



Unannounced Enforcement Care Inspection Report 20 September 2019



Valley Nursing Home

Type of Service: Nursing Home (NH)
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspectors: Laura O'Hanlon and Jean Gilmour

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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

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd Responsible Individual: Paul Warren-Gray	Registered Manager: Louise Hughes-McKenna – acting manager
Person in charge at the time of inspection: Louise Hughes-McKenna	Date manager registered: See above – no application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 96 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

4.0 Inspection summary

An unannounced inspection took place on 20 September 2019 from 08.45 to 15.30.

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.

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to the management of infection prevention and control (IPC). The date of compliance with the notice was 20 September 2019.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000067E was issued by RQIA on 16 July 2019.

Evidence was not available to validate compliance with this Failure to Comply Notice. However, there was evidence of some improvement and progress made to address the required actions within the notices.

RQIA senior management held a meeting on 23 September 2019 and a decision was made that the date of compliance for this Notice should be further extended. Compliance with this notice must therefore be achieved by 16 October 2019.

RQIA also held a further meeting on 26 September 2019 with Ms Vanessa Davies, Director of Operations to discuss the findings of this inspection. RQIA were provided with sufficient assurances in regard to ongoing actions so as to drive the required improvements to ensure compliance with this FTC notice.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

Any areas for improvement which were identified during the care inspections on 7 June 2019, 6 & 8 July 2019, 30 July 2019, 16 August 2019 and 16 September 2019 were not validated and will be reviewed at a future care inspection.

Ongoing enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- notifiable events received since the previous care inspection
- the previous inspection report
- the FTC notice

During the inspection the inspectors spoke with a number of patients and staff on duty during the inspection.

The following records were examined during the inspection:

- governance records relating to the management of IPC
- cleaning schedules in the home
- staff training records for IPC

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next 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 the last care inspection dated 20 August 2019

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 16 July 2019. The areas for improvement from the last care inspection on 20 August 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.2 Inspection findings

FTC Ref: FTC000067E1

Notice of failure to comply with Regulation 13 (7) of The Nursing Homes Regulations (Northern Ireland) 2005.

The Nursing Homes Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13.—(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.

In relation to this notice the following nine actions were required to comply with this regulation:

- Infection prevention and control training is undertaken and fully embedded into practice with all staff.
- All equipment used in the delivery of patient care is well maintained and fit for purpose.
- Robust and effective cleaning schedules are in place for use by all domestic staff. These arrangements should ensure that the hygiene of the environment is maintained whenever domestic staff are not on duty.
- Staff adhere to best practice guidance in regard to the management of clinical waste.
- Furniture provided for use by patients is in good working order, properly maintained and suitable for the purpose for which it is to be used.

- Sufficient robust audit and governance systems are in place to quality assure the management of infection prevention and control practice.
- Patient toiletries and topical medications are stored safely, securely and appropriately.
- Bed linen provided for use by patients is properly maintained and suitable for the purpose for which it is to be used.
- Wall mounted hand sanitisers which are used within the home are clean, well maintained and fit for purpose

Evidence was not available to validate compliance with this FTC Notice as detailed below.

On arrival to the home we observed information on display for staff in regards to the management of Infection Prevention Control (IPC). This information was displayed on notice boards throughout the home. Review of staff training records confirmed that 18 staff had completed an eLearning format of training in IPC. Discussion with the manager confirmed that there were approximately 80 staff employed in the home. The lack of knowledge was evident from discussions with a range of staff regarding IPC practices. Domestic staff were unaware of the solutions being used for environmental cleaning. Staff knowledge in relation to the management of needle stick injuries, dilution rates for disinfectants and management of blood spillages was lacking. They were unfamiliar with the colour coding system of equipment used for cleaning healthcare facilities and necessary to reduce cross contamination.

Staff were observed to be wearing personal protection equipment (PPE), such as disposable aprons and gloves, appropriately. IPC knowledge gained by staff was not embedded into practice. This was evidenced by dirty patient equipment in the home (commodes/raised toilet seats). One toilet seat was just cleaned by a domestic yet remained stained and soiled.

We observed an improvement in the application of hand hygiene practices since our previous inspection, however only 60% of staff demonstrated good practice on the day of audit. Staff have been issued with personal hand sanitisers to promote hand hygiene practices and were knowledgeable about when hand hygiene should be carried out. Posters were displayed to promote hand hygiene practices throughout the home, however, similar to our previous inspection there was a variance in the information displayed, with some posters promoting a six step or seven step technique and others a twelve step technique. This information was inconsistent and confusing for staff.

