



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Follow up Care Inspection Report 28 January 2020



## Valley Nursing Home

**Type of Service: Nursing Home (NH)**

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

**Tel No: 0288554 8048**

**Inspectors: James Laverty, Dermot Walsh and Jane Laird**

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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> Valley Nursing Home (MPS) Ltd</p> <p><b>Responsible Individual:</b> Paul Warren-Gray</p>	<p><b>Registered Manager and date registered:</b> Lorraine Margaret Cozma Acting – No Application required</p>
<p><b>Person in charge at the time of inspection:</b> Lorraine Margaret Cozma</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 4 named residents receiving residential care in category RC-DE and 4 named residents 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> 68</p>

### 4.0 Inspection summary

An unannounced inspection took place on 28 January 2020 from 09.25 to 17.00 hours. The inspection was carried out following information received by RQIA duty desk. The issues highlighted raised concerns relating to some aspects of care delivery to patients, the internal environment, staffing arrangements and staff practices.

Following an inspection on 16 and 17 December 2019 significant concerns were identified in relation to the quality of care and service delivered at Valley Nursing Home. As a result a meeting was held at RQIA on 20 December 2019 which resulted in the issue of a Notice of Proposal to Cancel the Registration of the Responsible Individual, Mr Paul Warren-Gray in respect of the Valley Nursing Home (MPS Ltd). The inspection sought to provide assurances that patients were receiving safe and effective care.

Shortfalls were found in regard to some aspects of care delivery to patients, patients' care records and staff facilities and three new areas for improvement were made. These are discussed further in section 6.2.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*23	*13

\*The total number of areas for improvement includes eight areas for improvement under regulation and one area for improvement under the standards which have been stated for a third and final time; six areas for improvement under regulation and three areas for improvement under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Margaret Cozma, Acting Manager and Mark Laight, Operations Director, 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 15 January 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2020. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of 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, 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

The following records were examined and/or discussed during the inspection:

- duty rota for all staff
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four patients' care records
- four patients' care charts including food and fluid intake charts, repositioning charts and continence care
- a sample of governance audits/records
- a sample of monthly monitoring reports
- RQIA registration certificate

Areas for improvement from the previous inspection were not reviewed and have been carried forward to be reviewed at a future care inspection.

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 previous inspection on 15 January 2020 were not reviewed during this inspection and have been carried forward to be reviewed at a future care inspection.

### 6.2 Inspection findings

#### Staffing arrangements / staff training

Following our arrival, we noted that Lorraine Cozma, manager, was in overall charge of the home with designated nurses in charge of each individual unit. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary; the manager stated that these measures had been followed on the morning of the inspection to address the absence of one staff member who was reportedly unable to arrive for duty due to inclement weather conditions. Discussion with staff and patients provided assurances that they had no concerns regarding staffing levels.

However, feedback from the manager and nursing staff highlighted one occasion during the previous week when a nurse had assumed responsibility for being in charge of the entire home; we confirmed that there was no relevant competency and capability assessment in place for this staff member. An area for improvement was stated for a third and final time. The manager has subsequently informed RQIA that a competency and capability will be in place for all nurses assuming overall responsibility for the home, by 14 February 2020.

Discussion with nursing staff within one unit highlighted that they possessed a limited and inadequate understanding of how to manage patients who may experience an epileptic seizure. This was discussed with the manager and it was agreed that epilepsy management training should be provided as a priority to any nursing staff prior to them assuming responsibility for the care of such patients. This will be reviewed at a future care inspection.

### **Care delivery / care records**

We observed care delivery in all the units within the home and generally the care was delivered in a timely manner. There was a delay with the serving of breakfast in Tullybroom House due to staff having to deal with an acutely unwell patient. Appropriate contingency measures were put in place to manage this.

Staff interactions with patients were observed to be compassionate and caring across all units within the home. However, we observed one patient being assisted with mobilising in an undignified manner within a communal area and immediately brought this to the attention of management. An area for improvement was stated for a second time.

The manager informed us that the home's electronic system (Person Centred Software, PCS) which had previously been used for maintaining patients' care records, had now been replaced by hard copy records, some of which had been used prior to the introduction of PCS. However, review of patients' care records evidenced that this transition had not been fully achieved by staff. This was discussed with the manager who stated that all patients had now been appointed a 'Named Nurse' and that nursing staff were being given additional supernumerary hours in order to fully update patients' hard copy records. Following the inspection, the manager submitted an action plan which outlined that all patients' care records would be updated no later than 3 April 2020 with care plans up to date within one week of the this inspection.

