

Unannounced Care Inspection Report 13 March 2017



Valley Nursing Home

Type of Service: Nursing Home
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel no: 028 8554 8048
Inspector: Donna Rogan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Valley Nursing Home took place on 13 March 2017 from 10.30 to 16.30. On this occasion the inspector was accompanied by a lay assessor.

The inspection sought to seek assurances that the requirements and recommendations made following the previous inspection on 9 August 2016 had been addressed.

One requirement and four recommendations were made following the inspection. One of the recommendations is stated for a second time.

Four requirements and five of the six recommendations made at the previous inspection dated 9 August 2016 were validated as having been addressed. One recommendation in relation to patients' bedrooms has been stated for a second time.

There was no enforcement action taken as a result of this inspection. Refer to section 4.3 for details of the inspection findings.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	*4

*One recommendation is stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Louise Hughes, deputy manager and Ciara Currens, unit 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 September 2016.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 8 September 2016.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Valley Nursing Home (MPS) Ltd Paul Warren-Gray	Registered manager: Lorraine Margaret Cozma
Person in charge of the home at the time of inspection: Louise Hughes, deputy manager	Date manager registered: 05 January 2015
Categories of care: NH-MP, NH-MP(E), NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E), RC-I A maximum number of 58 patients in category NH-DE. Maximum number of service users 96, 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)	Number of registered places: 96

3.0 Methods/processes

The focus of the inspection was to review the four requirements and six recommendations made following the previous care inspection conducted on 9 August 2016 and to ensure that the improvements observed during that inspection were sustained. The following was reviewed;

- the management arrangements
- staffing levels
- daily routine
- management of care records
- environment
- staff, patients and relatives views.

Prior to inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since August 2016.

The following records were examined during the inspection:

- duty rotas
- complaints
- care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 08 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 09 August 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12 (1) (b) Stated: First time	The registered provider must ensure that information regarding patient care is appropriately recorded in their care records.	Met
	Action taken as confirmed during the inspection: All information pertaining to patient care was observed to be recorded in their care records.	
Requirement 2 Ref: Regulation 20 (2) Stated: First time	The registered provider must ensure that information in relation to staffs' actions or inactions should be confidentially recorded and addressed during supervision or in accordance with the home's disciplinary policies and procedures.	Met
	Action taken as confirmed during the inspection: Following discussion with the deputy manager and staff it was evident that information regarding staff is confidentially recorded and addressed during supervision and in accordance with the home's policies and procedures.	
Requirement 3 Ref: Regulation 27 (4) (b) Stated: First time	The registered provider must ensure that fire doors are not wedged open.	Met
	Action taken as confirmed during the inspection: During a tour of the home, there were no doors wedged open.	

<p>Requirement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a risk assessment is completed in relation window restrictions and in relation to wardrobes to ensure they are appropriately secured in keeping with best practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There were no windows observed without restrictions. Wardrobes were appropriately secured in keeping with best practice.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered provider should ensure that all legislation, such as, The Data Protection Act 1998, is considered when communicating information</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that The Data Protection Act is always considered when communicating information.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 43.6</p> <p>Stated: First time</p>	<p>The registered provider should ensure that efforts are made to make the bedrooms more individualised by further discussion with relatives, the use of colour or the use of patients work during activities in the home.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that this was proving difficult and there has been communication with relatives of patients, however the improvement is minimal. The deputy manager has agreed that more effort should be made in this area and that a redecoration programme will commence. This recommendation is stated for a second time.</p>		
<p>A separate requirement is also made that the redecoration programme is forwarded to RQIA in the returned QIP. The programme should contain timescales when the work will be completed.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 43.4</p> <p>Stated: First time</p>	<p>The registered provider should replace the carpet on the identified corridors in the male dementia unit as a priority.</p> <hr/> <p>Action taken as confirmed during the inspection: New laminated flooring has been place in the corridors in the dementia unit. This has enhanced this area.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the end of year quality survey is re-introduced to seek relatives' opinions on the care provision in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: The deputy manager confirmed that the quality survey will be completed in March 2017 and that the information will be collated and shared with relatives and patients.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should consider the comments made by staff and address them where necessary.</p> <hr/> <p>Action taken as confirmed during the inspection: Since the previous inspection there have been a number of staff meetings where the comments made by staff have been addressed where necessary. Staff spoken with stated that they felt morale in the home had improved and that they could approach management when necessary.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should ensure that assessments are dated and signed by the person conducting the assessment.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the care records evidenced that assessments had been dated and signed by the person conducting the assessment.</p>	<p>Met</p>

4.3 Inspection findings

4.3.1 Staffing levels/management arrangements

A review of the duty rotas from the week commencing 6 March 2017 to 20 March 2017 evidenced staff levels to be generally well maintained in keeping with the dependency and needs of patients residing in the home. Discussion with staff on duty and information returned in the questionnaires evidenced that staffing levels had been retained. There were no concerns raised during the inspection in relation to staffing levels.

The management arrangements remain unchanged. Staff spoken with confirmed that they felt communication in the home had improved and that there was regular staff meetings conducted. They felt that management were approachable and no concerns were raised in relation to conduct in the home.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	Number of recommendations	0
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4.3.2 Daily Routine/Care delivery

The daily routine throughout the home has been reviewed in order to ensure the safety and health and welfare of patients is being met at all times. Regular checks are made of those patients residing in their bedrooms. The information, of when they were tended to or checked, was retained in their care charts. The deputy manager confirmed that regular supervision is held with care staff.

