



The Regulation and  
Quality Improvement  
Authority

## **Announced Enforcement Compliance Inspection**

<b>Name of Establishment:</b>	<b>Valley Nursing Home</b>
<b>Establishment ID No:</b>	<b>1502</b>
<b>Date of Inspection:</b>	<b>16 September 2014</b>
<b>Inspector's Name:</b>	<b>Linda Thompson</b>
<b>Inspection ID</b>	<b>20564</b>

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

**General Information**

<b>Name of Home:</b>	Valley Nursing Home
<b>Address:</b>	8 Tullybroom Road Clogher BT76 0UW
<b>Telephone Number:</b>	028 85548048
<b>E mail Address:</b>	valley@mpscare.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Valley Nursing Home (MPS) Ltd Mr Paul Gray
<b>Registered Manager:</b>	Mrs Alison Sweeney
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Alison Sweeney
<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>	83
<b>Scale of Charges (per week):</b>	£567.00 - £836.00
<b>Date and Type of Previous Inspection:</b>	12 August 2014 Enforcement monitoring inspection
<b>Date and Time of Inspection:</b>	16 September 2014 09.00 – 16.30
<b>Name of Inspector:</b>	Linda Thompson Karen Scarlett

## 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 one Failure to Comply Notice 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 one Failure to Comply Notice issued on 18 June 2014.

**FTC Ref**      FTC/NH/1502/2014-15/04

- 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 Paul Gray, Responsible Person
- 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
- 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 one Failure to Comply Notice issued 18 June 2014:

#### **1. 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 and Karen Scarlett, inspectors on 16 September 2014 from 09.00 to 16.30 hours.

Ms Alison Sweeney registered manager and Mr Paul Gray responsible person 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 one Notice of Failure to Comply with Regulations issued on 18 June 2014.

A comprehensive examination of staffing was undertaken in order that compliance with the Failure to Comply Notice could be appropriately assessed. This examination included the following areas;

- Examination of the patient dependency assessment for each unit and review of the staff duty rota.
- Examination of the management of notifiable events in the home in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.
- Examination of the quality of nursing care records.
- Periods of discreet observation of staff / patient interactions and delivery of care.
- Discussions with a number of registered nursing staff, both in small groups and in private.
- Discussions with a number of patients regarding their level of satisfaction with the quality of service provision in the nursing home.
- Patient questionnaire findings

The inspectors 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 inspectors also met with a number of patients throughout the day of inspection. In general all comments were very positive.

Some comments received are detailed below;

'I am well looked after'  
 'The food is great and we always get enough to eat'  
 'I have put on weight since coming here'  
 'I am happy with staff; they always have time for me'  
 'I am able to pass my day very well here'

As a result of the previous care inspection conducted on 12<sup>th</sup> August 2014 five requirements were carried forward for validation at a future inspection and three were stated for the first time. The inspector can confirm that compliance has been achieved in relation to three of the five requirements carried forward previously and to those stated during the August inspection.

Two requirements are therefore stated for a second time and one recommendation is raised as a consequence of this inspection.

Details of inspection findings 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 in the Amadeus unit and male dementia unit was evidenced to be of a good standard. Some concerns were identified in respect of the dining experience in Tullybroom House.

The home was evidenced to be well maintained, previously identified concerns regarding infection prevention and control and some environmental issues have been fully complied with.

A detailed analysis of staffing provision for the Amadeus unit, the male dementia unit and Tullybroom house was undertaken.

Detailed findings are recorded in the main body of the report.

Evidence was available to validate full compliance with the Failure to Comply notice;  
FTC/NH/1502/2014-15/04

The inspector would like to thank Mr Paul Gray, the senior management team, the registered nurses, staff and the patients, 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
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>The inspectors were informed by the registered manager that a manager for the Tullybroom unit has been appointed and is completing the recruitment process at present.</p>	Compliant
C/F	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> </ul>	<p>The inspector reviewed the detail of the regulation 29 reports for August and September 2014. The reports examined failed to provide the level of detail required. The registered person should review the guidance provided by RQIA 2014 available on the RQIA website.</p> <p><b>This matter is stated for a second time.</b></p>	Moving towards compliance



