

Unannounced Care Inspection Report 5 March 2020



Rathview Home Treatment House

Type of Service: Nursing Home (NH)

Address: 12a Drumnakilly Road, Omagh, BT79 0JN

Tel no: 028 8283 3247

Inspector: Gillian Dowds and Rhona Brennan

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 registered to provide nursing care for up to six persons.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager and date registered: Imelda McNabb – acting manager No application required
Person in charge at the time of inspection: Imelda McNabb	Number of registered places: 6
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 6

4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 10.30 to 14.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the internal environment, the bespoke care for an identified patient and discharge planning.

Two areas for improvement were stated for a second time in regard to monthly monitoring reports and the quality of governance audits. Four new areas for improvement were highlighted in relation to care records, the ligature risk assessment, staffing levels and the provision of activities.

Comments received from patients and staff during and after the inspection, are included in the main body of this report.

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.

The following areas were examined during the inspection:

- staffing arrangements – including deployment
- the environment
- provision of activities
- a selection of governance audits

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*3

*The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Imelda McNabb, Manager, and Jackie McCutcheon, Crisis Services Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 27 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 27 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 August 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with one patient and four staff. No patients' relatives were present during the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- duty rota from 2 to 8 March 2020
- four patients' care records
- patient forum meeting records
- adult safeguarding records
- a selection of governance audits
- a sample of the monthly monitoring reports from August 2019

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	<p>The registered person shall ensure that the monthly monitoring reports are completed in accordance with legislation.</p> <p>Reports must be maintained monthly, contain sufficient detail to provide an assurance as to the quality of service provision and be available for review by RQIA, the home manager, the patient and their representative.</p>	Partially met
	<p>Action taken as confirmed during the inspection: Records reviewed confirmed that monthly monitoring reports are now in place but further development of their associated action plans is required; this is discussed further in section 6.2.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that all accidents/incidents are reviewed and analysed on at least a monthly basis. There should be evidence of this information being used to identify patterns and trends, to quality assure patient care and help drive any required improvements to service delivery.</p>	Met
	<p>Action taken as confirmed during the inspection: Accidents and incidents were reviewed and analysed on a monthly basis as reported.</p>	

Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically IPC and care records.	Partially met
	Action taken as confirmed during the inspection: A system of audits has been developed; however, further development of action plans for any identified shortfall is required; this is discussed further in section 6.2. This area for improvement has been partially met and is will be stated for a second time.	

6.2 Inspection findings

Environment

We reviewed the internal environment of the home which included a sample of the patients' bedrooms, communal lounges, patient kitchen areas and laundry. We found that these were generally well presented. We observed that the overall hygiene in the unit was of a high standard and this is commended.

Staffing

Staffing levels in the home were discussed with the manager who confirmed that the staffing levels were currently under review. A review of the staff rota evidenced that currently planned staffing levels were adhered to. Staff spoken to in regard to staffing levels, commented:

- “(I’m) surprised there is two staff on during the day.”
- “Can be very busy, can spend a lot of time on the phone to the GP, always on the go, one other person around would be unreal.”

In addition, a review of three monthly monitoring reports identified that staff had raised concerns during each monthly visit with regard to staffing levels, which they considered to be inadequate.

While one patient spoken to was positive about the care they received, stating that they felt safe, when discussing staffing levels they told us:

- “The care is excellent; staff are competent and professional and take time to reassure me, I can see the pressure on the nurses when there’s not enough staff. I don’t think two staff are enough - it’s ok if things are settled.”

Staff and patient feedback in regard to staffing levels was shared with the manager. The manager advised that the staffing levels had been raised with the head of service. However in view of the inspection findings, an area for improvement in regard to staffing was identified.

Care records

We reviewed the care plan for four patients and observed that they contained patient centred language and had been signed by the patient themselves. While the care plans contained clearly stated goals, some had not been reviewed in a timely manner; in addition, some care plans failed to clearly reference and/or reflect documentation contained elsewhere within patients' safety plans. An area for improvement was identified.

We reviewed the records for one identified patient who was in receipt of bespoke care. We identified that a care pathway was in place for this patient and that multi-disciplinary decision making was documented. The care plan to direct the required care for this patient was to be completed that afternoon.

We reviewed the discharge process for each patient and identified that discharge planning meetings were held and referrals to appropriate community services were made. Such an approach helps staff to ensure that patients are discharged in a robust and effective manner.

Activities and engagement

During the inspection, we observed a lack of formal/informal activity provision for patients. This contributed to an overall lack of meaningful engagement for patients living within the home. Apart from observing one patient requesting to go to a local local shop and another speaking with the manager about their treatment plan, all other patients remained in their bedrooms.

We discussed the lack of activity provision with the manager who agreed and advised that the service was currently recruiting for a day care nurse. However, she did state that there was some activities on offer from the occupational therapist such as, art sessions, group sessions and walks although these were not featured on any activity planner. An Area for improvement was identified.

