

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

<b>Name of Registered Establishment:</b> Valley Nursing Home (1502)	<b>Name of Registered Person:</b> Mr Paul Warren-Gray
<b>Address of Registered Establishment:</b> 8 Tullybroom Road, Clogher, BT76 0UW	
<b>Issue Date:</b> 16 July 2019	<b>FTC Ref:</b> FTC000063
<b>Regulation not complied with:</b>  <b>The Nursing Homes Regulations (Northern Ireland) 2005</b>  <b><i>Fitness of premises</i></b>  <b><i>Regulation 27.—</i></b> <b><i>(1) Subject to regulation 3(3), the registered person shall not use the premises for the purposes of a nursing home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.</i></b> <b><i>(2) The registered person shall, having regard to the number and needs of the patients, ensure that –</i></b> <b><i>(b) the premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally;</i></b> <b><i>(c) equipment provided at the nursing home for use by patients or persons who work at the home is in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose for which it is to be used;</i></b> <b><i>(d) all parts of the nursing home are kept clean and reasonably decorated;</i></b> <b><i>(m)suitable storage facilities are provided for the use of patients</i></b>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 6 July 2019 to 8 July 2019 a significant number of areas of the interior of the home were found to be in an unsatisfactory state of repair. For example fixtures and fittings within a communal bathroom were broken. Décor was significantly worn and unclean in several areas. Furniture in a number of bedrooms had been damaged and/or was significantly chipped or worn and a number of bedroom chest of drawers were damaged or in poor repair. Floor coverings in two stairwells were in poor condition and required immediate replacement.  One wardrobe was insecurely attached to a patient's bedroom wall. One patient's bedroom door was lacking any appropriate fire closure device and was wedged open. Toiletries and topical medication for all patients within the dementia unit were being	

stored within an insecure storage area located in one patient's bedroom. Observation of the frail elderly, dementia and brain injury units located within the 'main building' highlighted that they lacked adequate décor so as to effectively meet the assessed needs and comfort of patients. Electrical wiring was also partially exposed within one patient corridor located in the dementia unit.

**Action required to comply with regulations:**

The responsible individual must ensure that:

- a detailed and time bound refurbishment program is developed and submitted to RQIA by 31 July 2019, in relation to the ongoing redecoration and upkeep of the premises.
- robust governance arrangements are in place to ensure that wardrobes are appropriately and safely secured within patients' bedrooms.
- fixtures/fittings within communal bathrooms used by patients are well maintained and fit for patient use.
- floor coverings within two identified stairwells and the large communal lounge of the brain injury unit are well maintained and fit for purpose.
- bedroom furniture within patients' bedrooms is well maintained and fit for purpose.
- furniture used for patient use within communal areas is well maintained and fit for purpose.
- robust and effective governance arrangements are in place to ensure that maintenance issues are addressed in an effective and timely manner.

**The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.**

**Date by which compliance must be achieved: 16 September 2019**

Signed..........Director of Assurance

***This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) (2005)***

***It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.***

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<b>Issue Date:</b> 16 July 2019	<b>FTC Ref:</b> FTC00064
<b>Regulation not complied with:</b>  <i>The Nursing Homes Regulations (Northern Ireland) 2005</i>  <i>Appointment of manager</i>  <b>Regulation 8.—</b> <i>(1) The registered provider shall appoint an individual to manage the nursing home where –</i> <i>(a) there is no registered manager in respect of the nursing home;</i>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 6 July 2019 to 8 July 2019, discussion with staff confirmed that there was no identified person in charge of the nursing home. While nursing staff were in charge of separate units within the home, staff were unclear in regard to overall managerial arrangements. In addition, a notification of absence had not been submitted to RQIA in keeping with legislative requirements advising of current managerial arrangements.	
<b>Action required to comply with regulations:</b>  The responsible individual must ensure that: <ul style="list-style-type: none"><li>• an individual is appointed with the necessary competence and skill to manage the nursing home in accordance with legislative requirements of the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria as stated in the Care Standards for Nursing Homes 2015.</li><li>• the Statement of Purpose for the home defines the organisational structure of the home and the relevant qualifications and experience of the manager</li><li>• the manager delivers services effectively on a day to day basis in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria as stated in the Care Standards for Nursing Homes 2015</li><li>• the hours worked by the manager are accurately recorded included on the duty rota</li></ul>	

