



The Regulation and
Quality Improvement
Authority



Unannounced Care Inspection Report 09 August 2016



Valley Nursing Home

Type of Service: Nursing Home
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspectors: Donna Rogan and Lyn Buckley

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Valley Nursing Home took place on 9 August 2016 from 19:30 hours to 22:40 hours by Donna Rogan and Lyn Buckley inspectors.

This inspection was carried out following an anonymous call to RQIA on 8 August 2016 with the purpose of identifying possible breaches in regulations specifically in the Tullybroom unit. The caller raised concerns in relation to the following:

- handover arrangements
- observation of staff attitude and interactions with patients
- time of patients' retiring to bed
- number of staff available
- safe moving and handling practices and training
- management of equipment, for example, hoist, slings and slide sheets
- management of creams and personal care of patients
- security of the home at night
- management of fire safety and prevention
- hygiene of bathrooms

In general the issues raised by the caller were not validated and at the time of the inspection patients' needs were well met in a safe and professional manner.

However, four requirements and one recommendation were made following the inspection. Five of the recommendations detailed on the QIP have been carried forward from the previous care inspection in June 2016.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	6*

*Five of the six recommendations made were made at the previous care inspection conducted on 1 June 2016. The six recommendations were not validated during this inspection and are carried forward for review during subsequent inspections.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lorraine Cosmos, Registered Manager, as part of the inspection process. Discussion was also held with Chandler Grey, Registered Person during the inspection by telephone. The timescales for

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

1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent care inspection on 1 June 2016. Enforcement action did not result from the findings of the previous 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 is an ongoing safeguarding issue currently being investigated in the home. A review of the information received and discussion with the registered manager during the inspection confirmed that the management team were co-operating with the adult safeguarding team from the relevant healthcare trust. Safeguarding concerns were observed to have been managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified.

2.0 Service details

Registered organisation/registered person: Valley Nursing Home (MPS) Ltd	Registered manager: Lorraine Cozma
Person in charge of the home at the time of inspection: Lorraine Cozma	Date manager registered: 17 November 2014
Categories of care: NH-MP, NH-MP(E), NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E), RC-I A maximum number of 58 patients in category NH-DE. Maximum number of service users 96, in addition 2 persons may receive care on a day basis only in Tullybroom House and 2 persons who do not require bath/shower facilities may receive care on a day basis only in the Dementia Unit (Main House)	Number of registered places: 96

3.0 Methods/processes

Information was received by RQIA on 8 August 2016 from an anonymous caller which raised concerns in relation to the Tullybroom unit regarding the issues listed in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. Following discussion with senior management, it was agreed that an inspection would be undertaken to review the following areas in the Tullybroom unit:

- the quality of the handover reports
- staffing levels
- patient's bed times
- availability and use of equipment (hoists and slings)
- staff interaction and attitude to patients
- management of prescription creams and patients' personal care
- security of the home
- fire safety and prevention measures
- hygiene and the cleanliness of the home

Prior to inspection we analysed the following information:

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

The following records were examined during the inspection:

- duty rotas
- complaints
- communication books
- night diary
- accident books/incident books
- records in relation to prescription creams
- handover records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 1 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. Due to the time and focus of this inspection, the previous QIP was not completely validated. The recommendations not validated will be carried forward to the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 01 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: Following discussion with staff and observation of the handover report. It was evidenced that sufficient time was allocated to ensure appropriate information was provided from the day staff to the night staff. Staff confirmed that one member of staff from day duty would remain on 'the floor' and observe patients in the lounge area until the night handover was completed. In the morning a member of staff from night duty would be available 'on the floor' during the handover period. Staff on duty stated that they were satisfied with this arrangement.</p>	Met
Recommendation 2 Ref: Standard 4 Stated: First time	<p>The registered provider should ensure that assessments are dated and signed by the person conducting the assessment.</p> <p>Action taken as confirmed during the inspection: This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	This recommendation was not validated and is carried forward.

