

Unannounced Care Inspection Report

1 June 2016



Valley Nursing Home

Address: 8 Tullybroom Road, Clogher, BT76 0UW

Tel No: 028 8554 8048

Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Valley Nursing Home took place on 1 June 2016 from 09:30 to 18:15. The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. Recruitment and induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were maintained and reflected the dependency levels of patients. Staff training was well maintained.

There are four recommendations made in relation to duty rotas, care records, provision of personal effects and the replacement of corridor carpets.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. Care records were well maintained and included assessment of patient need, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. There was also clear evidence of effective team working and excellent communication between patients and staff. There was one recommendation made in relation to care records.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. Patients were very complimentary of staff. There was good evidence of patient, representative and staff consultation.

There was evidence that practices and quality initiatives provided continuous positive outcomes for service users within this domain. Patient involvement in the daily routine was obvious on the day of inspection. As discussed during inspection the manager agreed in order to evidence sustainability in good practice this should be formally recorded. A recommendation is made in relation to comments returned in the questionnaires.

Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within Valley Nursing Home.

Compliance with the recommendations made in the safe, effective and compassionate domain, will improve the overall services provided, the experience of service users and leadership within the home.

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 Department of Health (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lorraine Cozma, Registered Manager, 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 estates inspection

The most recent inspection of the home was an announced estates inspection undertaken on 12 May 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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 issues to be followed up during this inspection.

2.0 Service details

Registered organisation/registered provider: Valley Nursing Home (MPS) Ltd Paul Warren-Gray	Registered manager: Lorraine Margaret Cozma
Person in charge of the home at the time of inspection: Lorraine Cozma	Date manager registered: 19 November 2014
Categories of care: NH-MP, NH-MP(E), NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E), RC-I	Number of registered places: 96

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 50 patients, eight care staff, four registered nursing staff, two ancillary staff, two patient's representatives and one visiting professional.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to Adult Safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures
- quality review for year ending March 2014
- selection of quality indicators

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 May 2016

The most recent inspection of the Valley nursing Home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 Stated: First time	The responsible persons shall ensure that all the items listed in section 5.4.1 in relation to the environment are addressed.	Met
	Action taken as confirmed during the inspection: A review of the environment confirmed that the items listed in the previous report have been addressed. The registered person agreed to continue the programme to replace divan beds as soon as the person occupying them changes. This will continue to be monitored during subsequent inspections.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35 Stated: First time	The registered persons should further develop the Regulation 29 visits reports by using the guidance/template as provided on RQIA website.	Met
	Action taken as confirmed during the inspection: A review of the Regulation 29 monitoring visits evidenced good detail. There was evidence of follow up from the previous action plan and the action plan was agreed and signed by the person completing the monitoring visit and the registered manager.	

Recommendation 2 Ref: Standard 12 Stated: First time	The registered persons shall ensure that a hot trolley or bain-marie should be made available in the frail elderly nursing unit to ensure meals are maintained hot during the meal time and to enable greater choices.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a heated trolley has been provided and that meals are served hot and greater choices are available.	
Recommendation 3 Ref: Standard 21 Stated: First time	The registered persons shall ensure that the identified care record is reviewed as discussed in section 5.4.2 of the report.	Met
	Action taken as confirmed during the inspection: The identified care record had been updated and formal reviews are conducted on a monthly basis.	

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and stated that the levels were subject to regular review in order to ensure that the assessed needs of patients were being met. The manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients, this included details of patients dependency levels.

A review of the staffing roster for weeks commencing 23 and 30 May 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff staffing rosters it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. However one issue was raised in relation to the provision of time available for handover times. The registered manager agreed to review this. A recommendation is made in this regard. Relatives commented positively during the inspection regarding the staff and care delivery.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager also confirms that the induction process had been satisfactorily completed.