		<ul style="list-style-type: none"> <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 progress made in relation to any requirements and recommendations should be monitored by the registered provider/responsible individual.</li> </ul>		
C/F	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>The inspectors can confirm that wounds are appropriate graded and dressing records are completed at each change.</p> <p>Patient's weights are appropriately dated in care records.</p> <p>Patient progress records are maintained appropriately and review records are evidenced to be meaningful and not repetitive.</p>	Compliant

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>Bed rails are appropriately maintained in keeping with the identified device bulletin.</p> <p>A copy of the risk assessment tool was forwarded to the inspector for review. The document received had not been completed and therefore did not confirm that a risk assessment had been carried out throughout the home.</p> <p><b>This requirement is stated in part for a second time.</b></p>	Moving towards compliance
C/F	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 inspectors can confirm that meals in the Amadeus unit due to the reconfiguration of the layout of the home no longer require the use of a heated trolley. Meals are now brought directly from the kitchen to the individual patient.	Compliant

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"> <li>• 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.</li> <li>• 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.</li> <li>• Appropriate personal protective equipment (ppe) should be worn by staff when serving food to patients.</li> <li>• 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.</li> <li>• The hygiene and infection risks of the identified bathroom should be actioned</li> </ul>	<p>The inspectors can confirm that all areas of concern previously identified have been actioned appropriately.</p>	<p>Compliant</p>
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		<p>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>		
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> <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>Following a detailed analysis of the patient dependency assessment, the staff duty rota, the management of reportable events, the quality of care records and after two lengthy periods of observation the inspectors can confirm that there are sufficient and appropriately trained staff available to meet the needs of the patients.</p> <p>The registered manager must ensure that the dependency assessment is kept under review and staffing availability altered as required.</p>	Compliant

3.	20 (1) (c) (iii)	<ul style="list-style-type: none"> <li>• 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> </ul>	The inspector can confirm that periods of discreet observations are now being maintained by the registered manager on a regular basis.	Compliant
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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 12 August 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/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 in the inspection of 12 August 2014, 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 inspectors are able to confirm that the registered manager maintains regular periods of discreet observation of patients throughout the home. These sessions are appropriately recorded and the findings are used to validate that care is delivered to an appropriate standards and that staff training is appropriately embedded into practice.

The inspectors undertook a detailed analysis of the staffing provision for the Amadeus unit, the male dementia unit and Tullybroom House. This analysis included;

#### **1. Examination of the patient dependency assessment for each unit and review of the staff duty rota.**

The home in advance of the inspection provided the inspectors with a copy of the dependency assessment of the patients in the home. The assessment period covered the day of inspection and the previous three months. The assessment was evidenced to be detailed and comprehensive. However the inspector did advise the responsible person and the registered manager that the Rhys Hearn dependency assessment tool (recommended by RQIA in the document Staffing Guidance 2009) was designed to assess the needs of the general frail elderly category patient. It

was therefore acknowledged that the needs of the patients in the Amadeus unit, the male dementia unit, and Tullybroom House may have increased additional needs due to their underlying health issues.

Whilst the mathematical analysis of the Rhys Hearn dependency assessment against the staff duty rota evidenced that an additional number of care staff were deployed above the minimum required, the inspectors were unable to complete a simplistic desk top review and required further assurances that the needs of the patients were being appropriately managed.

## **2. Examination of the management of notifiable events in the home in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.**

The inspectors examined the records maintained in the Amadeus unit, the male dementia unit and Tullybroom house in respect of reportable events.

Of the seven events which had occurred since the last inspection visit, one had not been reported appropriately. This event identified that a patient had fallen and bumped their head on the radiator. The record stated that there was a red mark evidenced on the patients left side of forehead. This event was not recorded as having been referred to the patients GP as a possible head injury nor reported to RQIA as required.

Despite this reporting oversight the inspectors were assured from discussion with staff that the registered nursing staff were knowledgeable in what should be reported to RQIA in respect of Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 and that records were maintained to an acceptable standard.

## **3. Examination of the quality of nursing care records.**

The inspectors examined the nursing care records for a number of identified patients.

