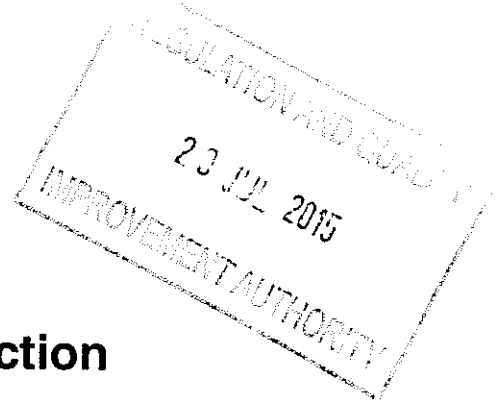


The **Regulation** and
Quality Improvement
Authority

Inspector: Donna Rogan
Inspection ID: IN022099

Valley Nursing Home
RQIA ID: 1502
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Clogher
BT76 0UW

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**Unannounced Care Inspection
of
Valley Nursing Home**

19 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 19 May 2015 from 10.30 to 16.30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

The focus of this inspection was continence management which was underpinned by selected criterion from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, dignity and Personal Care; Standard 21: Health care and Standard 39: Staff training and development.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 16 September 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the acting manager, Louise Hughes, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Valley Nursing Home/Mr Paul Warren-Gray	Registered Manager: Ms Louise Hughes (acting)
Person in Charge of the Home at the Time of Inspection: Louise Hughes (acting manager)	Date Manager Registered: 22 February 2015
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
Number of Patients Accommodated on Day of Inspection: 81	Weekly Tariff at Time of Inspection: £470 residential £593 nursing £637 physical disability

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criteria 4 and 8

Standard 6: Privacy, dignity and Personal Care, criteria 1, 3, 4, 8 and 15

Standard 21: Health care, criteria 6, 7 and 11

Standard 39: Staff training and development, criterion 4

4. Methods/Process

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

- discussion with the acting manager;
- discussion with patients;
- discussion with staff;
- discussion with relatives/representatives;
- review of care records;
- observation during a tour of the premises; and
- evaluation and feedback.

The inspector met with thirty five patients individually and with others in groups, ten care staff and two patients' relatives/visitor/representatives.

Prior to inspection the following records were 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; and
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas;
- staff training records;
- six care records;
- a selection of policies and procedures; and
- guidance for staff in relation to continence care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 16 September 2014. The completed QIP was returned and approved by the inspector. The findings of this inspection are outlined in section 5.2.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p>	<p>Ensure the regulation 29 inspection reports contain detail on the following issues:</p> <ul style="list-style-type: none"> • the record of events, for example incidents and accident records; • the record of complaints; • recorded their opinion as to the standard of nursing provided in the home at the time of their visit; • an action plan identifying any aspects for improvement as an outcome of the visit; • the names of patients/residents, staff and relatives spoken to should be anonymous or coded. This information should however, be available to any person authorised to inspect the records; • the time of the visit and the end of visit time; and • requirements and/or recommendations made by any person/agency authorised to inspect the 	<p>Met</p>

	<p>home should be reviewed at this time. The action taken and progress made in relation to any requirements and recommendations should be monitored by the registered provider/responsible individual.</p> <p>The inspector requires the home to submit a copy of the regulation 29 reports within 5 working days of the beginning of each subsequent month. This is required to continue until further notice.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the most recent Regulation 29 monthly inspection visit reports from 27 January 2015. They contained details of the above. However they could be better developed. It is recommended that the responsible person should use the template/guidance which can be accessed on RQIA website in order to ensure all the relevant information is included.</p> <p>RQIA can confirm that the regulation 29 inspection reports were forwarded to RQIA. The acting manager was informed that they are no longer required to be forwarded.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (d)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that a risk assessment is carried out in the home regarding ligature points as discussed.</p> <p>A copy of the completed risk assessment should be forwarded to RQIA with the return of the QIP.</p> <p>Action taken as confirmed during the inspection:</p> <p>A risk assessment has been carried out regarding ligature points in the home. This was forwarded to RQIA.</p>	<p>Met</p>

Last Care Inspection Recommendations	Validation of Compliance	
<p>Recommendation 1</p> <p>Ref: Standard 12</p> <p>Stated: Third time</p>	Met	
<p>It is recommended that the registered manager review:</p> <ul style="list-style-type: none"> • the dining experience in Tullybroom to ensure that staff training in how to assist patients with meals is appropriately embedded into practice. The use of the discreet observation tool is recommended; • the use of plastic glassware throughout the home to ensure that patient's dignity is protected at all times; • the meal service in Tullybroom unit to ensure that patients are not waiting for prolonged period for meals to be served; • the delivery of meals in Tullybroom to ensure that meals are kept at an appropriate temperature prior to serving to individual patients; • the staff availability in Tullybroom over meal times to ensure that sufficient suitably trained staff are available to support the meal service; and • the dining area in Tullybroom to ensure that it is of sufficient size to accommodate all patients as required. 		
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector could not fully review the dining experience in the Tullybroom suite as the dining room was being used as the lounge and dining room due to the lounge area being repainted.</p> <p>However following discussion with staff/patients and the acting manager, the inspector was assured that staff training had been embedded into practice. The acting manager informed the inspector that several periods of discreet observation were used to evidence this.</p> <p>The glassware has been reviewed and there was a variety in use.</p> <p>The inspector observed patients to be served and assisted with their meals in a timely way and at the appropriate temperatures.</p>	

	All staff were observed to assist with the serving of meals.	
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5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

There were up to date policies in place for continence care and management and care of urinary catheters. The following recommended guidelines were in place and available for staff:

- RCN continence care guidelines.
- British Geriatrics Society Continence Care in Residential and Nursing Homes.
- NICE guidelines on the management of urinary incontinence.
- NICE guidelines on the management of faecal incontinence.