Review of two records and discussion with the manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

There were systems in place to monitor staff attendance and compliance with training. Review of staff training records for the previous year evidenced that the attendance/compliance levels with mandatory training was good. Following discussion with the manager it was ascertained that staff that had not yet completed their training were staff currently on long term leave or worked as bank staff. A management system is in place to ensure that those staff required to attend training are identified and reminded to complete their training when they return to work. A training matrix format is used to ease the reference of staff training and to identify shortfalls.

Discussion with the manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff receives supervision and appraisal. Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed.

A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified. The manager had robust systems in place to monitor the progress of safeguarding issues with the local health and social care trust and the PSNI.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans. A recommendation is made that assessments are dated and signed by the person conducting the assessment.

Discussion with the manager and review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However in the male dementia unit this was not just as personalised. The deputy manager states that this is normally left to relatives to bring in personal possessions into the home. The deputy manager agreed to review this. A recommendation is made that efforts are made to make the bedrooms more individualised by further discussion with relatives and with the use of colour or the use of patients work during activities in the home.

The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. There were no issues identified with infection prevention and control practice. The carpet on the corridors in the male dementia unit should be replaced as a priority. A recommendation is made in this regard.

Areas for improvement

There are four recommendations made in relation to duty rotas, care records, provision of personal effects and the replacement of corridor carpets.

Number of requirements	0	Number of recommendations:	4
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4.4 Is care effective?

Review of four patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patient's nursing needs was completed at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process. The outcome of patient assessments of need and risk assessments were evidenced to inform the care planning process. A recommendation is made as stated in section 4.3.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required, in response to patient need. Discussion with one visiting professional evidenced complete satisfaction with care provision in the home. They felt confident that advice and instructions were always carried out by staff in the home. This is to be commended.

Staff demonstrated awareness of the importance record keeping and of patient confidentiality in relation to the storage of records. There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the manager.

We discussed how management consulted with patients and relatives and involved them in the issues which affected them. The manager explained that attempts were made to have meetings with patients and relatives. The last meeting organised was organised for 15 July 2015, however, no-one had attended. A notice board displaying information for relatives was provided at the entrance to the home. The last end of year quality survey was completed in March 2014. A recommendation is made that the end of year quality survey is re-introduced to seek relatives' opinions on the care provision in the home.

The serving of lunch was observed in both floors. Tables were set with cutlery, condiments and napkins. Those patients who had their lunch in the lounges or bedrooms were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room.

Meals were transported from the kitchen in heated trolleys and served by the kitchen staff; this left the registered nurses and care staff free to attend to the nutritional needs of the patients.

The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch.

Areas for Improvement

One recommendation is made regarding annual quality survey.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting outside, in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients' choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as required from time to time. Staff spoken with were knowledgeable regarding patients likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

Numerous compliments had been received by the home from relatives and friends of former patients.

Ten questionnaires were issued to patients; six were returned prior to the issue of this report. The patient response indicated that all aspects of care were excellent and that the service was well led. Three returned comments stated that they felt that there was not enough staff. Two commented that they did not know who the manager was and felt they were not consulted regarding their care.

Ten relative questionnaires were issued to relatives; two were returned prior to the issue of this report. One stated that the delivery of safe care and effective care could improve, as at times they felt there was not enough staff. Both commended compassionate care. The relatives also commended the well led domain.

The following comments were provided from patients and relatives during inspection;

- “I am very happy here”
- “I cannot fault the staff”
- “The food is marvellous”
- “I had a great day out fishing”
- “I can come and go as I please”
- “When I want to see my social worker, the staff help me”
- “I have no complaints”
- “My Is well cared for”
- “The staff are great, they are kind and considerate”

Twenty questionnaires were issued to nursing, care and ancillary staff; twelve were returned prior to the issue of this report. The responses to the questions were in the main quite positive and eight staff indicated that in their opinion the delivery of safe, effective and compassionate care was commended. Ten staff also stated that the well led domain as commendable. Two felt that they were well led. Four staff felt improvement was required under safe and effective care, stating, there were not enough staff at times and they wished for more frequent staff meetings to express their concerns. A recommendation is made that the manager should consider the comments made and address them where necessary.