The records examined provided an assurance that the registered nursing staff maintain detailed and comprehensive nursing care records on the patients in the Amadeus unit, the male dementia unit and Tullybroom House. The records evidenced that an assessment of need was completed, care plans were established to direct care and there was clear evidence of regular reviews on going. Wound care records were also evidenced to be maintained in keeping with professional standards. The nursing records were evidenced to be in keeping with NMC professional guidelines and DHSSPS Nursing Homes Minimum Standards 2008.



#### **4. Periods of discreet observation of staff / patient interactions and delivery of care.**

A period of discreet observation was conducted on Amadeus Unit at the nurse's station between the 2 sitting rooms and the outside smoking area between 10:25 and 11:25 hours. The observation was overwhelmingly positive in its findings. A quiz was being facilitated by the Activity Co-ordinator in the main sitting room and the patients were very well engaged in this activity. Those who did not wish to be involved were free to leave throughout. Interactions with care staff were positive with good non-verbal communication and plenty of laughter with the patients. A care assistant was observed completing his notes in the small sitting room and chatting with the patients. Tea, coffee and biscuits were served around 11am and water or juice was on offer at all times. Cigarette smoking was facilitated in an organised way by staff in the outer courtyard. The care assistants, nurse and activity co-ordinator were all very approachable and available to patients if they had concerns. The inspector observed 12 events in total, 9 of which were positive, 2 basic and 1 neutral. There were no negative interactions observed.

#### **5. Discussions with a number of registered nursing staff, both in small groups and in private.**

The inspector discussed the staffing compliment with a number of registered nursing staff. Each staff member was aware that they were able to remain anonymous if required. All staff confirmed that they felt there was an appropriate level of registered nursing staff available to meet the needs of patients and to appropriately supervise the delivery of care. Staff discussed how the Amadeus unit and male dementia unit operate at night and how emergency support would be summoned if required.

During feedback Mr. Gray discussed the installation of new technology which allowed management to monitor buzzer response times and provided an assurance that patient calls for assistance were being actioned in a timely manner. The installation of this equipment has required considerable financial investment by the company and its use is commended by the inspector.

#### **6. Discussions with a number of patients regarding their level of satisfaction with the quality of service provision in the nursing home.**

The inspectors met with a number of patients throughout the day of inspection. In general all comments were very positive. Some comments received are detailed below;

'I am well looked after'

'The food is great and we always get enough to eat'

'I have put on weight since coming here'

'I am happy with staff; they always have time for me'

'I am able to pass my day very well here'

'I feel that here is the next best thing to being at home'

'I have no worries living here'

'The staff forget to knock my door before coming into my room'  
'Some of my clothes go missing at times'

The negative comments have been discussed with the registered manager during feedback.

## **7. Patient questionnaire findings**

Three questionnaires were completed with the inspector as interviewer. Residents were generally positive about the quality of care, meals and the portion size of meals. Positive comments were also made regarding the laundry service; one resident stated that it was, "a nice, quiet area" and another stated that he was getting extra help to improve his handwriting and reading skills. Issues raised by one resident included not being able to get a cup of tea when he wanted, instead having to wait until set times and also that staff did not always knock before entering his bedroom. This was discussed at feedback with the registered manager, unit manager and registered provider.

**Having examined the many areas which impact upon staffing, the inspectors can confirm that that the Amadeus unit, the male dementia unit and Tullybroom House have sufficient and suitably trained staff to meet the needs of the patients.**

**This staffing level must continue to be reviewed and updated as patient dependency and numbers change.**

### **6.0 Additional Areas Examined**

#### **6.1 The dining experience in Tullybroom house**

The inspectors observed the dining experience in the Tullybroom house between 12:50 and 13:50 hrs. There were 13 separate events observed, 7 positive, 3 basic and 2 negative.

The majority of care staff spoke kindly to patients, getting down to eye level and using a soft tone of voice. Care staff were observed offering patients a choice of meals and drinks.

There was sufficient cutlery, napkins and clothing protectors and yellow aprons were worn by staff. Concern was raised regarding the use of plastic drinking glasses rather than genuine glassware. In the inspector's professional opinion plastic glassware can be considered undignified.

