

Announced Care Inspection Report 20 November 2020



Rathview Home Treatment House

Type of Service: Nursing Home (NH)
Address: 12a Drumnakilly Road, Omagh, BT79 0JN
Tel no: 028 8283 3247
Inspectors: Rhona Brennan and Carmel Treacy

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Rathview Home Treatment House (HTH) is registered as a nursing home in the Western Health and Social Care Trust (the trust). Rathview comprises of six beds that provides care to patients with a mental illness / disorder, following assessment and treatment in an inpatient ward within the trust.

Rathview was fully occupied on the day of inspection. Patients admitted to Rathview have access to members of a multi-disciplinary team that includes nursing; medical; occupational therapist; social work; psychology and pharmacy support.

3.0 Service details

Organization/Registered Provider: Western HSC Responsible Individual(s): Dr Anne Kilgallen Chief Executive Officer Western Health and Social Care Trust	Registered Manager: Mrs. Emma Keyes
Person in charge at the time of inspection: Mrs. Emma Keyes	Date manager registered: 22January 2019
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 registered places: 6

4.0 Inspection summary

We undertook an announced inspection on 20 November 2020. The inspection concluded on 14 December 2020 following a review of requested documentation provided by the trust. This inspection was undertaken by -two care inspectors.

We reviewed progress against the Quality Improvement Plan (QIP) to assess whether the trust had addressed six areas for improvement identified during the previous inspection. The QIP was assessed against The Nursing Homes Regulations (Northern Ireland) 2005 and Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection was undertaken following ongoing communication with the trust of their wish to deregister Rathview HTH and repurpose the facility as an inpatient ward. The trust wished to repurpose the facility as a COVID -19 screening ward. This was to support care delivery during the global pandemic. The trust planned to deliver a new model of nursing care under hospital standards.

The following areas were examined during the inspection:

- Physical Environment;
- COVID secure environment ;
- Governance arrangement and
- Management of Risk

5.0 How we inspect

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

- previous inspection reports and QIPs
- detention forms; and
- other relevant intelligence received by RQIA.

Rathview was assessed using an inspection framework. The methodology underpinning our inspection included; discussions with patients, interviews with staff, observations of practice, and review of relevant documentation. Records examined during the inspection included:

- operational policy
- patient care records
- ligature risk assessment
- minutes of governance meetings for the trust
- Telford risk assessment for staffing ; and
- staff training records.

Posters informing patients, staff and visitors of our inspection were displayed while our inspection was in progress.

We met and spoke with a range of staff that included: nursing staff, the crisis service manager; the head of service and the assistant director of the southern sector of the trust. We provided detailed feedback to the nurse in charge of Rathview HTH and the crisis service manager as described in section 4.1 of this report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 March 2020

The most recent inspection of the home was an unannounced care inspection. There were six areas for improvement identified.

The completed QIP was returned and approved by the care inspector. It should be noted that the areas for improvement were made under nursing home regulations. The QIP was assessed on inspection against The Quality Standards for Health and Social Care DHSSPSNI (March 2006) as a new model for a hospital.

6.2 Review of areas for improvement from the last care inspection dated 05 March 2020

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: Second time To be completed by: 30 April 2020	<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: 6.3.3</p>	Removed
	<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection. This area for improvement is no longer relevant as it does not apply to -The Quality Standards for Health and Social Care DHSSPSNI (March 2006).</p>	
Area for improvement 2 Ref: Regulation 4 Stated: First time To be completed by: 1 May 2020	<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: 6.3.3</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed three care records and found that although risk assessments were detailed the risk assessments were completed in isolation of the care plans. The care plans did not accurately reflect the information contained in the risk assessments or progress notes</p> <p>This area for improvement has not been met and is stated for a second time.</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: 6.3.1</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the homes Ligature risk assessment. We were satisfied that the ligature risk assessment adequately reflects the level of environmental risks. We were assured that the ligature risk assessment is accompanied by an action plan to mitigate against any risk.</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 style="text-align: center;">Validation of compliance</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: 6.3.5</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed a range of audits for Rathview that included: hand hygiene, record keeping, care plans, AMH33safety, medication audit, mattress, record keeping, well-being and therapeutic engagement. All audits contained action plans that were appropriate. We also reviewed minutes of governance meetings and team health checks. This provided us with the assurances that the health and welfare of the patients was protected.</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: 6.3.4</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>We reviewed the staffing rota for Rathview as a nursing home and were satisfied that staffing requirements were adequate to meet the needs of the patient population. We were informed that following the previous inspection, a paper has been completed in relation and funding has been agreed for health care assistant posts.</p>	<p>Met</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: 6.3.6</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>We observed an activity planner displayed in the home, and we observed that patients were engaged in meaningful activity during the inspection. We were informed that there is an Occupational Therapist for Rathview. We were told that patients are assessed regarding their appropriateness for group activities or individualised activity this was evident in patients care plans.</p>	<p>Met</p>