There were a number of activities ongoing in the home. Patients were observed to be involved and there are various opportunities to encourage patients to become involved in the daily activities. Activities were patient led and in accordance with their wishes. Discussion with the activity therapist evidenced that there was enthusiasm by all staff to ensure planned activities were well organised. The activity programme was varied and reflective of patient preferences. There is also a monthly newsletter issued to all patients and relatives informing them of up-coming events. Relative and patient information is provided on notice boards throughout the home. The provision of activities is to be commended on this occasion. As discussed during inspection the manager agreed that in order to enhance practice and evidence sustainability in compassionate care the individual activities and events should be formally recorded.

Areas for Improvement

A recommendation is made regarding comments made by staff.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available.

Discussion with the management and staff evidenced that there was a clear organisational structure within the home. There was evidence that the management team work well together to ensure the provision of care in the home is of a good standard. Discussion with the management team evidenced that they all had varied interests and strengths and this was disseminated throughout their various roles and responsibilities.

Staff spoken with were knowledgeable regarding line management structures within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and /or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. As previously discussed information on how to make a complaint was displayed in the home.

A record of complaints was maintained by the registered manager. There have been no recent or on-going complaints. The record of past complaints included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of correspondence sent to the complainant. We discussed at length how the registered manager assessed that the complainant was satisfied with the outcome of the complaint and how this satisfaction was evidenced.

Any contract compliance issues raised by the local health and social care Trust were recorded as complaints. In these instances the Trust informs the registered manager if the complainant is satisfied with the outcome. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were numerous thank you cards and letters received from former patients and relatives placed throughout the home.

The manager discussed the systems in place to monitor the quality of the services delivered and explained that a programme of audits was completed on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, complaints and the environment. A review of the record of audits evidenced that an action plan was developed, completed and then area re-audited to check that the required improvement has been completed.

A review of records evidenced that the unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

Areas for Improvement

Areas for improvement were identified in the previous domains of effective care. Compliance with these recommendations will improve the overall services provided, the experience of service users and leadership within the home.

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 this QIP were discussed with Lorraine Cozma, Registered Manager and 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

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

Recommendations	
Recommendation 1	The registered provider should ensure there is sufficient time scheduled at all changes of shifts for handover reports to be given on patient care and other areas of accountability.
Ref: Standard 41	
Stated: First time	Ref: Section 4.3
To be completed by: 31 July 2016	Response by registered provider detailing the actions taken: <i>1 hour of each shift change to work 7am-8pm rather than 7.45am-7.45pm</i>
Recommendation 2	The registered provider should ensure that assessments are dated and signed by the person conducting the assessment.
Ref: Standard 4	Ref: Section 4.3
Stated: First time	
To be completed by: 30 June 2016	Response by registered provider detailing the actions taken: <i>within auditing process assessments are checked and relevant staff spoken too</i>
Recommendation 3	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: Standard 43.6	
Stated: First time	Ref: Section 4.3
To be completed by: 30 August 2016	Response by registered provider detailing the actions taken: <i>where appropriate some discussed with relatives where decorator employed by NHS to visit and complete work</i>
Recommendation 4	The registered provider should replace the carpet on the identified corridors in the male dementia unit as a priority.
Ref: Standard 43.4	Ref: Section 4.3
Stated: First time	
To be completed by: 30 August 2016	Response by registered provider detailing the actions taken: <i>quote for same sent to proprietor for authorisation</i>
Recommendation 5	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.
Ref: Standard 7	
Stated: First time	Ref: Section 4.4
To be completed by: 30 September 2016	Response by registered provider detailing the actions taken: <i>relatives questionnaires sent twice annually ad Meetings held twice annually Hoopes in attendance</i>
Recommendation 6	The registered provider should consider the comments made by staff and address them where necessary.

Ref: Standard 41

Ref: Section 4.5

Stated: First time

To be completed by:
30 August 2016

Response by registered provider detailing the actions taken:

Staff meetings held following inspection
and all issues dealt with

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews