



Unannounced Enforcement Care Inspection Report 16 October 2019



Valley Nursing Home

Type of Service: Nursing Home (NH)

Address: 8 Tullybroom Road, Clogher, BT76 0UW

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Inspectors: James Lavery, 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

<p>Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd</p> <p>Responsible Individual(s): Paul Warren-Gray</p>	<p>Registered Manager and date registered: Jan James Acting, no registration required.</p>
<p>Person in charge at the time of inspection: Jan James</p>	<p>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</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 84</p>

4.0 Inspection summary

An unannounced inspection took place on 16 October 2019 from 09.10 to 15.00.

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.

On 16 July 2019 RQIA issued seven failure to comply notices (FTC). This inspection sought to assess the level of compliance achieved in relation to two FTC Notices. The areas identified for improvement and compliance with the regulations within the notices were in relation to: the

quality of management and governance arrangements in the home (FTC000069E1), and the management of infection prevention and control (IPC) (FTC000067E2).

Evidence was available to validate compliance with the Failure to Comply Notices FTC000069E1 and FTC000067E2. These findings are discussed further in Section 6.3.

Any areas for improvement identified during care inspections that have been conducted since 7 June 2019 which were not validated will be reviewed at a future care inspection.

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	*3	*5

*The total number of areas for improvement includes one under the regulations and one under the standards which have been stated for a second time. The areas for improvement were not reviewed at this inspection and have been carried forward for review at the next care inspection.

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 notices.

During the inspection the inspectors spoke with a number of patients and staff on duty. 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
- monthly monitoring reports
- quality assurance audits
- adult safeguarding records.

Areas for improvement identified at the last care inspection which were not reviewed as part of this inspection have been 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 September 2019

The most recent inspection of the home was an unannounced enforcement compliance care inspection. The areas for improvement were not reviewed at this inspection and have been carried forward for review at the next care inspection.

6.2 Inspection findings

FTC Ref: FTC000069E1

Notice of failure to comply with Regulation 29 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

The Nursing Homes Regulations (Northern Ireland) 2005

Visits by registered provider

Regulation 29.—

(1) Where the registered provider is an individual, but not in day-to-day charge of the nursing home, he shall visit the home in accordance with this regulation.

In relation to this notice the following two actions were required to comply with this regulation: The responsible individual must ensure that:

- Sufficiently robust auditing systems are in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to, environmental audits; infection prevention and control audits; an audit of the dining experience of patients; the management, provision and review of activities to patients on a weekly basis; and that staff communication with patients is appropriate, effective and compassionate.
- Monthly monitoring reports are completed every 28 days in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and are sufficiently robust. Monthly monitoring reports must contain clear and time-bound action plans which detail all areas of improvement required and how these improvements are being monitored and maintained. The completed Regulation 29 report should be shared with the registered manager and the senior management team to ensure that the required improvements are effectively reviewed.

Review of the monthly monitoring report dated for September 2019 evidenced that it had been completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The report contained a comprehensive and time bound action [plan](#) by which ongoing improvements could be effectively monitored. It was agreed with Vanessa Davies that the monthly monitoring reports should also include the following:

- a review of a sample of quality assurance audits to ensure they have been completed robustly
- confirmation with the manager that all quality assurance audits/analyses have been reviewed and validated by the manager since the previous monthly monitoring visit.

The need to ensure that the monthly monitoring report is used by the manager in a dynamic and ongoing manner was stressed.

With regard to quality assurance audits, we examined a range of documents relating to areas such as: wardrobe checks, pressure area care, night time checks, the dining experience of patients, the provision of care to patients living with dementia and the provision of activities.

While it was positive to see that a broad range of quality assurance audits were in place, it was agreed that a clear schedule for their completion should be in place. It was also agreed that all audits should have time bound action plans and demonstrate clear evidence of validation by the manager.

Evidence was available to validate compliance with this FTC Notice.

FTC Ref: FTC000067E2

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

Observation of the environment highlighted that information was displayed for staff with regards to the management of Infection Prevention and Control (IPC). However, some of this information was inconsistent and it was agreed with the manager that consistent signage should be in place for staff to refer to.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was noted to be generally clean, tidy and fresh smelling throughout. Upon our arrival we noted that external contractors were on site and carrying out painting and decorating of the environment. We welcome this improvement work, which when completed will promote effective cleaning of the environment throughout the home. Review of domestic cleaning schedules confirmed that these were being used consistently by staff. It was agreed with the manager that domestic staff should now focus their attention on more detailed cleaning of the environment in order to ensure that a consistently high standard of cleanliness is maintained throughout the home.

Patient furniture sampled was found to be in good working order with several new seats noted in one communal lounge. Patients' toiletries were noted to be stored appropriately. A number of patients' bedrooms were also observed to be tastefully decorated. We also 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.

Staff were observed to be wearing personal protection equipment (PPE), such as disposable aprons and gloves, appropriately. Staff had also been issued with hand held hand sanitisers which they were observed using on a regular basis. We spoke to several staff about infection prevention and control principles and improvement was noted. It was agreed with the manager and senior management team that embedding such knowledge into staff practice should remain an ongoing priority with a focus on the management of needlestick injuries, dilution rates for disinfectants and the management of blood spillages. Review of staff training records and feedback from staff/manager evidenced that an ongoing programme of IPC training was being conducted.

Domestic staff were aware of the solutions being used for environmental cleaning. During feedback to the home, managers were advised to seek assurance from the manufacturer that the disinfectant cleaning solution in use would be effective in the event of an outbreak of infection.

Observation of the internal environment evidenced that patient equipment was well maintained and fit for purpose. Staff were given advice in relation to how best to clean equipment such as hoists, to avoid premature degradation. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose.

Staff were observed transporting waste safely. Some pedal operated bins in place, were found not to be working; this was discussed with the manager who agreed to ensure that faulty bins are replaced and/or that staff correctly fit waste bags to such bins. An area for improvement in relation to Control of Substances Hazardous to Health (COSHH) had been met.

A range of infection prevention and control audits were viewed. These audits evidenced that infection prevention and control was being effectively quality assured by the manager and senior staff.

Evidence was available to validate compliance with this FTC Notice.

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices FTC000069E1 and FTC000067E2.

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.

This inspection focused on the actions contained within two of the Failure to Comply Notices issued on 16 July 2019; FTC000069E1 and FTC000067E2. One area for improvement in relation to COSHH was reviewed and assessed as met.

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 18 (2) (c) Stated: First time To be completed by: 7 July 2019	<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>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<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 standard 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 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>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.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2019</p>	<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: 4.0</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2019</p>	<p>The registered person shall review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of administration should be recorded.</p> <p>Ref: 4.0</p> <p>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.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 16 October 2019</p>	<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: 4.0</p> <p>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.</p>

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



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