



# Announced Care Inspection Report 9 June 2020



## Valley Nursing Home

**Type of Service: Nursing Home**

**Address: 8 Tullybroom Road, Clogher, BT76 0UW**

**Tel No: 028 855 480 48**

**Inspectors: Jane Laird, Sharon McKnight and Laura O'Hanlon**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home which is registered to provide nursing care and residential care for up to 96 persons. Patients' bedrooms are located within two buildings. The 'Main House' comprises three distinct units: one unit providing care for people requiring frail elderly nursing care, one unit for people living with dementia and one unit for people living with a brain injury. The adjacent building (Tullybroom House) provides care for people living with dementia.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Healthcare IrelandBelfast Ltd</p> <p><b>Responsible Individual:</b> Amanda Celine Mitchell</p>	<p><b>Registered Manager and date registered:</b> Lorraine Margaret Cozma – 30 June 2020</p>
<p><b>Person in charge at the time of inspection:</b> Lorraine Margaret Cozma – manager</p>	<p><b>Number of registered places:</b> 96</p> <p>A maximum number of 58 patients in category NH-DE, in addition 2 persons may receive care on a day basis only in Tullybroom House and 2 persons who do not require bath/shower facilities may receive care on a day basis only in the Dementia Unit (Main House). There shall be a maximum of 2 named patients receiving residential care in category RC-DE and 1 named patient receiving residential care in category RC-A.</p>
<p><b>Categories of care:</b> Nursing Home (NH) DE – Dementia I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> Tullybroom House – 15 Amadeus – 22 Lane suite – 9 Valley suite - 11</p>

### 4.0 Inspection summary

An announced inspection took place on 9 June 2020 from 09.05 to 19.00 hours. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to information received by RQIA from the Southern Health and Social Care Trust (SHSCT) regarding concerns about this home and recent regulatory history a decision was made to undertake a care inspection.

The concerns raised were in relation to the following:

- care records not fully reflective of patients current needs
- staff knowledge regarding moving and handling equipment specific to hoist slings
- staff knowledge around catheter care
- designated areas for applying and removing personal protective equipment (PPE)
- management oversight of locations for staff breaks
- poor quality of bedding and bed clothes
- lack of stimulation and availability of meaningful activities.

As a result of this inspection we evidenced that the concerns raised were partially substantiated. Details were discussed with the management team during the inspection feedback. Further details are included within the main body of this report.

The following areas were examined during the inspection:

- staffing
- care delivery
- provision of activities
- care records
- management and use of personal protective equipment (PPE)
- infection prevention and control (IPC) measures
- environment
- governance and management arrangements.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	*7

\*The total number of areas for improvement includes one regulation and two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Margaret Cozma, manager, Mary Stevenson, regional manager, Louise Hughes McKenna, deputy manager and Gemma Hallet, non-clinical deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 4 March 2020

The most recent inspection of the home was an announced care inspection undertaken on 4 March 2020. Other than those actions detailed in the QIP from the previous care inspection on 28 January 2020, no further actions were required to be taken following this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and ‘Tell us’ cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 1 June 2020 to 14 June 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two staff recruitment and induction files
- nine patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from February 2020.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> Third and final time	The registered person shall take adequate precautions against the risk of fire.  This is with specific reference to the gaps identified to fire resistant doors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that this area for improvement had been addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (c) (iii) <b>Stated:</b> Third and final time	The registered person shall ensure that persons employed to work at the nursing home receive training relevant to their role.  With specific reference to: <ul style="list-style-type: none"> <li>• the management of wounds</li> <li>• first aid</li> <li>• dementia awareness</li> <li>• behaviours which are challenging</li> <li>• training in the use of Person Centred Software</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of training records evidenced that this area for improvement had been addressed.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (2) (b) <b>Stated:</b> Third and final time	The registered person shall ensure that the premises both internally and externally are kept in good state of repair. This relates to the uneven surface of the outdoor patient smoking area within the Valley suite.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that this area for improvement had been addressed.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Third and final time</p>	<p>The registered person shall promote and make proper provision for the nursing, health and welfare of patients as follows:</p> <ul style="list-style-type: none"> <li>• Care plans must be written in a comprehensive and person centred manner; they must also be reflective of multiprofessional recommendations, as appropriate, and regularly reviewed by staff.</li> <li>• Patients' wound care need must be consistently met in keeping with their prescribed care and best practice standards.</li> </ul>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of as sample of care records evidenced that this area for improvement had been addressed. This is discussed further in 6.2.</p>		
<p><b>Area for improvement 5</b></p> <p>Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b>Third and final time</p>	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environment evidenced that cleaning chemicals were suitably labelled and stored in accordance with COSHH regulations.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 18 (2) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall having regard to the size of the nursing home and the number of patients provide adequate furniture, bedding and other furnishings suitable to meet the needs of the patients.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the home's action plan evidenced that this area for improvement was in the process of being addressed and will be monitored through the monthly submission of an updated action plan to RQIA. This is discussed further in 6.2.</p>		