The atmosphere in the home was calm and welcoming, the morning and afternoon routine was organised and patients were being tended to in a timely way. One issue arose regarding advocacy in the home. Four patients confirmed that they felt that it had been some time since they had been seen or communicated with their Trust representative. This was discussed with the deputy manager, who confirmed that contact will be made with patients' Trust representatives. A recommendation is made in this regard. It is also recommended that information is shared with patients and relatives and patient representatives regarding independent advocacy services.

Areas for improvement

Two recommendations are made in relation to ensuring patients have timely meetings with their Trust representatives and adequate information regarding advocacy services available.

Number of requirements	0	Number of recommendations	2
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4.3.3 Management of care records

Three care records were reviewed. They each contained relevant information and evidenced that they were completed contemporaneously. They were dated and signed by the person completing the record alongside the time of the entry. Supplementary care records were also completed at the time of intervention.

The unit managers confirmed that audits of care records are completed monthly and where deficits are identified, they were amended by the named registered nurse. The deputy manager confirmed that on-going issues in relation to care records management are addressed at individual supervision with staff.

All three care records reviewed evidenced that patients' care plans were developed following a period of assessed need. All the care records reviewed were reflective of the care required as described by staff. The records were generally updated accordingly and in a timely way. All assessments were dated and signed by the person completing the assessment.

Areas for improvement

There were no improvements identified.

Number of requirements	0	Number of recommendations	0
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4.3.4 Complaints

Complaints were being managed in accordance with DHSSPS guidelines. The complaints policy was displayed in various areas in the home. There were no concerns raised by patients, relatives/patient representatives or staff during the inspection.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	Number of recommendations	0
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4.3.5 Environment

The environment in the home is varied in all four units in the home. The Amadeus Centre and the Lane Suite require some redecoration, particularly in patients' bedrooms. At a previous inspection it was identified that some bedrooms require to be more individualised. The deputy manager confirmed that efforts have been made to communicate with relatives regarding providing photographs and personal effects in order to ensure that bedrooms are more homely and welcoming to the patient. The deputy manager confirmed that this has not been very effective, however, has agreed that this area could be further improved through a decoration programme and displaying patients own work. A recommendation is made in this area for a second time. A requirement is made that the redecoration programme is forwarded to RQIA in the returned QIP. It is also recommended that a ligature risk assessment should be completed throughout all areas of the home. The Valley and Tullybroom Suites were more individualised and welcoming.

Areas for improvement

A requirement is made in relation to forwarding the redecoration programme to RQIA. A recommendation is also made for a second time that bedrooms in the identified suites should be made more individualised. A recommendation is made in relation to completing a ligature risk assessment.

Number of requirements	1	Number of recommendations	2
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4.3.6 Staff views

Most staff on duty were spoken with by the inspector. All felt staff morale in the home had improved and they were satisfied with the staffing arrangements. All stated there were regular staff meetings and they felt included and were kept informed of management decisions in the home. Staff felt that they could approach management with any issues they had. All stated that they had received adequate training for their roles and responsibilities and were knowledgeable regarding patient care.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	Number of recommendations	0
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4.3.7 Patients views

Patients spoken with stated they were content and happy in the home. All stated that the food was good and that staff were kind and attentive. They stated that the call bell was usually answered quite quickly and that they were content and felt well cared for.

As previously stated in section 4.3.2, some patients spoken with, stated that they would benefit from speaking with their Trust representatives and/or advocacy services. Recommendations have been made in this regard.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	Number of recommendations	0
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4.3.8 Relatives views

During the course of the inspection the inspector spoke with three relatives/patient representatives. All spoke highly of care in the home and commended staff regarding their work ethic and compassion. Relatives also stated that they felt they were kept well informed of their loved ones conditions. They felt staff communicated with them in relation to how their family members were and if there was any communication with allied professionals.

One patient's relatives discussed some issues with the inspector. These issues were not in relation to the care or services in the home. With the relatives permission the information was shared with the deputy manager who agreed to have a discussion with them.

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Hughes, deputy manager and Ciara Currens, unit manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27

Stated: First time

To be completed by:
30 April 2017

The registered provider must provide a copy of the redecoration programme to RQIA, alongside timescales.

Ref: Section 4.3.5

Response by registered provider detailing the actions taken:

please see refurbishment plan attached.

Recommendations

Recommendation 1

Ref: Standard 43.6

Stated: Second time

To be completed by:
30 June 2017

The registered provider should ensure that efforts are made to make the bedrooms more individualised by further discussion with relatives, the use of colour or the use of patients work during activities in the home.

Ref: Section 4.2 (Previous recommendation)

Response by registered provider detailing the actions taken:

Families have, and will continue to be encouraged to be involved in this, some choose not to, budget has been allocated to improve this.

Recommendation 2

Ref: Standard 7

Stated: First time

To be completed by:
30 April 2017

The registered provider should ensure that contact will be made with the identified patients' Trust representatives.

Ref: Section 4.3.2

Response by registered provider detailing the actions taken:

patients trust representatives are fully informed in relation to any area concerning patient necessity of this addressed with SN's through

Recommendation 3

Ref: Standard 8

Stated: First time

To be completed by:
30 April 2017

The registered provider should ensure that information is shared with patients and relatives and patient representatives regarding independent advocacy services. Staff meeting

Ref: Section 4.3.2

Response by registered provider detailing the actions taken:

information has been shared with service users and relatives regarding availability and access of independent advocacy services.

<p>Recommendation 4</p> <p>Ref: Standard 44.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that a ligature risk assessment is completed throughout all areas of the home.</p> <p>Ref: Section 4.3.5</p> <hr/> <p>Response by registered provider detailing the actions taken: ligature risk assessments are in place and completed annually or when required throughout all areas of the home.</p>
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