<p>Recommendation 3</p> <p>Ref: Standard 43.6</p> <p>Stated: First time</p>	<p>The registered provider should ensure that efforts are made to make the bedrooms more individualised by further discussion with relatives, the use of colour or the use of patients work during activities in the home.</p> <p>Action taken as confirmed during the inspection: This recommendation is made in relation to the male dementia unit. Therefore was not reviewed during this inspection due to the focus being in the Tullybroom unit.</p>	<p>This recommendation was not validated and is carried forward.</p>
<p>Recommendation 4</p> <p>Ref: Standard 43.4</p> <p>Stated: First time</p>	<p>The registered provider should replace the carpet on the identified corridors in the male dementia unit as a priority.</p> <p>Action taken as confirmed during the inspection: This recommendation is made in relation to the male dementia unit. Therefore was not reviewed during this inspection due to the focus being in the Tullybroom unit.</p>	<p>This recommendation was not validated and is carried forward.</p>
<p>Recommendation 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the end of year quality survey is re-introduced to seek relatives' opinions on the care provision in the home.</p> <p>Action taken as confirmed during the inspection: This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	<p>This recommendation was not validated and is carried forward.</p>
<p>Recommendation 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should consider the comments made by staff and address them where necessary.</p> <p>Action taken as confirmed during the inspection: This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	<p>This recommendation was not validated and is carried forward.</p>

4.3 Inspection Findings

4.3.1 Handover arrangements

The inspection commenced at 19:30 hours just as staff were preparing for the handover report. There was one registered nurse on duty and three care assistants. At 19.45 hours one registered nurse and two care assistants came on duty to commence their night duty. One member of day staff stayed in the lounge area whilst the verbal handover report was carried out. The other two care assistants went home. One inspector observed the handover report. The registered nurse in charge of day duty delivered the handover information. It was delivered to all three night staff members and lasted approximately 20 minutes. There were 23 patients in the unit on the evening of inspection and all patients were discussed in the report. There was also a written staff nurse information file used during the handover. Staff stated this written report was used to assist the nursing staff in ensuring all-important information was communicated effectively at the beginning of each shift. The inspector assessed the quality of the information provided during the verbal handover report to be of a good standard, relevant and informative of patients' current conditions.

The inspectors found a number of communication books in the treatment room and at the nurses' station. They included, a 'night duty diary', a 'communication book for care staff to and from the unit manager', a 'communication book for staff nurses to and from unit manager', and a 'senior care assistant communication book'. A review of the information in these books evidenced that the information recorded could be confusing. For example, there was reference to patients' care, reference to staff instructions regarding the routine in the home, there was general staff information and at times references were made regarding staff conduct.

The content of these books was shared with the registered manager who was present in the home during the inspection. The registered manager stated that a communication book had been introduced in April 2016 to improve communication when the unit manager was not on duty. The purpose of the communication book was to enable staff to update themselves, following a period of leave. It was agreed that the content of the communication books was not always appropriate and that patient information which should be maintained as confidential, was included. It was also agreed that any information relating to patients or patient care should be recorded in the patients' care records. There were a further two communication books found at the nurses station; entries were observed to be dated from December 2014. The inspectors requested the books reviewed to be secured, by the registered manager, to ensure confidentiality and advised that the information contained in the books should be reviewed to ensure all relevant information was transferred into patient's care records as appropriate and any information relating to staff was appropriately addressed. The registered manager agreed to the above request.

A requirement was made that information regarding patient care is appropriately recorded in their care records.

A requirement was also made that information in relation to staffs' actions or inactions should be confidentially recorded and addressed during supervision or in accordance with the home's disciplinary policies and procedures.

A recommendation was made that all legislation is considered when communicating information, such as, The Data Protection Act 1998.

RQIA can confirm that since the inspection, the registered manager notified RQIA on 10 August 2016 that action has been implemented to address the above issues.

Areas for Improvement

There were two requirements and one recommendation made.