6.3 Inspection findings

6.3.1 Ward Physical Environment

During the inspection we assessed the environment to ensure it can accommodate the safe delivery of care that respects patient's dignity. We assessed the environment in relation to the proposed plans to repurpose Rathview HTH to a hospital ward.

We found that Rathview promoted privacy and dignity as it comprises of six individual bedrooms with en-suite facilities. The facility is welcoming for patients and reflects information regarding the purpose and vision for an inpatient ward. There was adequate space throughout the building for patients to spend time on their own or with visitors. Patients also have access to a therapeutic garden. Information was available for patients to inform them of their rights and in relation to the care and the multidisciplinary team available to them.

We reviewed Rathview's ligature risk assessment and were satisfied that it adequately reflected the level of risk within the environment. The risk assessment reflected an action plan to mitigate any risk. We observed that two visitor rooms had ligatures present, in relation to blind cords, and the control measure recorded on the action plan for these rooms stated patients would not have unsupervised access to the rooms. However, we found the rooms to be open and patients could access them freely. We addressed this on the inspection with the ward sister and we were satisfied that the appropriate actions were taken to manage the risk.

6.3.2 COVID-19 Secure Environment

We reviewed the infection prevention and control measures in place within Rathview to minimise the spread of the Covid-19 virus. We examined clinical and non-clinical areas. There was clear signage in relation to the appropriate COVID guidance which included; the use of face coverings, washing of hands, and adhering to the two metre social distance. The trust intranet reflected resources for staff that were easily accessible.

We observed all rooms were single occupancy. The footprint of the building can be restricted to accommodate an isolation area for COVID positive patients. The environment was clean and well maintained. We observed the main day space to be cluttered with furniture that did not support social distancing. We addressed this on inspection and were satisfied that the trust will take the necessary steps to improve this area.

6.3.3 Care plans

We reviewed three care records and found that although risk assessments were detailed, the risk assessments were completed in isolation of the care plans. The care plans did not accurately reflect the information contained in the risk assessments or progress notes. An example of this was evidenced in a patient's care plan where they had a history of suicidal ideation which was recorded in detail in the risk assessment. However the care plan had no record of this in the mental health section. We were therefore not assured that the care plans were viewed as an integral part of care delivery. We also evidenced care plans had not been reviewed in a timely manner. This area of improvement has been stated for the second time.

6.3.4 Management of Risk

To assure ourselves regarding the management of risk within Rathview, we met with the crisis service manager and ward sister to determine how Rathview will sit within the corporate structure of managing and escalating any presenting risk under the new model.

The crisis service operates from three bases across the trust area. In the northern sector facilities are based on the Grangewood site. In the southern sector the crisis response home treatment team is based in both Tyrone and Fermanagh Hospital, and the South West Acute Hospital. There are in-patient beds in Elm and Lime wards at Tyrone and Fermanagh Hospital, and Rathview House. We were informed that to facilitate Rathview becoming an inpatient ward, six beds will be decommissioned in Elm and Lime wards and six beds will then be commissioned in Rathview with the Health and Social Care Board.

We reviewed the new operational policy for inpatient wards. We found that there was a seamless admission pathway for patients, with clearly defined criteria for admission to Rathview. All reported incidents within Rathview will be reviewed through hospital datix, corporate, directorate and hospital risk registers.

We were concerned as the geographical location of Rathview was not on the same site as the Tyrone and Fermanagh hospital. We were concerned that there may be an increase in risk to staff and patients if additional staff were required in an emergency situation. The crisis service manager shared with us the long term plan to migrate the pinpoint alarm system to the wards on the Tyrone and Fermanagh site however this would take six weeks for installation. The pinpoint alarm system is an alarm that staff carry and utilise to summons assistance. We discussed ways to mitigate this risk by increasing staffing levels to have a daily response team within the staffing levels. We received information from the trust on completion of their staffing assessment based on the Telford assessment. The Telford assessment is a tool used to calculate staffing levels based on nurse to bed ratio. We were satisfied that the Telford assessment reflected a need to increase staffing levels within the team however we were not assured that the daily staffing levels scheduled on the rota were increased to manage any risk. We sought further assurances from the trust during a meeting with senior trust staff following the inspection.

