This requirement was not reviewed during this inspection and is carried forward for assessment at the next inspection.</p>	<p>Carried forward</p>

		should be monitored by the registered provider/responsible individual.		
4	15 (2)	<p>The registered manager shall ensure that nursing staff address the following;</p> <ul style="list-style-type: none"> • Ensure the grading of all wounds is included in the care records • Ensure wound observation charts are always completed when dressings are changed. • Ensure the exact date of when patients' weights are taken is recorded in the care records. • Ensure all evaluations of care are not repetitive and are meaningful entries. • Ensure the identified care record is updated to reflect the required care and care delivered. 	This requirement was not reviewed during this inspection and is carried forward for assessment at the next inspection.	Carried forward
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 during this inspection and is carried forward for assessment at the next inspection.	Carried forward

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.	<p>The inspector was unable to validate that periods of discreet observation were being maintained as required. Whilst the registered manager did state that she was undertaking such observations there were no records maintained to validate this statement.</p> <p>The inspector shared information on how to record such observations with the registered manager as guidance.</p> <p>This requirement is merged with the requirement in respect of regulation 20 (1) (c) (iii) and is stated for a second time.</p>	Not compliant
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.	The inspector did not observe the use of a heated trolley in the Amadeus unit during lunch service and this was not discussed with the registered manager. This requirement was not reviewed during this inspection and it is carried forward for assessment at the next inspection.	Carried forward

<p>8</p>	<p>12 (4) (a) (b) (c) (d) and (e)</p>	<ul style="list-style-type: none"> • The registered persons must ensure that the evening meal, unless through individual patient’s choice, is not served before 17.00. • The registered persons must ensure that portion sizes and choices of meals are appropriate to meet the needs of patients. • The registered persons shall ensure that there is an organised supper available for all patients. Choices of snacks should be made available. • 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. • 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 choose to have their meals or snacks at times other than the standard mealtimes agreed by the nursing home. • 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. • The registered persons shall ensure that the interval between the evening snack and the following morning should not be more than 12 hours. 	<p>The inspector can confirm that meal service is appropriately maintained all areas of this requirement have been fully actioned.</p>	<p>Compliant</p>
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<p>9</p>	<p>13 (1) (a) and (b) 13 (2) and 13 (3)</p>	<ul style="list-style-type: none"> • 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. • 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. • The registered persons shall ensure that the CCTV is removed from the small sitting room in the all male dementia unit. • 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. • 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. • The registered persons shall ensure that care practice in the all male dementia unit is in keeping with best practice guidelines in 	<p>The inspector can confirm that the use of restrictive practice throughout the home has been reviewed.</p> <p>Key coded locking mechanisms are removed from a number of areas and patients now have free unrestricted access to their own bedrooms etc.</p> <p>Whilst the CCTV was reported to have been a non-operational unit this has been removed.</p>	<p>Compliant</p>
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		<p>dementia care.</p> <ul style="list-style-type: none"> The registered persons shall ensure that patients have access to their personal possessions at all times. 		
10	14 (4) (5) and (6)	<ul style="list-style-type: none"> 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. The registered persons must ensure that staff adheres to current (DHSSPS) guidance, regional protocols and local procedures issued by the health and social care trusts. 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. 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. 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 	<p>The inspector can confirm that further staff training on safeguarding of vulnerable adults, managing behaviours that challenge, restraint and restrictive practices has been provided in the home.</p> <p>The use of restrictive practices and restraint in the home have been evidenced to be minimised appropriately.</p> <p>Written evidence is maintained when such practices are required.</p> <p>The Amadeus unit and the male dementia unit are now separated and within each unit the patients have free access to the communal areas and their own bedrooms.</p> <p>The finance inspector has confirmed full compliance with the management of patient's money.</p>	Compliant

		<p>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.</p> <ul style="list-style-type: none"> • 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. • 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 should also be reported to RQIA as soon as is practicable. • 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. • 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. • All staff engaged in any tasks involving patients' money and valuables must be trained on implementation of the new policy and procedure. 		
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<p>11</p>	<p>20 (1) (c) (iii)</p>	<ul style="list-style-type: none"> • 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. • The registered persons shall ensure that current up to date training in Human Rights is attended by management and registered nursing staff in the home. The content of the training and who attended the training shall be made available for inspection. 	<p>The inspector can confirm that elements of this requirement have been complied with.</p> <p>Staff have received training in:</p> <ul style="list-style-type: none"> • safeguarding vulnerable adults • managing behaviours that challenge • restraint and restrictive practices <p>The home management and registered nursing team have also received training in:</p> <ul style="list-style-type: none"> • Human rights <p>The inspector was unable to confirm that periods of discreet observation are being maintained to validate that training received is fully embedded into practice.</p> <p>The outstanding element of this requirement is raised further on the quality improvement plan and as part of the failure to comply notice.</p>	<p>Moving towards compliance</p>
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12	27 (1) (2) (a) (g) and (h)	<ul style="list-style-type: none"> • 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. • 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. • 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. • The registered persons must ensure the physical design and layout of the premises is suitable to meet the needs of patients at all times. • 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 move freely to their bedrooms during the day and also have access to day space during the night time. • 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 	<p>The inspector can confirm that compliance was evidenced during this inspection visit.</p> <p>The inspector is aware that the estates inspector and the registered persons are communicating in respect of the availability of sufficient bathrooms in the male dementia unit. This will be managed separately from this requirement.</p>	Compliant
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		<p>representatives and details of when they are to be activated should be retained in the home and made available for inspection.</p> <ul style="list-style-type: none"> 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. 		
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>	<p>The inspector was unable to fully confirm that compliance had been achieved as required. Whilst individual written agreements were provided to all patients as required, the content of the agreements was not in keeping with the Nursing Homes Minimum Standards 2005.</p> <p>Post inspection the registered person did provide the finance inspector with appropriate validation that the wording of the residency contracts were updated as required. Compliance is therefore achieved.</p>	Compliant

14	18 (2)	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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. 	<p>The finance inspector can confirm that compliance was fully evidenced during this inspection visit.</p> <p>Full details of the finance inspectors finding is available in a separate report.</p>	Compliant
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15	19 (2)	<ul style="list-style-type: none"> • 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. • 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. • 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 	<p>The finance inspector can confirm that compliance was fully evidenced during this inspection visit.</p> <p>Full details of the finance inspector's findings are available in the separate finance inspection report.</p>	Compliant
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		<p>withdrawal, 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"> • The registered person must ensure that when cash or cheques are deposited for safekeeping in the home, there are records (e.g.: a duplicate receipt book) which confirm the date, details and the amount of cash or cheque deposited, signed by two persons. • 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. • 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. 		
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as 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.

Since the previous care inspection of 04 June 2014 RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Valley Nursing Home.

5.0 Inspection Findings

5.1 FTC Ref: FTC/NH/1502/2014-15/01

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)

12 (4) The registered person shall ensure that food and fluids –

- (f) are provided in adequate quantities and at appropriate intervals;
- (g) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
- (h) are suitable for the needs of patients;
- (i) provide choice for the patients; and
- (j) that the menu is varied at suitable intervals.

The inspector observed the provision of lunch to the patients in the Amadeus unit and the male dementia unit.

The meals were provided in a relaxed environment and patients were observed to be assisted with respect and dignity. Table settings were well maintained with appropriate availability of suitable condiments and a choice of fluids.

The meals were evidenced to be individually plated and covered when brought to the dining area on an open trolley. Whilst the meals were moved quickly from the trolley to each patient there is the potential for the meal to have cooled significantly between the time period in the kitchen and delivery to each patient. A requirement to use a heated trolley was made at the time of the last inspection. The inspector was unable to evidence that compliance with this requirement has been achieved.

The menu available was appropriate and the registered manager confirmed that the suitability of the menu is established against current nutritional guidelines.

The inspector discussed meal provision with a number of staff during inspection. Staff confirmed that there is a good selection of snack foods available for patients throughout the day or night. Fresh fruit is served daily. Staff confirmed:

Breakfast is served between 8am and 9am
Mid-morning snacks are provided around 10am and 10.30am
Lunch is served between 12 midday and 1pm
Afternoon tea is served around 3pm
Evening meal is served at 5pm
First supper is served between 7pm and 7.30pm
Second supper is served between 8.30pm and 9pm

The foods available on the menu are modified to a consistency to suit those requiring such a specialist diet as required.

The midday meal on the day of inspection was soup, lamb pie or gammon, an assortment of seasonal vegetables followed by pavlova or ice-cream. A glass of milk or cordial was offered with the meal.

The inspector discussed meal provision with a four patients individually and to 10 others in groups. All who spoke with the inspector confirmed that the food available was good and that portions were appropriately sized. A number of comments received from patients are included below;

“The food is very good and I am always able to ask for more if I want”
“If I don’t like either option on the menu the kitchen would make me something different”
“I am happy with the food and always get enough to eat”
“I enjoy desserts the Pavlova is great”

The inspector was able to confirm that the menu could be validated against the records of foods served.

The inspector can confirm that improvements with the management of meals and mealtimes have been made as required

The home is evidenced to have fully complied with the requirements of the Failure to Comply Notice.

5.2 FTC/NH/1502/2014-15/02

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (1) (a) and (b), 13 (2), and 13 (3)

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

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

13 (2) The registered person shall so far as practicable enable patients to make decisions with respect to the nursing they are to receive and their health and welfare.