Number of Requirements:	2	Number of Recommendations:	1
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4.3.2 Observation of staff interaction and attitude to patients

Staff interaction with patients was observed throughout the duration of the inspection. Staff were observed to be at all times respectful polite and courteous with patients during interactions. For example choices were offered throughout the serving of supper, permission and explanation was offered prior to staff interaction and patients' dignity was maintained throughout all interactions.

There was a wide range of food and fluids available for supper and patients spoken with stated that they enjoyed the variety of food on offer. Observation of staff interaction and intervention evidenced that staff obviously knew the patients well.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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4.3.3 Time of patients retiring to bed

Patients were observed to be up either sitting comfortably in the main lounge or their bedroom, as was their wish, at the beginning of the inspection. Staff spoken with stated that patients received their supper and medications prior to them retiring to bed. There were no patients requesting to be taken to bed prior to supper. The evening routine appeared to be calm and well organised. Care staff took direction from the registered nurse in charge. Suppers were offered to patients in a timely way and assistance from staff was provided as required. Medications commenced at 21:30 hours and were completed by 22:15 hours. Patients were assisted to bed in accordance with their needs and wishes and feelings and there was no urgency from staff to get tasks completed prior to patients retiring to bed. Patients requesting to go to bed were assisted by 22:30 hours.

One patient stated that they normally went to bed around 01:00 hours. Staff stated that the patient would be offered further refreshments prior to retiring to bed. Staff spoken with stated that the night time routine was usually busy but when permanent staff was on duty, patients were usually in bed by 23:00 hours.

Areas for improvement

Draft report issued during consultation period

There were no areas for improvement in this regard.

Number of Requirements:	0	Number of Recommendations:	0
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4.3.4 Number of staff available

As previously stated in section 4.3.1 there was one registered nurse and two care assistants on duty. Staff spoken with stated that staffing levels were usually maintained at this level. A review of the duty rotas for week commencing 8 August 2016 and 15 August 2016 confirmed that these staffing levels were maintained. The registered manager and staff spoken with confirmed that a post for a twilight care assistant had recently been advertised, to date there have been no applications received. The registered manager stated that it was the intention to re-advertise this post after the summer months.

The registered manager and staff spoken with stated that they had a staff meeting on 1 July 2016 where staffing levels and issues were discussed. The registered manager stated that a further staff meeting was planned for 15 August 2016 with the registered provider to further discuss staffing levels and issues. The registered manager confirmed that three new care staff had been appointed and they were currently waiting on references and the appropriate checks being carried out.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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4.3.5 Safe moving and handling practices and training

The inspectors observed a number of interactions where staff were assisting patients to their bedrooms. During these interactions staff were observed to use appropriate moving and handling techniques. A range of equipment such as hoists and slings and wheelchairs were available. Patients spoken with confirmed that they felt safe and comfortable when staff were transferring them. Staff confirmed that they were adequately trained in the moving and handling of patients. There were no issues or concerns observed regarding the use of equipment or the moving and handling of patients during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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4.3.6 Management of prescription creams and patients' personal care

The inspectors discussed the management of prescription creams with staff on duty. Staff stated that the creams were in the locked treatment room and were not aware that the creams

were actually in a bathroom stored in a large box. Staff stated that the creams had been put there for convenience and would be returned to the treatment room after use. The inspector advised that the prescription creams should be stored, within sight of the registered nurse, until they were administered and not left unattended in a bathroom. Staff agreed to ensure this process was followed in the future. The prescription creams were labelled individually and stored in a bag with the patients name on them. The prescription creams were provided to care staff by the registered nurse and following their application the care staff confirmed to the registered nurse that they had been administered and the registered nurse completed the medication records. This is good practice.