**Date by which compliance must be achieved: 30 July 2019**

Signed.....*J Leelan Nix*.....Director of Assurance

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<b>Address of Registered Establishment:</b> 8 Tullybroom Road, Clogher, BT76 0UW	
<b>Issue Date:</b> 7 August 2019	<b>FTC Ref:</b> FTC000065
<b>Regulation not complied with:</b>  <b>The Nursing Homes Regulations (Northern Ireland) 2005</b>  <b><i>Requirements to ensure quality of nursing and other service provision</i></b>  <b>Regulation 12.—</b> <b><i>(1) The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</i></b> <b><i>(a) meet his individual needs; (b) reflect current best practice</i></b>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 6 July 2019 to 8 July 2019, discussion with staff and observation of the serving of lunch to patients within Tullybroom House highlighted that the dining experience of patients was inadequate. The arrangement of the dining room highlighted that there was not enough available seating for all patients to dine together if this was their preference.  The dining experience was observed to be protracted with staff attending to a limited number of patients before they were available to assist other patients who also required help with their meals. In addition, it was observed that there were two patients seated within the day room who were not served their meal until 13.45 hours.  In discussion with inspectors, staff used derogatory terms when describing those patients who required assistance with eating and drinking. For example staff referred to some patients as "feeders" and the mealtime experience as "feeding time."  RQIA was concerned that this provision was inadequate and was not provided to residents in a dignified and timely manner.	

**Action required to comply with regulations:**

The responsible individual must ensure that:

- the dining experience for patients within the nursing home is improved to ensure that this is undertaken in a dignified and timely manner
- the dining room is arranged and equipped in such a manner so as to ensure that all patients can dine together according to their assessed needs and/or expressed preferences
- that staffing levels are sufficient so as to ensure that all patients are served their meals and provided with assistance, as required, in a timely manner
- relevant care plans are in place for all patients which clearly outline their assessed needs and expressed preferences in relation to meal provision
- robust and effective governance processes are in place which ensure that staff receive training focused on person centred values in practice in order to enhance the dining experience of patients.

**Date by which compliance must be achieved: 16 September 2019**

Signed.....*Thomas Nixon*.....**Director of Assurance**

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<b>Issue Date:</b> 16 July 2019	<b>FTC Ref:</b> FTC000066
<b>Regulation not complied with:</b>  <b>The Nursing Homes Regulations (Northern Ireland) 2005</b>  <i>Health and welfare of patients</i>  <b>Regulation 13.—</b> <i>(1) The registered person shall ensure that the nursing home is conducted so as –</i> <i>(a) to promote and make proper provision for the nursing, health and welfare of patients;</i> <i>(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.</i>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 6 July 2019 to 8 July 2019 we observed inadequate management of distressed reactions and/or behaviours which challenge. Staff interactions with patients on several occasions were noted to be limited, task focused and not sufficiently person centred. Supervision of patients was poor, inconsistent and inadequate in some parts of the home.  One patient informed the inspector that being assisted from bed each day in a timely manner was "hit or miss." Review of this patient's care records highlighted that no care plan was in place which outlined the patient's expressed needs and/or preferences in regard to being assisted from bed. Staff were observed assisting the patient from bed at 15.45. We observed one patient whose clothing was in a poor state of repair.  In addition, care delivery to one identified patient who was isolated within the home was below the standards expected for the provision of effective and compassionate care.	

Staff advised inspectors that on a warm day on the weekend of the inspection they found it challenging to ensure that patients were adequately hydrated due to staffing levels on that day.

Staff were observed assisting a patient with moving and handling needs in a poor and ineffective manner. RQIA was concerned that this provision was inadequate and was not provided to residents in a dignified and timely manner.

**Action required to comply with regulations:**

The responsible individual must ensure that:

- Training in the management of distressed reactions and behaviour which challenges is undertaken with relevant staff and fully embedded into practice.
- Up to date and person centred care plans are in place for all patients who present with distressed reactions and/or behaviour which challenges.
- Care plans provide a detailed outline of the supervision arrangements in place for patients. This prescribed care should be embedded into practice.
- Care plans reflect the assessed needs and individual preferences of patients regarding assistance in and out of bed. This prescribed care should be embedded into practice.
- Staff ensure that patients are dressed in a dignified manner which reflects personal choice and preferences.
- Staff ensure that adequate and timely assistance is provided to all patients in regards to individual hydration needs.
- Training in moving and handling of patients is undertaken by relevant staff. A governance check should be completed to ensure that this is fully embedded into practice.