There were a significant number of patients requiring assistance with feeding and although all the nurses and care staff were assisting, 5 patients had to wait from between 40 minutes to an hour before their meal was served.

Whilst there was a significant number of staff available to assist with the lunch service it is recommended that the registered manager review the management of

meal service in Tullybroom house to ensure that patients are not delayed unnecessarily and that sufficient staff are deployed to deliver the help required.

It was also noted that the meals were all plated, covered with metal plate protectors and kept on an unheated trolley until served. The meals were therefore, cooling on the trolley as some patients waited for assistance with their meal. It is recommended that the food be kept in a "heated trolley" until it is ready to be served.

In general the dining experience was very quiet with very little conversation noted between staff and patients. The dining room was cramped with little space to accommodate some patients who had special seating arrangements. It is recommended that additional dining space be identified.

One staff member was observed mixing together the components of a pureed meal using thickened milk. There was little interaction between the staff member and the patient, only an occasional comment of "open your mouth". The patient had his eyes closed throughout and the staff member repeatedly put the spoon to the patient's mouth with no warning causing him to be repeatedly startled. He ate very little of his meal and had very little to drink. When the patient took a mouth-full of food, the staff member was observed scraping the spoon across the patient's lips and wiping his face vigorously with a napkin with no explanation or warning. This observation of poor practice was shared with the registered manager at the time of the observation. The registered manager assured the inspectors that actions would be taken immediately to address this poor practice.

The outcomes of the observation were included in feedback of the inspection to the registered manager and registered provider. It is recommended that the registered manager conduct similar meal time observations on a regular basis in order to improve practice and the meal time experience of the patients.

**A recommendation is raised to address all issues identified.**

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Paul Gray, responsible person and Mrs Alison Sweeney registered manager, 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

16 September 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 Paul Gray responsible person 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
1.	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 progress made in relation to any requirements and recommendations should be</li> </ul>	Two	The Regulation 29 Visit forms will be completed by visiting directors and or area managers on a monthly basis.	From date of inspection and ongoing

		<p>monitored by the registered provider/responsible individual.</p> <p><b>The inspector requires the home to submit a copy of the regulation 29 reports within 5 working days of the beginning of each subsequent month. This is required to continue until further notice.</b></p> <p><b>Ref section 4.0</b></p>			
2.	14 (2) (d)	<p>The registered person must ensure that a risk assessment is carried out in the home regarding ligature points as discussed.</p> <p>A copy of the completed risk assessment should be forwarded to RQIA with the return of the QIP.</p> <p><b>Ref section 4.0</b></p>	Two	Ligature Risk assessment has been completed (see enclosed copy)	From date of inspection and on going

**Recommendations**

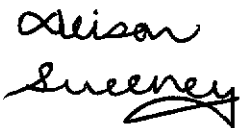

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	12	<p>It is recommended that the registered manager review;</p> <ul style="list-style-type: none"> <li>• The dining experience in Tullybroom to ensure that staff training in how to assist patients with meals is appropriately embedded into practice. The use of the discreet observation tool is recommended.</li> <li>• the use of plastic glassware throughout the home to ensure that patient's dignity is protected at all times</li> <li>• the meal service in Tullybroom unit to ensure that patients are not waiting for prolonged period for meals to be served</li> <li>• the delivery of meals in Tullybroom to ensure that meals are kept at an appropriate temperature prior to serving to individual patients</li> <li>• the staff availability in Tullybroom over meal times to ensure that sufficient suitably trained staff are available to support the meal service</li> <li>• the dining area in Tullybroom to ensure that it is of sufficient size to accommodate all patients as required</li> </ul>	One	<p>Following this inspection the experience in the dining room was re - evaluated Quis observations are undertaken and any issues dealt with. Following review of the use of plastic glassware there are still patients who require this from a safety perspective. Food is now removed from the heated trolley as and when required. The routine has been re - assessed during the patient meal service and all available staff including the activities - therapist are involved in this process. The smaller room opposite the dayroom is utilized for more independent patients to enjoy their meals.</p>	By end October 2014



		<b>Ref section 6.1</b>			
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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)

<b>Name of Registered Manager Completing Qip</b>	
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

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