Review of the care records for three patients highlighted that daily care entries lacked sufficient detail with regard to the delivery of care and events and that identified care plans were not personalised. We noted inconsistencies between what we read in two patients' care plans and staff feedback in relation to the patients' preferred time to rise from/retire to bed. The manager acknowledged the above deficits and agreed to communicate with relevant staff regarding the importance of accurately documenting within patient care records. An area for improvement was made in relation to the management of patients' rising/retiring preferences.

A sample of dietary/fluid intake charts were reviewed which evidenced that there were inconsistencies in relation to the recording of the dietary type/fluid consistency and recommended daily fluid target to direct relevant care.

Discussion with staff and review of the repositioning records for one identified patient also highlighted a number of deficits, namely:

- conflicting information in risk assessment/care plans
- undated and unsigned amendments to current care plans
- insufficient detail and direction within care plans regarding the repositioning of the patient
- supplementary repositioning records completed poorly/inconsistently
- poor/inconsistent awareness among staff regarding the patient's repositioning needs
- ineffective communication between nursing and care staff in relation to repositioning of the patient

Due to these shortfalls, an area for improvement was stated for a second time. Following the inspection, the manager confirmed that the repositioning of patients would be closely monitored as part of her 'Daily walkabout' and that further training would be provided to staff in this area.

We also found that there were gaps within continence care records where a patient's hygiene needs had not been attended as per recommendations made within the care plan. An area for improvement was made.

The care records for one patient who required assistance with a modified diet were reviewed. Comprehensive and detailed risk assessments and care plans were in place; there was also clear evidence of ongoing collaboration with the multiprofessional team in regard to managing the patient's dietary needs.

## **General Environment**

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, laundry, kitchen and storage areas. The home was found to be warm and fresh smelling throughout. However, while there was evidence of redecoration/refurbishment in some parts of the home, other areas remain drab in appearance and require further improvement. This was discussed with the manager who confirmed that an ongoing refurbishment plan remains in effect. The progress of this plan will be reviewed at a future care inspection. The manager also agreed to keep RQIA regularly updated as various improvements are made to the environment.

Discussion with kitchen staff highlighted that one fridge was currently not working although this had been reported to management and had not adversely impacted the kitchen routine. The manager confirmed that this matter was being addressed.

Discussion with the manager/staff highlighted that at present, staff do not have access to an appropriate area within the home in which to change and/or enjoy break periods. While it was noted that there is a designated part of the home for this, the manager confirmed that it was not currently fit for purpose. Staff told us that they typically take their breaks within communal areas for patients and would change into/out of their uniforms within staff toilet facilities. An area for improvement was made.

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

A number of infection prevention and control deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms and communal toilets. Identified bed rail protectors and bed linenevidenced that these had not been effectively cleaned following use and dust was evident to ceiling fans which had not been included in any of the cleaning schedules. We also found that one patient commode had been ineffectively cleaned and was visibly stained. The above issues were discussed with the manager who provided assurances that these issues would be addressed and that the cleaning of ceiling fans would be included in the cleaning schedule and monitored during the environmental audits. An area for improvement was stated for a third and final time.

We also reviewed the laundry area and identified damaged areas within the floor surface that could not be effectively cleaned. We further identified that the hand paper towels were positioned at the opposite side of the laundry from where the wash hand basin was situated. This was discussed with the manager who agreed to review the hand washing facilities and stated that a new floor covering had already been ordered for the laundry.

### **Managerial oversight / governance arrangements**

We were informed by the acting manager that Sheila O'Donaghue had been appointed as the new home manager, but was still awaiting registration with the Nursing and Midwifery Council. As such, the acting manager confirmed that she continues to have operational responsibility for the running of the home at present. In addition, the manager stated that she continues to be supported in her role by Mark Laight, Operations Director, on a regular basis.

A review of records submitted during and following the inspection evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. It was agreed that these would continue to be submitted to RQIA for review on an ongoing basis as previously agreed with the responsible individual on 4 November 2019.

The manager informed us that systems were in place to help drive improvement and quality assure care delivery to patients. However, review of care record audits highlighted that these were either incomplete and/or inaccurate. An area for improvement was stated for a second time.

Discussion with the manager and review of governance records highlighted that while there was a tool in place for reviewing the nursing dependency of patients, the completion of this was intermittent and insufficiently robust. The manager confirmed following the inspection that the dependency of patients would be reviewed on at least a monthly basis from now on.

### **Areas for improvement**

Three new areas for improvement were highlighted in relation to care planning, the management of patients' continence/hygiene needs and staff facilities.

