

## **PERFORMANCE NOTICE – Unsatisfactory Performance – The Valley**

**Date of Issue:** 18 June 2020

**Reference:** TVAL/PN3/DL

This Performance Notice dated 18 June 2020 is issued by the Southern Health & Social Care Trust (The Trust) to Valley Nursing Home (MPS) Limited, Company Number NI066822, providing services at Valley Nursing Home, 8 Tullybroom Rd, Clogher BT76 0UW, under Clause 8 (Unsatisfactory Performance) of the Regional Nursing and Residential Home Specification and Contract between The Southern Health & Social Care Trust and Valley Nursing Home (MPS) Limited.

This Performance Notice is being issued because:

MPS has failed to provide services within Valley Nursing Home in line with the Service Specification & Contract with regards to:

- Issues outlined in PN1 and no response to further assurances sought in correspondence 17 February and 22 April 2020 in relation to:
  - Senior Management Structure
  - Recruitment and Retention of Staff
  - Safeguarding
- Outcome of Validation Audit (28 May 2020) in respect of Recommendations made in the Trust's Adult Protection Investigation
- General failure by MPS Responsible Individual to engage with the Trust.

Actions Required:

- Submission of a Remedial action plan which clearly sets out each concern/issue outlined below, action by MPS on how it intends to address each concern/issue and the timescale for rectification within the overall timescale afforded for compliance as set out below.

Area	Concern/Issue
<b>Restated Issues (PN1, Correspondence 17 February and 22 April 2020)</b>	
<b>Senior Management Structure</b>	Requirement for an update on the current and proposed position with regards to the ownership/commercial agreement with Healthcare Ireland regarding the Valley Nursing Home (Ref: PN1, correspondence of 17 February 2020 and 22 April 2020)
<b>Recruitment and Retention of Staff</b>	Requirement for further assurance that currently there is sufficient staff with the appropriate skill mix and training to manage complex residents now and into the future should utilisation of the home return to full capacity, in line with Valley Nursing Home Certificate of Registration. Evidence will be required to support this. (Ref: PN1, correspondence of 22 April 2020)
<b>Safeguarding</b>	<ol style="list-style-type: none"> <li>1. Confirmation that the delegated appointed person is trained to undertake the role of Adult Safeguarding Champion, where required.</li> <li>2. All staff trained and knowledgeable of NI Adult Safeguarding procedures.</li> <li>3. Commitment to and engagement with the ongoing adult safeguarding investigations and associated action plan/recommendations.</li> </ol>
<b>New Concerns/Issues from Adult Protection Validation Audit of 28 May 2020 (Ref: Adult Protection Investigation)</b>	
<b>Care Records</b>	<ol style="list-style-type: none"> <li>1. Nursing and risk assessments were current although resident files remain difficult to navigate, with multiple care plans in existence and inconsistent detail on care needs on file.</li> <li>2. Multiple residents daily records being combined in ring binders for care staff to use and all information related to individual</li> </ol>

	<p>residents not incorporated into a single resident record.</p> <ol style="list-style-type: none"> <li>3. Care plans – These lacked person centred detail and multidisciplinary team recommendations not always incorporated into care plans including link from MDT assessment to inform actions in care plan.</li> <li>4. <u>Catheter Care</u> -inconsistent detail in resident care plans for changing catheter bags and catheters.</li> <li>5. <u>Wound Care</u>- aseptic technique not consistently referenced and body maps were not observed within the wound care plans.</li> <li>6. <u>Eating and Drinking</u> – there was evidence of multiple plans where one, incorporating all aspects including details of a modified diet / fluids, where appropriate, fluid intake target, assistance required and reference to the MUST assessment would suffice.</li> <li>7. <u>Seating and Mobility / pressure management</u> - The Mobility seating care plans reviewed did not include reference to the wider skin care risk assessments such as Braden or include pressure damage history and specific requirements for repositioning</li> <li>8. <u>DoLs</u> - Care plans observed pertaining to DoL referred only to the use of bedrails leading to their removal for a resident for whom their use was deemed inappropriate as per the bedrails risk assessment <u>Management of behaviours that challenge</u>. Concerns remain that the care plans lack specific detail and direction for staff to know how to respond to specific behaviours. There was reference to the completion of ABC charts however no reference or understanding from staff as to what to do with these ABC charts or assess and integrate into future care planning.</li> </ol>
Social Wellbeing	<ol style="list-style-type: none"> <li>1. Concerns remain regarding meaningful engagement to promote good social wellbeing and mental health.</li> <li>2. There were no structured activities; games stacked up in a separate room; sensory</li> </ol>

	<p>room was locked, all residents were indoors despite very hot day.</p> <p>3. Previous request for audio tapes for sensory resident had not been followed up.</p>
<b>Infection Prevention and Control</b>	<p>1. Organisation and accessibility of PPE</p> <p>2. Donning and doffing arrangements, areas not clearly identified</p> <p>3. Concerns re staff removing PPE in residents lounge area (amber area) to take their lunch</p>
<b>General</b>	<p>1. Beds were unmade showing soiled pillows and duvets.</p> <p>2. A resident was observed to ask for the bed to be made up to rest earlier and other residents were observed to be lying on bare mattresses. Previously the home had confirmed that new bedlinen had been purchased and was in use.</p> <p>3. Resident observed to wait for 10 minutes for support to go to toilet due to staff being busy with other things.</p> <p>4. There were some residents who stated things had got worse since they had last spoke with the team. Statements referred to reduced staffing; staff having to support more residents who required 2 people thereby reducing their ability to support others; complaints that the vending machine in Amadeus was out of order and there was no alternatives sourced/creatively identified to support a behaviour management matter. On a positive some residents stated that "the girls are brilliant" and they were happy.</p>
<b>General Concerns</b>	
<b>Failure by MPS Responsible Individual to engage with the Trust</b>	<p>Failure to attend meeting when requested to do so (3/01/20).</p> <p>Failure to provide formal responses to various correspondence sent (17/02/20 &amp; 22/04/20).</p>

The Remedial Action Plan should be sent to:

Mr Brian Beattie, Interim Director of Older People & Primary Care,  
Bannvale House, Moyallan Road, Gilford, BT63 5JX

by cop **Wednesday 24 June 2020.**

***All performance deficiencies should be remedied within 3 months of this Notice unless otherwise agreed with the Trust***


In addition MPS Management, including the Responsible Individual, will be required to:

- Attendance of a meeting with Trust Senior Staff on Friday 26 June at 3.30 pm via Zoom – link to be provided.
- Accept further Trust support within the home over the coming weeks which will focus on will focus on the following areas:
  - Infection Prevention and Control
  - Continence Care
  - Wound Care – Tissue Viability
  - OT – seating and slings
  - Deprivation of Liberty Safeguards and Management of Behaviours that Challenge.

The Southern Health and Social Care Trust considers that the above demonstrates a failure by MPS to meet the requirements of the Contract and will continue with both its suspension to new admissions and Performance Management Process until it is assured of the ability of MPS to provide, both now and into the future, safe, effective and meaningful care to all residents in Valley Nursing Home

**Penalties for Non-compliance:**

Valley Nursing Home (MPS) Limited Company is reminded that under Clause 8.1.2 of the Contract, failure to rectify the performance to which this notice relates within the time period specified in this Performance Notice, may result in the activation of clause 8.1.2 (penalties for non-compliance).

Signed: 

**BRIAN BEATTIE**  
**DIRECTOR OF OLDER PEOPLES SERVICES (INTERIM)**

Date: 18/06/20