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• Use of electric heaters within patient areas.</li> </ul>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of governance records evidenced that this area for improvement had been addressed.</p>		
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that fire doors are not wedged open.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environment evidenced that fire doors were not wedged open and this area for improvement had been met.</p>		
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that patients are not placed at risk of harm or abuse. All governance records relating to the management of adult safeguarding matters should be maintained in an effective manner at all times.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of governance records evidenced that this area for improvement had been addressed.</p>		



<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the systems in place for the management of oxygen to ensure that signage is in place, the location of oxygen is detailed in the fire plan and a policy for the use of oxygen in an emergency is available.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment and the policy for oxygen use evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 12 (4) (a)(b)(c)(d) &amp; (e)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the effective measures are in place to ensure that the dietary needs of patients requiring a modified diet are safely and effectively met at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of care records and observation of meal provisions evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 12</b></p> <p><b>Ref:</b> Regulation 13 (8) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall make suitable arrangements to ensure that the nursing home is conducted in a manner which respects the privacy and dignity of patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment and observation of staff practices evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 13</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) and (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the needs of patients who present with behaviours which may challenge staff are assessed appropriately and their needs kept under review.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>

<b>Area for improvement 14</b> <b>Ref:</b> Regulation 12 (1) (a) and (b) <b>Stated:</b> First time	The registered person must ensure that the personal hygiene needs of patients are met in an effective and timely manner. The delivery of this care must be documented appropriately particularly in relation to hair, nail and eye care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records and the presentation of patients evidenced that this area for improvement had been addressed.	
<b>Area for improvement 15</b> <b>Ref:</b> Regulation 12 (2); 27 (2) (c) <b>Stated:</b> First time	The registered person shall ensure that equipment is properly maintained and suitable for use by patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of equipment evidenced that this area for improvement had been addressed.	
<b>Area for improvement 16</b> <b>Ref:</b> Regulation 17 <b>Stated:</b> First time	The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance audits and observation of care delivery evidenced that this area for improvement had been addressed.	
<b>Area for improvement 17</b> <b>Ref:</b> Regulation 24 <b>Stated:</b> First time	The registered person shall ensure that complaints are recorded and managed appropriately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the complaints record evidenced that this area for improvement had been addressed.	

<p><b>Area for improvement 18</b></p> <p><b>Ref:</b> Regulation 21(1)(b)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment. This relates specifically to ensuring that health checks for staff are completed and that gaps in previous employment are effectively reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of two employee recruitment files evidenced that this area for improvement had not been fully addressed. This is discussed further in 6.2.</p> <p><b>This area for improvement has been stated for a second time.</b></p>	<p><b>Partially Met</b></p>
<p><b>Area for improvement 19</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> Third and final time</p>	<p>The registered person shall ensure that the competency and capability assessments are completed and regularly updated, for any nurse who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager. Records should be retained and available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of nurse competency and capability assessments evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 20</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Third and final time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment and staff practices evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 21</b></p> <p><b>Ref:</b> Regulation 14 (3)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that patients are assisted with their moving and handling needs by staff in a safe and effective manner at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of staff practices evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 22</b></p> <p><b>Ref:</b> Regulation 16 (1); (2) (b)(c) &amp; (d)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that care plans are in place to meet the needs of patients and that these are kept under regular review. The registered person shall also ensure that patients' care plans and risk assessments are reviewed in an effective and timely manner. This should include but is not limited to:</p> <ul style="list-style-type: none"> <li>• care of enteral sites</li> <li>• insulin management</li> <li>• daily fluid intake</li> <li>• pressure relief/repositioning needs</li> <li>• urinary catheter care</li> <li>• management of distressed reactions</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 23</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> Second time</p>	<p>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 the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill. This includes but is not limited to the management of staff sickness/absences, overview of training, induction, staff competencies, staff supervision/appraisal and audit systems.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of quality governance audits/records evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> Second time	The registered person shall review and revise the management of insulin. Insulin pens should be individually labelled and marked with the date of opening. In-use insulin pens should be stored at room temperature.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the management of insulin evidenced that this area for improvement had been addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	The registered person shall ensure that records of staff medicines management training and competency assessments are available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records for staff medicine management training and competency assessments evidenced that this area for improvement had been addressed.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time	The registered person shall ensure that the dining experience of patients is promoted and maintained in keeping with best practice standards at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the dining experience evidenced that this area for improvement had been addressed.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered person shall ensure that the level, nature and type of any restraint is proportionate to the risk it is attempting to address and that relevant documentation is maintained including evidence of consultation with the patient (where appropriate), their next of kin and care manager.	<b>Not met</b>
	This is with specific reference to the locking of bedroom doors within the identified unit of the home.	