**The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.**

**Date by which compliance must be achieved: 16 September 2019**

Signed.....*Jessie Nixon*.....Director of Assurance

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<b>Issue Date:</b> 16 July 2019	<b>FTC Ref:</b> FTC000067
<b>Regulation not complied with:</b>  <b>The Nursing Homes Regulations (Northern Ireland) 2005</b>  <i>Health and welfare of patients</i>  <b>Regulation 13.—</b>  (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.	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 6 July 2019 to 8 July 2019 deficits in compliance with Infection Prevention and Control (IPC) practices were identified. Multiple areas throughout the home were maintained below a satisfactory hygiene level. Equipment such as a wall mounted hand sanitiser and shower chair were stained and/or in poor repair. Fixtures/fittings within two communal bathrooms were poorly maintained and in disrepair. The storage of items such as patients' toiletries and topical medications was not in keeping with best practice standards. Clinical waste in some patient areas was not effectively managed.  In addition, observation of staff provided evidence that IPC training, specifically hand washing, was not effectively embedded into practice. Review of several patients' bedrooms highlighted that they contained furnishings, bedlinen and/or equipment that were not effectively cleaned and/or maintained for patient use.	
<b>Action required to comply with regulations:</b>  The responsible individual must ensure that: <ul style="list-style-type: none"><li>• infection prevention and control training is undertaken and fully embedded into practice with all staff</li><li>• all equipment used in the delivery of patient care is well maintained and fit for purpose</li><li>• robust and effective cleaning schedules are in place for use by domestic staff. These arrangements should also ensure that the hygiene of the environment is maintained whenever domestic staff are not on duty</li></ul>	

- staff adhere to best practice guidance in regard to the management of all 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
- sufficiently robust audit and governance systems are in place to quality assure the management of infection prevention and control practice
- patients' 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

**The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.**

**Date by which compliance must be achieved: 16 August 2019**

Signed.....*Sharon Nixon*.....Director of Assurance

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<b>Issue Date:</b> 16 July 2019	<b>FTC Ref:</b> FTC000068
<b>Regulation not complied with:</b>  <b>The Nursing Homes Regulations (Northern Ireland) 2005</b>  <i>Facilities and services</i>  <b>Regulation 18.—</b> <i>(2) The registered person shall having regard to the size of the nursing home and the number and needs of patients –</i> <i>(n) where activities are provided by or on behalf of the nursing home, including training, occupation and recreation, there are arrangements to ensure that –</i> <i>(i) activities are planned and provided with regard to the needs of the patient</i>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 6 July 2019 to 8 July 2019 deficits were identified in regard to the consistent and meaningful provision of activities and events for patients. While it was noted that an activities programme was in place for patients, there was no evidence of any formal/informal activities taking place with patients during the inspection which occurred on Saturday 6 July 2019.  Staff interactions with patients were frequently observed to be limited, task orientated and not sufficiently person centred. It was also noted that patient interaction with one another within communal lounges was limited and insufficient provision was made by staff to promote and/or enhance social interaction between patients.	
<b>Action required to comply with regulations:</b>  The responsible individual must ensure that: <ul style="list-style-type: none"><li>• there is a programme of activities which provides for positive and meaningful outcomes for patients. This programme should evidence how the social/emotional needs of patients are met on a daily basis including those patients who are unable or do not wish to participate in group activities. The range of activities available should demonstrate awareness of the cultural, religious and spiritual needs of patients and be displayed in a suitable format in an appropriate location for patients</li></ul>	

- a record is kept of all activities that take place within the home including the name(s) of persons leading the activity and the patients who participate
- the emotional, psychological and social needs of patients are effectively assessed, recorded and used to inform the provision of formal/informal activities. These assessments should include approaches such as memory, life story work and reminiscence
- patients' care records evidence effective collaboration with their relatives/representatives and members of the multi-professional team (as appropriate) in regard to the provision of formal/informal activities
- the social interaction of patients is considered on a daily basis and that staff document clearly their interactions with individual patients within their care records
- appropriate equipment, aids and technology is used for patients with limited communications skills, so as to provide them with purposeful and enjoyable activities
- robust governance arrangements are in place which effectively review and quality assure the provision of formal/informal activities for patients. These arrangements should allow for timely feedback from patients and/or their relatives/representatives

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<b>Issue Date:</b> 16 July 2019	<b>FTC Ref:</b> FTC000069
<b>Regulation not complied with:</b>  <b>The Nursing Homes Regulations (Northern Ireland) 2005</b>  <i>Visits by registered provider</i>  <b>Regulation 29.—</b> <i>(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.</i>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 6 July 2019 to 8 July 2019 deficits were identified in relation to the lack of effective managerial, monitoring and governance arrangements in the home. This included a lack of oversight and effective quality assurance in regard to several areas including but not limited to: the quality of the internal environment; infection prevention and control practices; managerial arrangements within the home; the dining experience of patients; the provision of safe, effective and compassionate care delivery to patients; the provision of activities to patients.  Feedback from staff confirmed that monthly monitoring visits were taking place on behalf of the responsible individual and deficiencies were previously identified in monthly monitoring visits. However, the necessary improvements had not been made. The effectiveness of monthly monitoring visits were therefore considered inadequate.	
<b>Action required to comply with regulations:</b>  The responsible individual must ensure that: <ul style="list-style-type: none"><li>• 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.</li></ul>	

- 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.

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