13 (3) The registered person shall, for the purpose of providing nursing to patients, and making proper provision for their health and welfare, so far as practicable, ascertain and take into account their wishes and feelings.

The inspector visited the Amadeus and male dementia units during the inspection.

In general all areas appeared well maintained. One bathroom area was identified as being in need of some improvements and this is discussed in the section 6.0 below.

Restrictive practices were reviewed and observations made during the inspection confirmed these issued had been fully addressed. The Amadeus and male dementia units are managed as separate facilities. Each unit is complete with its' own communal lounge space and dining room. This division of the units also allows the patients free access to and from their own bedrooms.

Key pad access to and from the units is considered appropriate and is deemed by the inspector to meet the needs of the patients.

There was no evidence of the use of surveillance equipment.

The home is evidenced to have fully complied with the requirements of the Failure to Comply Notice.

5.3 FTC/NH/1502/2014-15/03

Regulation not complied with:

The Nursing Home Regulations (Northern Ireland) 2005 Regulation 14 (4), (5) and (6)

14 (4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

14 (5) 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.

14 (6) 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 should also be reported to the Regulation and Improvement Authority as soon as is practicable.

The inspector can confirm that staff training in respect of safeguarding of vulnerable adults has been updated as required.

The inspector discussed safeguarding with a number of staff and from both their responses and observation of interactions with patients can confirm that the training received is embedded into practice.

The inspector can confirm that no patient is subject to restraint, unless the restraint employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances. Examination of patient care records evidenced that where restraint is required it has been appropriately assessed, care planned and reviewed.

The inspector can confirm that the new layout of the male dementia unit allows patients free access in all areas within the unit.

The inspector can confirm that there have been no instances of restraint having been required to be deployed since the last inspection.

The home is evidenced to have fully complied with the requirements of the Failure to Comply Notice.

5.4 FTC/NH/1502/2014-15/04

Regulation not complied with:

The Nursing Home Regulations (Northern Ireland) 2005 Regulation 20 (1) (a) and 20 (1) (c) (iii)

20 (1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

- (b) 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;
- (d) Ensure that the persons employed by the registered person to work at the nursing home receive –
 - (iii) are enabled from time to time to obtain training and /or further qualifications appropriate to the work they perform;

As discussed previously, the inspector can confirm that staff have received the required update training in the following has been delivered as required;

- safeguarding of vulnerable adults
- management of behaviours which challenge staff
- Human Right's Training for registered persons and the registered nursing staff

The failure to comply notice required the registered person to maintain periods of discreet observation on staff interactions with patients as a method of validating that training was embedded into practice and that appropriate safe moving and handling techniques were being deployed.

At the time of this announced enforcement compliance inspection the inspector was unable to confirm that this observation had taken place. The registered manager stated that whilst observation of staff was taking place there were no records retained to validate this statement.

The inspector shared a template of an observation tool with the registered manager which could be used if required.

This element of the Failure to comply Notice is therefore not yet complied with.

The inspector was informed by Mr. Chandler Gray, managing director and by the registered manager that recruitment for registered nursing staff was ongoing. The ratio of registered nurses to care staff in Tullybroom, Amadeus and the male dementia unit continued to be below the recommended levels as indicated in both the DHSSPS Nursing Home Minimum Standards 2008 and the Staffing Guidance June 2009 issued by RQIA. Whilst improvements are recognized by the inspector

there are still a number of periods evidenced on the duty rota's outstanding when the ratio of registered nurses to care staff remains below the recommended level. The inspector was informed that the recent recruitment exercise has identified a number of staff who have yet to complete the vetting process. It is anticipated however that these staff members should be available for duty in the near future.

This element of the Failure to comply Notice is therefore not yet complied with.

The home is evidenced not to have fully complied with the requirements of this Failure to Comply Notice. This notice is therefore extended until 16 September 2014 to allow the registered persons to fully address the breaches in Regulations.

A further inspection of the level of compliance of the extended failure to comply notice will be undertaken at this time.

6.0 Additional Areas Examined

During the inspection visit the inspector raised concerns in respect of the management of infection prevention and control. The following issues were discussed by the inspector with the operational manager and the registered manager and urgent actions are required to be taken to address the issues identified:-.

- Alcohol gel should be available at the entrance and exit of all units. It should also be available for staff use at strategic areas throughout the units. The availability and location of dispensing units and the type of alcohol gel available in the units should be appropriately risk assessed by the registered manager.
- The registered manager should review the use of the current soap dispensers to ensure that they are maintained clean and if possible wall mounted for ease of use and cleaning.
- Appropriate personal protective equipment (ppe) should be worn by staff when serving food to patients.
- The hygiene of the sluice area in the male dementia unit should be reviewed with urgency. Mop buckets should be stored inverted and off the floor. Mop heads should be hung up for drying to minimise the risk of increased bacterial load.
- The hygiene and infection risks of the identified bathroom should be actioned immediately. Wall tiling should be replaced, the sealant at the base of the toilet pedestal should be replaced, communal products removed from the bathroom cupboard etc.