6.3.5 Governance

During the inspection, we examined how the governance structure, leadership and management team with responsibility to oversee Rathview could assure themselves of the delivery of high quality care based on a new hospital model.

We reviewed a sample of governance meeting minutes and team health checks. We discussed the plans for Rathview governance arrangements and managerial oversight with the head of service. Rathview will sit within the mental health and learning disability directorate within the trust.

Senior management and governance meeting takes place monthly within the mental health directorate chaired by the assistant director for adult mental health. This is attended by head of service, service managers, clinical leads and consultant. The crisis services manager provided an update on the team health check which includes Datix incidents and trend analysis, alongside staffing and bed management issues and concerns. All governance issues are discussed, agreed and disseminated via this group.

We reviewed a number of audits within the facility and confirmed that a wide variety of monthly and quarterly audits were being completed including: hand hygiene, record keeping, care plans, AMH33safety, medication audit, mattress audits, record keeping, well-being and therapeutic engagement. They contained action plans where required. The most recent audits were displayed on the notice board but were difficult to understand at a glance. We recommended that the results of the audits were made more visual to enhance the patient experience.

We were assured by the crises service manager and ward sister that moving forward there will be system in place to disseminate information to staff, such as regular team meetings, daily safety briefs and multidisciplinary team meetings. We were satisfied that patients and staff are safe, secure and supported and the promotion of an open and transparent culture of learning is in place.

6.3.6 Multidisciplinary Input

We discussed the plans to have multidisciplinary care delivery. We found all patients admitted to Rathview have access to members of a multi-disciplinary team which includes nursing, medical; occupational therapist; social work; psychology and pharmacy support. We were told that under the new model as a ward, all patients' physical healthcare needs will be met through trust medical staff rather than a GP. This will enable medication and care plans to be reviewed during a weekly multidisciplinary review meeting.

We observed an activities board which detailed morning and afternoon activities for patients. We were informed that the occupational therapist offers group activity sessions, or if assessed, individual activity sessions with patients. We observed that staff were engaged with patients on a 1:1 basis during the inspection. We were informed that the social worker attends regularly when required. We were satisfied that patients had access to a full range of therapeutic services.

Total number of areas for improvement	1
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the ward sister and crisis service manager as part of the inspection process. The timescales commence from the date of inspection.

The trust should note that if the improvements required as outlined in the QIP are not taken to comply with the quality standards this may lead to further action. It is the responsibility of the trust to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Quality Standards for Health and Social Care DoH (March 2006).

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 trust should confirm that these actions have been completed and return the completed QIP via the web portal www.rqia.org.uk/webportal for assessment by the inspector.

Quality Improvement Plan	
This inspection is underpinned by The Mental Health (Northern Ireland) Order 1986 and The Quality Standards for Health and Social Care DoH (March 2006)	
<p>Area for improvement 1</p> <p>Ref: Standard 5.3.1(a)</p> <p>Stated: Second time</p> <p>To be completed by: 20 Feb 2021</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: 6.3.3</p>
	<p>Response by registered person detailing the actions taken: Action taken-Memo and email to all relevant staff -</p> <p>The patients care plans are linked every day to the daily entry into PARIS meaning that any changes can be added to care plans as needed. If there is a change to a person's mental health presentation or risk- a care plan will either be amended or initiated in conjunction with the risk assessment and safety plan.</p> <p>A monthly audit has also been commenced to show compliance and action needed as appropriate - audit tool available on request.</p>

Please ensure this document is completed in full and returned via Web Portal or submit via email to BSU.Admin@rqia.org.uk

ADMIN: Keep signature section only if areas for improvement have been made and the service is hardcopy for QIP return. Keep signature boxes on separate page to QIP.

Name of registered manager/person completing the QIP	Emma Keyes		
Signature of registered manager/person completing the QIP		Date completed	29/03/2021
Name of registered provider approving the QIP	Dr Lisa Brady		
Signature of registered provider approving the QIP	Karen O'Brien	Date approved	29/03/2021
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	

Please ensure this document is completed in full and returned to RQIA's Office



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