	<p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that this area for improvement had not been addressed. This is discussed further in 6.2.</p> <p><b>This area for improvement has been stated for a second time.</b></p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all patients have a named nurse who has responsibility for discussing, planning and agreeing the nursing interventions necessary to meet patients' assessed needs.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced that this area for improvement had been addressed.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients have effective access to the nurse call system at all times, as appropriate.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced that this area for improvement had been addressed. This is discussed further in 6.2.</p>	
<p><b>Area for improvement 7</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the confidentiality of patients' care records is effectively maintained at all times.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that this area for improvement had been addressed.</p>	
<p><b>Area for improvement 8</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that that an effective system is implemented and monitored for managing the professional registration of nursing and care staff at all times.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced that this area for improvement had been addressed.</p>	

<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to patients in the absence of activities staff being on duty.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the provision of activities evidenced that this area for improvement had not been fully addressed. This is discussed further in 6.2.</p> <p><b>This area for improvement has been stated for a second time.</b></p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Third and final time</p>	<p>The registered person shall ensure that newly appointed staff and agency staff complete a structured orientation and induction and records are retained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of governance records evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' continence and personal hygiene needs are consistently met in keeping with their assessed needs/care plans.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of care records, patients' presentation and delivery of care evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 12</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that detailed and person centred care plans are in place which outlines patients' preferences in regard to rising / retiring times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>

<b>Area for improvement 13</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that staff facilities are available and remain suitable for their stated purpose.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that staff facilities were available and this area for improvement had been addressed. This is discussed further in 6.2.	

<b>Areas for improvement from the last estates inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27(4)(a) <b>Stated:</b> Second time	The registered person shall progress to completion the bedroom fire door threshold improvement works.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that this area for improvement had been addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27(2)(b) <b>Stated:</b> Second time	The registered person shall continue to implement the 16 July 2019 refurbishment works project, reviewing progress at monthly intervals, and amending scheduled work where necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced that this area for improvement had been addressed. This is discussed further in 6.2.	

## 6.2 Inspection findings

### Staffing

On arrival to the home at 09.05 hours we were greeted by the manager and staff who were helpful and facilitated the inspection process. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have cheerful, friendly and caring interactions with patients.



The manager advised us of the daily staffing levels within each unit and informed us that these levels would be monitored to ensure the assessed needs of the patients are met. Review of staff duty rotas evidenced that the planned staffing levels had been adhered to on most occasions.

Discussion with staff confirmed that the staffing levels had recently been reduced, due to reduce occupancy levels. A number of staff expressed dissatisfaction with the current staffing arrangements. While we were satisfied that staffing arrangements were kept under review and that the home were reviewing staffing levels in response to the reduced patient occupancy levels; we observed a delay in the delivery of patient care on a number of occasions within Tullybroom House and the Valley and Lane Suite. Details were provided to the management team at feedback and an area for improvement was made to ensure that patients' dependency levels were considered as part of any staffing review.

Following this inspection the manager forwarded an updated duty rota to RQIA which evidenced that staffing levels had been increased.

The notice board within each of the units clearly displayed the nurse in charge of the home in the absence of the manager and the names of the staff on duty over the 24 hour period. All nurses taking charge of the home had completed a competency and capability assessment.

Staff stated that the new management team had introduced some "very positive" changes to the home and that they felt supported. Comments from staff included:

- "Very supported by management."
- "Great team who work really hard."
- "I really enjoy working here."
- "Very rewarding job."
- "Things are starting to get back to normal again."
- "Very good induction and mentor."
- "Much more positive atmosphere in the past 3 months, good support."

We also sought staff opinion on staffing via the online survey. There was no responses received within the time frame allocated.

## **Care delivery**

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and of how to provide comfort if required. We observed patients being afforded choice in relation to their preferred dress attire; patients were well presented, and supported by staff in maintaining their personal care in a discreet and dignified manner.

There was a relaxed atmosphere within the home and patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Valley Nursing Home. Patients appeared comfortable around staff and were observed approaching staff with specific requests or just to chat. Comments to us from patients included:

- "I really like it here."
- "The food is nice."
- "Staff are very friendly."
- "I'm ok but there is nothing to do here. Staff work very hard."

Staff spoken with were knowledgeable regarding the symptoms of COVID-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance. However, we identified a nurse obtaining the temperature checks for staff at 11.30 hours instead of at the commencement of their shift at 07.45 hours. This was discussed with the manager who agreed to monitor this practice and to communicate with staff the importance of obtaining temperature checks prior to commencing work.

We observed the use of hand held nurse call alarms within a number of patient's bedrooms; however, this was not consistent throughout all bedrooms. Discussion with staff identified that patients who did not have a hand held nurse call alarm were unable to use it due to their cognitive function. We discussed this with the management team who agreed to implement a monitoring system for patients' unable to use the nurse call system. An area for improvement was made.

Within the Amadeus Unit we identified that staff managed some patient's cigarettes. Staff explained that these patients required support to ensure their supply of cigarettes lasted throughout each day. There was no evidence of what consultation had taken place or how/if patients were involved in the decision making process. This was discussed with the management team and an area for improvement was made.

The dining experience was observed to be calm and organised throughout most of the home and patients who required support with this area of need were provided with the necessary assistance. We saw that staff wore the appropriate PPE and sat beside patients when assisting them with their meal. The menu was displayed to reflect the meal served and it offered a choice of two meals. Staff discussed the measures they had in place to maintain social distancing but that this was challenging due to patients' category of care. Within Tullybroom House we observed patients still seated in the dining area for a longer than expected period of time following breakfast. This was discussed with management who agreed to monitor and action as necessary.

### **Provision of activities**

The activity coordinators were present during the inspection, within the Amadeus Unit and Tullybroom House, and were observed on various occasions carrying out meaningful activities. We spoke at length with the activity co-ordinator in the Amadeus unit who was knowledgeable of the importance of activities in providing the patients with a structured day. They also spoke of the challenges of motivating and encouraging patients to participate, explaining that under normal circumstances activities would include outings to the local coffee shops, in groups or on a one to one basis and fishing trips. Due to the current restrictions of COVID-19, activities were now home based and included quizzes, bingo and sharing the daily newspapers. On the morning of the inspection, patients in the Amadeus Unit were engaged in a quiz; it was obvious from the interactions between the patients and staff that they enjoyed the activity.

Within Tullybroom House the activities coordinator reported that the provision of activities had resumed. We observed the patients having their nails painted and some patients were having their hair 'done' by staff in the absence of the hairdresser. There was a pleasant atmosphere in Tullybroom House with music playing in the background and staff were singing with the patients. There were photographs displayed on the walls of other activities completed by the patients.

Within the Valley and Lane Suites we did not observe any activities and although interactions between staff and patients were friendly and compassionate they were based around the patients care needs. Care staff described this as being a result of the reduced staffing levels and having

to prioritise patient care but that they always ensured that the patients' favourite music and/or television programme was facilitated especially for those patients who preferred to stay in their bedroom. We discussed this with the management team who agreed, as previously discussed, to review the current staffing arrangements and to incorporate a recording sheet for documenting the activities provided in the absence of the activity coordinator. This was identified as an area for improvement at the previous care inspection and has been stated for a second time.

## **Care Records**

There was evidence that care records were reviewed regularly and positive changes had been made by staff in an effort to personalise care plans which had been rewritten from the computerised system into paper records. Care records for two patients evidenced that care plans and risk assessments were a number of days overdue. We discussed this with the nurse in charge of the unit who advised that the named nurse was off on leave. During discussion with the manager it was agreed that a system would be introduced to monitor the review of care records in the absence of any named nurse. This was identified as an area for improvement.