Discussion with the acting manager and review of induction records confirmed that a number of staff had received continence training on induction. The acting manager also confirmed that registered nursing staff were trained and competent in male and female catheterisation. Discussion with care staff confirmed that they had received training in continence care. All staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Is Care Effective? (Quality of Management)

Review of six patients' care records evidenced that bladder and bowel continence assessments were undertaken for all six patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans.

There was evidence in six patients' care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The care plans reviewed addressed the patients' assessed needs in regard to continence management.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken as required and patients were referred to their GPs as appropriate. Arrangements were in place to obtain advice and support from external health professionals and services.

Review of six patients' care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.

Monthly quality monitoring also takes place within the home including an audit of care records which incorporates continence care.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

5.4.2 Care records

Six care records were reviewed. The overall management of care records continues to be of a good standard. The six care records reviewed were observed to be up to date, reflective of the care required, individualised and contained evidence of patient involvement.

One care record whilst was updated on a daily basis, had not had a formal review conducted regarding the plan of care since July 2013. The acting manager agreed to ensure this record was reviewed as a priority. A recommendation is made in this regard.

5.4.3 Meal times

The serving of the lunch time meal in all units was observed to be relaxed, pleasant and well organised. All staff were observed to be involved in assisting with the meal. All patients spoken with stated that they enjoyed the food and stated that snacks were always available. There was a variety of food available and patients were offered choices. The menu offered choices at all meal times and was rotated over a four week period. The choices available for the lunch time meal included homemade vegetable soup, lamb pie or gammon served with creamed potatoes, broccoli, mixed vegetables and gravy or parsley sauce. There was a choice of apple sponge and custard or semolina and fruit. A selection of yogurts, fresh fruit and ice cream was also available.

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. A recommendation is made in this regard.

5.4.4 Discussion with staff

The inspector spoke with approximately ten members of staff during the inspection. All were positive in their responses regarding care in the home. All stated they attended regular staff meetings and felt they could approach the acting manager if needed. The following comments were made to the inspector.

"We all work so well together."

"Communication is good in the home, we are kept well informed."

"We are always offered training."

"The care in the home is excellent."

"Morale in the home is really good, I can approach the acting manager if I have any worries."

5.4.5 Discussion with patients

The inspector had discussion with approximately 35 patients, both individually and in groups. All were very positive about their daily life in the home. One patient spoken with at length stated that staff in the home were very patient, kind and compassionate. They felt that staff always have time for them and stated that they feel safe and well cared for. Other comments included:

“The care is good.”

“It’s not home, but it is as close as I could wish for.”

“The food has improved, we get choices every day; I’ve no complaints.”

“Staff are considerate, I never have to ask twice for anything.”

5.4.6 Discussion with patients’ representatives

RQIA spoke with two visiting relatives who commented that the food was good, the staff friendly and the care very good.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Louise Hughes, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

5.4 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

5.5 Recommendations

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

5.6 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 The responsible persons shall ensure that all the items listed in section 5.4.1 in relation to the environment are addressed.

Ref: Regulation 27

Stated: First time

**To be Completed by:
30 June 2015**

Response by Registered Person(s) Detailing the Actions Taken:

All areas outlined addressed
proprietor informed regarding
replacement of duva beds.

Recommendations

Recommendation 1 The registered persons should further develop the Regulation 29 visits reports by using the guidance/template as provided on RQIA website.

Ref: Standard 35

Stated: First time

**To be Completed by:
14 July 2015**

Response by Registered Person(s) Detailing the Actions Taken:

The guidance template is in usage
by the registered person

Recommendation 2

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.

Ref: Standard 12

Stated: First time

**To be Completed by:
14 July 2015**

Response by Registered Person(s) Detailing the Actions Taken:

Requested from proprietor to
arrive 7.7.15

Recommendation 3

The registered persons shall ensure that the identified care record is reviewed as discussed in section 5.4.2 of the report.

Ref: Standard 21

Stated: First time

**To be Completed by:
14 July 2015**

Response by Registered Person(s) Detailing the Actions Taken:

Core record has been
reviewed

Registered Manager Completing QIP



**Date
Completed**

6-7-15

Registered Person Approving QIP



**Date
Approved**

6-7-15

RQIA Inspector Assessing Response

**Date
Approved**

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



RQIA Inspector Assessing Response	Donna Rogan	Date Approved	22/07/2015
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