## **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, and Mark Laight, Operations Director, 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 27 (4) (b)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>This is with specific reference to the gaps identified to fire resistant doors.</p> <p>Ref: 6.1</p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (iii)</p> <p><b>Stated:</b>Third and final time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that persons employed to work at the nursing home receive training relevant to their role.</p> <p>With specific reference to:</p> <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> <p>Ref: 6.1</p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>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.</p> <p>Ref: 6.1</p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	

<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><b>To be completed by:</b> With Immediate effect</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>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></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><b>To be completed by:</b>Immediate effect</p>	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></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><b>To be completed by:</b> 7 July 2019</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>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></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><b>To be completed by:</b> With immediate effect</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>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></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><b>To be completed by:</b> With Immediate effect</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>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></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><b>To be completed by:</b> With immediate effect</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>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></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><b>To be completed by:</b> With immediate effect</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>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</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><b>To be completed by:</b>With immediate effect</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>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 12</b></p> <p>Ref: Regulation 13 (8) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>With immediate effect</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>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 13</b></p> <p>Ref: Regulation 15 (2) (a) and (b)</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 the needs of patients who present with behaviours which may challenge staff are assessed appropriately and their needs kept under review.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 14</b></p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>With immediate effect</p>	<p>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.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 15</b></p> <p>Ref: Regulation 12 (2); 27 (2) (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 equipment is properly maintained and suitable for use by patients.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 16</b></p> <p>Ref: Regulation 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>With immediate effect</p>	<p>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.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 17</b></p> <p>Ref: Regulation 24</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 complaints are recorded and managed appropriately.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 18</b></p> <p>Ref: Regulation 21(1) (b)(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 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</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 19</b></p> <p>Ref: Regulation 20 (3)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Nurse in charge competency assessments have been completed and are up to date.</p>
<p><b>Area for improvement 20</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> With Immediate effect</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>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have undergone extensive training in Infection Prevention and Control. Relevant audits are ongoing</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><b>To be completed by:</b>With immediate effect</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> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff have undergone training updates and written handovers are kept updated regarding manual handling needs for each residents - these provide ease of reference. Observation of manual handling in the units is ongoing during walk round by RP and HCI senior management</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><b>To be completed by:</b>With immediate effect</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> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Significant focus was placed on improving care records by Healthcare Ireland and this focus is ongoing with auditing and with ongoing development of records and of staff in their use.</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><b>To be completed by:</b>With immediate effect</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> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The RP in place presently is supported with all of the above by Senior management from HCI on an ongoing basis and good governance systems have been introduced to identify any shortfalls</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> Second time <b>To be completed by:</b> 20 September 2019	<p>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.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that records of staff medicines management training and competency assessments are available for inspection.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the dining experience of patients is promoted and maintained in keeping with best practice standards at all times.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time <b>To be completed by:</b> 16 October 2019	<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>This is with specific reference to the locking of bedroom doors within the identified unit of the home.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 4	<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>



<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 43</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 patients have effective access to the nurse call system at all times, as appropriate.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 29</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 the confidentiality of patients' care records is effectively maintained at all times.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 8</b></p> <p>Ref: 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 that an effective system is implemented and monitored for managing the professional registration of nursing and care staff at all times.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 9</b></p> <p>Ref: Standard 18</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 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</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 10</b></p> <p>Ref: Standard 39</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> With immediate effect</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> <p>Ref: 6.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Full personnel audit by Healthcare Ireland identified shortfalls and an action list was compiled. A further re-audit is currently being completed to confirm these shortfalls were addressed fully. Healthcare Ireland introduced agency induction forms and the completion of same as well as profile completion is being monitored by Non Clinical Deputy.</p>
<p><b>Area for improvement 11</b></p> <p>Ref: Standard 39</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 patients' continence and personal hygiene needs are consistently met in keeping with their assessed needs / care plans.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Training online and face to face in both subjects has been completed with staff and the above responsibility and monitoring of same has been reiterated to all nurses and care staff. The RP and HCI senior management continue to monitor practice in these areas during walk rounds and in review of records.</p>
<p><b>Area for improvement 12</b></p> <p>Ref: Standard 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 that detailed and person centred care plans are in place which outlines patients' preferences in regard to rising / retiring times.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nursing staff have been reminded of their responsibilities and this continues to be audited by management</p>
<p><b>Area for improvement 13</b></p> <p>Ref: Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 March 2020</p>	<p>The registered person shall ensure that staff facilities are available and remain suitable for their stated purpose.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The planned refurbishment programme by HCI has been on hold due to pandemic and this was a priority. However due to pandemic each unit has separate rest areas for staff so that social distancing can be promoted. Lead Inspector is aware.</p>

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



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