Patients were observed to be appropriately groomed, nails were nicely manicured and men were clean shaven.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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4.3.7 Security of the home at night and management of fire safety and prevention

On entering the Tullybroom unit the inspectors observed the unit to be secure. Only one door, leading to the activities room, was observed to be wedged open. There were no exit doors left open. The windows in the kitchen area of the unit were observed to be wide open. There were no restrictors in place. Staff stated that they usually conducted a "security tour of the home" at night once all patients were settled for the night, to ensure all doors and windows were closed or locked.

A number of wardrobes in patients' bedrooms were observed not to be secured to the wall.

A requirement was made that fire doors are not to be wedged open; that appropriate restrictors are used to secure windows; and that wardrobes are appropriately secured in keeping with best practice.

The registered manager stated that the restrictors would be placed on the windows by the maintenance person in the morning following the inspection. A requirement is made that a risk assessment should be completed in relation window restrictions and in relation to wardrobes to ensure they are appropriately secured in keeping with best practice. This matter was also referred to the estates inspector.

Areas for improvement

There were two requirements made.

Number of Requirements:	2	Number of Recommendations:	0
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4.3.8 Hygiene of bathrooms

A review of all bathrooms, shower rooms and toilet areas was conducted. With the exception of one shower room all were observed to be clean and tidy. This shower room was observed to be malodourous and wet blankets were observed on the floor below the shower. Staff stated that a patient had recently been showered prior going to bed. This issue was addressed during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Cozmo, registered 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that information regarding patient care is appropriately recorded in their care records.</p> <p>Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: This was addressed within a staff Nurses meeting.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that information in relation to staffs' actions or inactions should be confidentially recorded and addressed during supervision or in accordance with the home's disciplinary policies and procedures.</p> <p>Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: Supervisions are carried out confidentially accordingly.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that fire doors are not wedged open.</p> <p>Ref: Section 4.3.7</p> <p>Response by registered provider detailing the actions taken: All wedges removed from within the Nursing Home.</p>
<p>Requirement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated:</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that a risk assessment is completed in relation window restrictions and in relation to wardrobes to ensure they are appropriately secured in keeping with best practice.</p> <p>Ref: Section 4.3.7</p> <p>Response by registered provider detailing the actions taken: This has been actioned and is in process of completion.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider should ensure that all legislation, such as, The Data Protection Act 1998, is considered when communicating information.</p> <p>Ref: Section 4.3.1</p> <hr/> <p>All communication books have been removed. All information is communicated through residents files and handover file.</p> <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 2</p> <p>Ref: Standard 43.6</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that efforts are made to make the bedrooms more individualised by further discussion with relatives, the use of colour or the use of patients work during activities in the home.</p> <p>Carried forward from previous inspection</p> <p>Response by registered provider detailing the actions taken: Regular meetings have been held with activities team to reinforce and develop this. Relatives are encouraged to bring personal items from home.</p>
<p>Recommendation 3</p> <p>Ref: Standard 43.4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should replace the carpet on the identified corridors in the male dementia unit as a priority.</p> <p>Carried forward from previous inspection</p> <p>Response by registered provider detailing the actions taken: Awaiting tradesman to carry out the work.</p>
<p>Recommendation 4</p> <p>Ref: Standard 7</p> <p>Stated: First time 30 January 2017</p>	<p>The registered provider should ensure that the end of year quality survey is re-introduced to seek relatives' opinions on the care provision in the home.</p> <p>Carried forward from previous inspection</p> <p>Response by registered provider detailing the actions taken: Relatives meeting arranged for 22-9-16 Annual survey re-introduced.</p>

<p>Recommendation 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should consider the comments made by staff and address them where necessary.</p> <p>Carried forward from previous inspection</p> <hr/> <p>Response by registered manager detailing the actions taken: All comments addressed with staff in Site meeting. meetings ongoing monthly.</p>
<p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider should ensure that assessments are dated and signed by the person conducting the assessment.</p> <p>Carried forward from previous inspection</p> <hr/> <p>Response by registered manager detailing the actions taken: Addressed within staff nurses meeting. Audit tool revised in relation to this.</p>

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