A requirement in accordance with Regulation 13(7) of the Nursing Homes Regulations (Northern Ireland) 2005 is raised.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Alison Sweeney registered manager and Mr Chandler Gray, managing director, as part of the inspection process.

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:

Linda Thompson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Announced Enforcement Monitoring Inspection

Valley Nursing Home

12 August 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 Ms Alison Sweeney registered manager and Mr Chandler Gray managing director either during or after 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
C/F	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>Ref section 4.0</p>	Two	Unit Manager has been appointed to Tullybroom House.	From 4 June 2014 and ongoing
C/F	29	<p>Ensure the regulation 29 inspection reports contain detail on the following issues;</p> <ul style="list-style-type: none"> • The record of events, for example incidents and accident records. • The record of complaints; and • Recorded their opinion as to the standard of nursing provided in the home at the time of their visit. • An action plan identifying any aspects for improvement as an outcome of the visit. • The names of patients/residents, staff and relatives spoken to should be anonymous or coded. This information should however, be 	One	New template for Regulation 29 has been commenced and completed by appropriate personal on their visits to the Valley	From 4 June 2014 and ongoing

		<p>available to any person authorised to inspect the records.</p> <ul style="list-style-type: none"> • The time of the visit and the end of visit time. • Requirements and/or 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>Ref section 4.0</p>			
C/F	15 (2)	<p>The registered manager shall ensure that nursing staff address the following;</p> <ul style="list-style-type: none"> • Ensure the grading of all wounds is included in the care records • Ensure wound observation charts are always completed when dressings are changed. • Ensure the exact date of when patients' weights are taken is recorded in the care records. • Ensure all evaluations of care are not repetitive and are meaningful entries. • Ensure the identified care record is updated to reflect the required care and care delivered. 	One	Tissue Viability and Wound Management Training has been arranged to take place at The Valley Nursing Hoem on Novemeber 7 th . Staff Nurses also have access in all Units to Wound Formularies	From 4 June 2014 and ongoing

		Ref section 4.0			
C/F	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> <p>Ref section 4.0</p>	One	Third Party Bedrails are maintained in accordance with Guidelines by Maintenance Personnal a Ligature Risk Assessment has been completed for the Valley Nursing Home	From 4 June 2014 and ongoing
C/F	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>Ref section 4.0</p>	One	No longer required due to the reconfiguration of the building.	From 4 June 2014 and ongoing
1.	13(7)	<p>The registered manager must ensure that the following issues in respect infection prevention and control are appropriately actioned;</p> <ul style="list-style-type: none"> Alcohol gel should be available at the entrance and exit of all units. It should also be available for staff use at strategic areas throughout the units. The availability and location of dispensing units and the type of alcohol gel available in the units should be appropriately risk assessed by the registered manager. The registered manager should review 	One	<p>New alcohol dispensers have been located at entrance and exits to all units. Presently soap dispensers have been reviewed.</p> <p>Yellow protective aprons are now worn during meal and snack provision. Sluice areas have been reviewed including the storage of mops. The bathroom identified has been refurbished.</p>	By end September 2014

		<p>the use of the current soap dispensers to ensure that they are maintained clean and if possible wall mounted for ease of use and cleaning.</p> <ul style="list-style-type: none"> • Appropriate personal protective equipment (ppe) should be worn by staff when serving food to patients. • The hygiene of the sluice area in the male dementia unit should be reviewed with urgency. Mop buckets should be stored inverted and off the floor. Mop heads should be hung up for drying to minimise the risk of increased bacterial load. • The hygiene and infection risks of the identified bathroom should be actioned immediately. Wall tiling should be replaced, the sealant at the base of the toilet pedestal should be replaced, communal products removed from the bathroom cupboard etc. <p>Ref section 6.0</p>			
2.	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>	Three	Further to dicussion with the Proprietor and RQIA Inspector it was deemed that the 8 -2 shift the Tullybroom House is not required. following the Rhys Health Tool.	This requirement is subsumed into the failure to comply notice.

		<p>In accordance with the minimum standards a second registered nurse is required from 8.00am to 2.00pm in the Tullybroom unit.</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>Ref section 4.0</p>			
3.	20 (1) (c) (iii)	<ul style="list-style-type: none"> • 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. <p>Ref section 4.0</p>	Two	Quis forms are completed in each unit on a weekly basis at present.	This requirement is subsumed into the failure to comply notice.

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

Name of Registered Manager Completing Qip	
Name of Responsible Person / Identified Responsible Person Approving Qip	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	24/11/14
Further information requested from provider			