We observed new individualised patient slings in bedrooms which were clean and fit for purpose. However, we identified that the majority of commodes and raised toilet seats checked were not fit for purpose; being stained with damaged/rusted surfaces. We checked six mattresses in the home. Four of these mattresses were heavily stained and not fit for purpose. Assurances were provided by the acting manager these would be disposed of immediately.

While there was evidence of some new wipeable duvets and pillows in place; there remains a number which were stained, torn and not fit for purpose. Patient chairs were covered with a fabric cover. When this fabric was removed the surface of the chair contained significant debris and was covering chairs which were torn, heavily stained and unfit for purpose. These chairs could not be effectively cleaned. We also discussed with the manager the need to address the condition of one patient's individual chair. Assurances were provided that this would be addressed.

There was evidence of cleaning schedules in place for domestic staff. However a significant gap was identified on the cleaning schedule in one unit where there was no entry recorded from 17 August to 17 September 2019.

Throughout the home more attention to detailed cleaning was identified. High and low level dust was evident in both patient and non-patient areas. In the patient areas there was debris evident on floor corners, cobwebs in bedrooms and a clinical room; ceiling fans and radiators were dusty. Non patient areas such as dirty utility rooms and treatment rooms required decluttering and cleaning. Senior management do not have oversight of the quality of cleaning practices in the home. More attention to detail and better governance arrangements are required.

Staff were observed transporting waste safely. Pedal operated bins in place, were found not to be working and waste bins should be provided in patient bedrooms.

There was evidence that some work has been carried out to improve the fabric of the building and replace damaged furniture, however, it remains disappointing that this work is slow to progress. Much of the environment and many pieces of furniture in both patient and non-patient areas, remains dated, with evidence of chipped paintwork, damaged surfaces and require to be replaced. The wooden bases of sink cabinets in ensuite bathrooms were significantly water damaged and could not be effectively cleaned.

We were provided with evidence of audits for hand hygiene, mattress checks and environmental cleaning being carried out in the nursing home. These audits did not reflect the findings from this inspection and therefore they are not robust or effective. The hand hygiene audit tool currently in use refers to seven step hand hygiene process although signage predominantly describes a six or twelve step model. A number of audit records were recorded as compliant yet also indicated further action was required. Where further action is required these audit records should indicate non-compliance. It was evident that the governance arrangements of IPC audits within the home do not provide the necessary assurance of adherence to the principles of IPC practices.

Patient toiletries have been removed from the communal areas no further issues were identified.

We observed no torn bed linen. All bed linen checked was properly maintained and fit for purpose. There was evidence of newly purchased bed linen in place.

Wall mounted hand sanitisers checked were clean, sufficient product was available, well maintained and fit for purpose.

6.3 Conclusion

Evidence was not available to validate compliance with the Failure to Comply Notice FTC000067E1. However, there was evidence of some improvement and progress made to address the required actions within the notice.

Following the inspection, RQIA senior management held a meeting on 26 September 2019. The decision was made to extend the date for compliance with the FTC Notice to 16 October 2019. Compliance with the notices must therefore be achieved by this date.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection as referenced within section 4.0 of this report.

This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 16 July 2019.

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 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 provider 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	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time To be completed by: 31 August 2019	<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: 6.2</p> <p>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.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<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 6.2</p> <p>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.</p>
Area for improvement 3 Ref: Regulation 27(2)(t) Stated: First Time To be completed by: 7 July 2019	<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 on all potential ligature risk points.</p> <p>This is specific to window blinds and curtain tie backs.</p> <p>Ref: 6.2</p> <p>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.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 18 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 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. Overgrown foliage from the window view of identified patient bedrooms must also be removed.</p> <p>An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP.</p> <p>Ref: 6.2</p>
<p>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.</p>	
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to fluid and repositioning recording charts:</p> <ul style="list-style-type: none"> • Fluid target should be recorded on daily intake chart over 24 hours. • Frequency of repositioning to be recorded on individual charts. <p>Ref: 6.2</p>
<p>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.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that before making an offer of employment a pre-employment health assessment is obtained in line with guidance and best practice.</p> <p>Ref: 6.2</p> <p>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.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are treated with respect and their right to privacy is upheld.</p> <p>With specific reference to knocking on a patient’s bedroom door before entering and establishing if the patient agrees for them to enter.</p> <p>Ref: 6.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2019</p>	<p>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.</p> <p>The registered person must ensure that each patient in the identified unit has the name and contact details of their care manager located in their bedroom.</p> <p>Ref: 6.2</p> <p>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.</p>

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



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