Whilst we observed significant improvements in the overall completion of patient care records, a number of care plans did not accurately reflect specific care needs. For example, the type of moving and handling equipment recommended and specific management recommendation of a urinary catheter. In addition we could not find referrals regarding these interventions to the relevant healthcare professional. This was discussed in detail with management who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records. An area for improvement was made.

## **Management and use of personal protective equipment (PPE)**

We found that there was an adequate supply of PPE at the entrance to the home. PPE stations were well stocked throughout the units with appropriate areas designated for applying and removing PPE. Staff stated that the manager was very proactive in ensuring there was a good supply of PPE throughout the home.

Staff demonstrated an awareness of the various types of PPE and we observed a number of staff applying and removing PPE correctly. During the inspection, infection prevention and control (IPC) training specific to the use of PPE was facilitated by the SHSCT's IPC specialist nurse.

## **Infection prevention and control (IPC) measures**

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had access to online training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records, confirmed that staff had completed IPC training and that management were monitoring progress through regular audits and monthly monitoring visits to ensure full compliance.

## **Environment**

In general the environment was fresh smelling, neat and tidy. Since the last inspection improvements in the environment had been made and an action plan was in place to ensure continued improvements were met. However, we observed a number of bedframes, bedroom furniture and floor coverings with surface damage which had been identified during a previous

inspection that still required to be addressed. As discussed previously a new refurbishment plan was in the process of being created, by the management team, Health Care Ireland (HCI), to supersede the original plan of works. However, due to the COVID-19 pandemic restrictions on visitors, including contractors has resulted in a delay to these plans. Progress with this will be monitored through future inspections and the submission of an updated action plan on a monthly basis by the regional manager to RQIA.

Food thickening agents were observed within the dining room of Tullybroom House with the potential for patients to access. We brought this to the attention of the nurse in charge of the unit who removed them to a secure location. This was discussed with the management team and an area for improvement was made.

Within the Amadeus Unit we identified two fire doors that were not closing properly and therefore their effectiveness in the event of fire would be compromised. We discussed this with the manager and an area for improvement was made. On 10 June 2020 RQIA received written confirmation that the identified doors had been repaired and a full check of all fire doors was completed. This information was shared with the estates Inspector.

A strong malodour was evident within three identified rooms in the Amadeus Unit; this was brought to the attention of management early in the inspection and action was taken to identify the source of the malodour. On 16 June 2020 written confirmation was received that a leak from the wash hand basin had caused water damage between the floor surface and floor covering. The floor cover was removed with work to commence once the COVID-19 restrictions on contractors entering the home are relaxed. This information was shared with the estates inspector.

Within the Lane Suite we identified that several patients' bedroom doors were locked when not occupied by the patient. We discussed this with the staff who said that a patient within the unit occasionally removes items from other patient's bedrooms and this can cause distress to the other patients. This was discussed with management who agreed that the locking of patients bedroom door was not acceptable and that they would address this immediately with staff and monitor it during their 'daily walk arounds'. This area for improvement has been stated for a second time.

A number of unoccupied bedrooms throughout the home were being used as temporary staff changing, dining and storage areas. The manager advised us that this was a temporary measure as refurbishment to the staff changing/dining area on the first floor had not commenced due to current COVID-19 restrictions. We discussed the importance of the rooms being used for the purpose that they were registered and requested written information regarding the location of the rooms and that this was a temporary measure during the COVID-19 pandemic. On 10 June 2020 written information was received confirming the temporary changes as discussed above.

## **Governance and management arrangements**

The management team confirmed the current management arrangements for the home including the recently appointed registered individual.

Discussion with staff evidenced that they knew who was in charge of the home on a daily basis and how to escalate concerns.

We evidenced a significant improvement in the overall governance and leadership within the home since the previous care inspections and commended the management team for their commitment in driving improvements.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the report were available for patients, their representatives, staff and trust representatives and provided detailed and robust information in relation to the conduct of the home including an overview of care records, complaints, the environment, accidents and incidents and adult safeguarding. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

A system had been implemented in relation to the nurse in charge completing a written report of all events occurring within the home during their shift to ensure effective communication was maintained. This report was reviewed daily by the management team. This was commended by the inspectors.

Review of two employees' recruitment folders we identified deficits within one folder where gaps in the employment history had not been explored and a health assessment questionnaire was not obtained. This was discussed with management and an area for improvement has been stated for a second time.