Governance

The manager informed us that the registered manager of the home is planning to resume this post in April 2020.

The current manger's working hours and capacity in which they are worked were clearly documented on the duty rota. Staff and patient feedback confirmed that they had opportunity to speak to the manager when needed and that they felt well supported by her.

A review of governance records evidenced that monthly monitoring reports were now completed in accordance with Regulation 29 of the nursing home regulations (Northern Ireland) 2005 and were available to view. However, these reports were not fully completed in an effective manner. We discussed this with the crisis services manager and an area for improvement was stated for a second time.

We observed that a system of quality assurance audits had been developed. However, we noted that where a shortfall had been identified, action plans had not been developed to ensure these shortfalls were addressed. We discussed this with the manager and an area for improvement was stated for a second time.

We reviewed the records for internal forum meetings and found that these were detailed and included any action required to be taken; however, records for the month of February 2020 were not on file. We highlighted this to the manager and crisis services manager who advised these would be updated.

We examined records relating to ligature risk assessment and found that this was not updated. The manager agreed to review this with immediate effect and submit an updated copy to RQIA post inspection. An area for improvement was identified.

Areas of good practice

Evidence of good practice was found in relation to the internal environment, the bespoke care for an identified patient and discharge planning.

Areas for improvement

Four new areas for improvement were highlighted in relation to care planning, review of staffing levels, activities provision and update of the ligature risk assessment.

	Regulations	Standards
Total number of areas for improvement	2	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Imelda McNabb, Manager, and Jacqui McCutcheon, Crisis Services Manager, as part of the inspection process. The timescales commence from the date of inspection.

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 nursing 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

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall ensure that the monthly monitoring reports are completed in accordance with legislation.</p> <p>Reports must be maintained monthly, contain sufficient detail to provide an assurance as to the quality of service provision and be available for review by RQIA, the home manager, the patient and their representative.</p> <p>Ref: 6.1 and 6.2</p>
	<p>Response by registered person detailing the actions taken: Monthly monitoring reports now include an associated action plan with timeframes for completion of any identified issues that need to be actioned. The Directorate Governance Lead will now assume responsibility for unannounced monthly monitoring visits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 4</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2020</p>	<p>The registered person shall ensure that the patient's care plans are reviewed in a meaningful and timely manner. The care plans should also be reviewed and updated in conjunction with other relevant care records such as the patient's safety plan.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Following admission of a patient to Rathview all staff will complete careplans, safety plans and risk assessments with the patient using a collaborative person-centred approach, including a clear connection from careplan to risk assessment and safety planning evident. The Manager will monitor on a daily basis Monday to Friday and on a Monday following the weekend or any leave periods. All staff will update care records, risk assessments and careplans in a timely manner when care needs or treatment plan are changed or updated from daily discussion at Multi-disciplinary Team meeting. Agreed action plan with Rathview Manager and Crisis Service Manager to address above areas with regards to care plans, risk assessments and safety plans will be discussed at next staff meeting on 7th May at 6pm. Manager and CSM will provide staff with examples of previous care plans and how these should be linked with risk assessment and safety plans to promote learning.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure that a robust system is in place for the completion and update of internal risk assessments.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The ligature Rrsk assessment is now fully completed and final copy sent to RQIA Inspector on 23/04/2020. Going forward the ligature risk assessment will be reviewed annually as an integral element of the Rathview House annual health and safety risk assessment or as and when required.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 30 May 2020</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically IPC and care records.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: A robust system of audits is currently implemented and maintained in Rathview House in line with legislative and Trust policy and best practice guidelines. The monthly audits (Hand hygiene Monthly Patient experience 3 Monthly, Record keeping Monthly, AMH 33 Safety Monthly, Individual planners Monthly, Discharge/ contingency Monthly, Environmental Cleanliness 3 Monthly, Medication audit Monthly, Accident Incident Monthly, Fire Safety Monthly) now include an action plan specifically for areas identified during completion of audits that require follow up with a completion date and details of the action.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall ensure that the staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Rathview manager and CSM has already discussed the staffing levels and skill mix with the Head of Service and it was agreed to complete a paper highlighting the need for support staff in Rathview House to ensure sufficient staffing levels and appropriate skill mix. This paper was completed and shared with Head of Service who shared with Assistant Director on the 29th of April 2020 for action.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2020</p>	<p>The registered person shall ensure an activities programme is developed and implemented so as to ensure that activities are flexible and responsive to patients' needs and encourages meaningful engagement between staff and patients.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Currently in Rathview House an activity book is completed daily by staff and Occupational Therapist recording the activities and group work with patient's. When patients are admitted individual needs are identified through careplanning to ensure activities meet the needs of the patient's. Staff and Occupational Therapist will work collaboratively to run group led activities that are flexible and responsive to patient's needs. A weekly staff meeting is ongoing in Rathview to promote meaningful engagement between staff and patients. Future plans are in place with a view of implementing an acute day care model in September 2020 which Rathview patients will be able to attend.</p>

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