On 19 June 2020 an updated action plan was received by RQIA from the regional manager which provided a detailed account of the actions taken since February 2020 when HCI management team were introduced to the home. During the COVID-19 restrictions a number of actions had been postponed such as face to face training and refurbishment of the environment. In order to monitor progress with the action plan RQIA have requested that an updated action plan of all work carried out within the home is submitted to RQIA on a monthly basis detailing the areas of improvement addressed.

**Areas of good practice**

Evidence of good practice was found in relation to maintaining patients' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was a strong culture of compassionate care in the home.

**Areas for improvement**

Seven new areas were identified for improvement during this inspection. These were in relation to staffing arrangements, nurse call system for monitoring of patients, management of patient cigarettes, review of care plans and risk assessments, care records, safe storage of food thickening agents and fire safety.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	5

**6.3 Conclusion**

We evidenced a significant improvement in the overall governance and leadership within the home since the previous care inspection and commended the management team for their commitment in driving these improvements.

A number of actions were agreed to be followed up and the outcome forwarded to RQIA after the inspection. As detailed throughout the report we received this and were satisfied that the appropriate action had been taken to address the immediate issues.

RQIA will continue to monitor progress with future improvements via the submission of the home's updated action plan on a monthly basis.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Margaret Cozma, manager, Mary Stevenson, regional manager, Louise Hughes McKenna, deputy manager and Gemma Hallet, non-clinical deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21(1) (b)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment. This relates specifically to ensuring that health checks for staff are completed and that gaps in previous employment are effectively reviewed.</p> <p>Ref: 6.1 and 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> A full reorganisation of all personnel files has taken place as result of initial audits by Healthcare Ireland. A further re audit is taking place during September 2020 and any shortfalls will be addressed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that food thickening agents are stored securely.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff are being reminded about this responsibility and rationale for same. Management continue to monitor adherence during walk rounds.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the fire doors in the Amadeus Unit are able to close properly and that a home wide system to monitor this is implemented with the necessary records maintained.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Doors are currently closing properly, new maintenance man is currently being inducted into regulatory maintenance checks including fire safety checks and completion of same is to be monitored at least monthly going forward. Contractors are also being asked to visit for a full check in relation to fire safety</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the level, nature and type of any restraint is proportionate to the risk it is attempting to address and that relevant documentation is maintained including evidence of consultation with the patient (where appropriate), their next of kin and care manager.</p>

<p><b>To be completed by:</b> 16 October 2019</p>	<p>This is with specific reference to the locking of bedroom doors within the identified unit of the home.</p> <p>Ref: 6.1 and 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has continued to check adherence during walk rounds in respect of reminder to all staff regarding their responsibilities in this area. The unit is currently out of use as advised.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to patients in the absence of activities staff being on duty.</p> <p>Ref: 6.1 and 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Life story Work for each residents are progressing and Activity Participation Records are now in place. Meetings have been held with Activities Coordinators and programmes of activity are in place and reviewed weekly .Meetings have been held with residents regarding how they would like to spend their time. Support is being given by sister Healthcare Ireland Homes with sharing of ideas and contacts and also with training as per Management Action plan.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 July 2020</p>	<p>The registered person shall ensure that staffing arrangements in the home are sufficient to meet the assessed needs of the patients at all times.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Changes discussed at inspection were implemented next day and Lead Inspector updated. There is ongoing review of the Assessed Needs and staffing arrangements in each unit by the Registered Manager.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a system of monitoring patients who cannot use the nurse call system is implemented to ensure that all patients' needs are being met.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Nurse call leads are now available in all residents rooms and a weekly audit of call bell accessibility is now being implemented.</p>



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 July 2020</p>	<p>The registered person shall ensure that any patient who requires staff to manage their cigarettes has, within their care record; evidence of/or their representatives as to what the specific arrangements are and the frequency of the review of these arrangements.</p> <p>Ref: 6.2</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 July 2020</p>	<p>The registered person shall ensure that in the absence of the named nurse care plans and risk assessments are regularly reviewed by a competent person.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has asked both SHSCT and WHSCT staff who are presently undertaking Deprivation of Liberty assessments to give consideration to this. She is presently awaiting feedback of assessments progressed to date.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 July 2020</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> <li>• that where a patient is assessed as requiring a specific hoist that the type of hoist and sling is clearly documented within their care plans and risk assessments</li> <li>• that changes to the frequency of urinary catheter renewal are discussed and agreed with relevant health care professionals and documented within the patients care records.</li> </ul> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded of responsibilities in these areas. Ongoing auditing will continue in order to identify and address any shortfalls.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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