



Unannounced Care Inspection Report 27 August 2019



Rathview Home Treatment House

Type of Service: Nursing Home
Address: 12a Drumnakilly Road, Omagh BT79 0JN
Tel no: 028 8283 3247
Inspector: Gillian Dowds

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 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 registered nursing home which provides care for up to 6 patients.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager and date registered: No manager currently registered
Person in charge at the time of inspection: Pauline McMullan Staff Nurse	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: 5

4.0 Inspection summary

An unannounced inspection took place on 27 August 2019 from 10.15 hours to 14.45 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 environment, staff training, staff appraisal/supervision, teamwork, communication with patients and their representatives.

Areas requiring improvement were identified which included staffing, analysis of accidents and incidents, robust audits and completion of monthly monitoring reports.
Patients described living in the home as being good in positive terms.

Comments received from patients, people who visit them, professionals 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Jacqui 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 22 January 2019

The most recent inspection of the home was an announced pre-registration premises inspection undertaken on 22 January 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 26 August 2019 to 1 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- staff induction files
- two patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the monthly monitoring reports from March 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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

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 30 Stated: First time	The registered person shall ensure that notifiable events reportable to RQIA are submitted. Ref: Section 6.4	Met
	Action taken as confirmed during the inspection: We reviewed the notifiable events submitted to RQIA in line with those occurring in the home. Improvements have been made to ensure full compliance.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 2 Ref: Regulation 13 1 (a) (b) Stated: First time	The registered person shall ensure that CNS observations are commenced on any patient with a head injury. Ref: Section 6.4	Met
	Action taken as confirmed during the inspection: We reviewed the falls procedure and actions to be taken in event of head injury no recorded events in the unit but staff are aware of the procedure to follow	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the staffing levels in the home and a review of the rota validated that the planned staffing levels were adhered to. We observed that the second nurse on duty was out of the building at a meeting and it was observed that this nurse was working alone at this time.

Discussion with staff raised concerns with staffing levels particularly in regards to attending multi-disciplinary meetings or appointments with patients. These comments were discussed with Jackie McCutcheon Crisis Services Manager who acknowledged same and provided assurances to RQIA that a review of staffing will be done.

Feedback from staff provided assurance that they received regular support and guidance through the process of both supervision and appraisal. Each staff member stated that they could speak to the deputy manager or their line manager if they had a concern.

Review of training records and feedback from staff also confirmed that they received regular mandatory training and the system in place identified when training was next due.

The inspector reviewed a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas etc. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable, clean and tidy. The standard of hygiene throughout the home was excellent and this is commended.

Discussion with the crisis services manager identified that there is a refurbishment programme in place for the replacement of doors within the home. Fire exits and corridors were observed to be clear of clutter and obstruction.

Access to the home is via an intercom system. Staff were observed using this and it is commended that the inspector was asked to produce I.D when entering the building.

Discussion with the crisis services manager and review of records evidenced that there were arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC).

Discussion with staff also provided assurance that they were aware of their roles and responsibilities in regard to recognising and reporting potential incidents of abuse. However, while safeguarding incidents had been managed appropriately, it was noted that one such incident had not been reported to RQIA as required discussed further in section 6.6. We received this notification post inspection.

Discussion with the nurse in charge and review of records also highlighted that accidents/incidents were reported through the trust reporting systems. There was however no clear evidence on the day of inspection to demonstrate that these records underwent analysis to identify patterns and trends and area for improvement was identified.

Management of falls were reviewed and it was identified that a falls protocol was in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, staff training and staff appraisal and supervision.

Areas for improvement

The following areas were identified for improvement in relation to analysis of accidents and incidents in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of one identified patient's care records demonstrated that appropriate care plans were in place to direct the care required for that patient. Additional information from the crisis team was also available pre admission to inform the plan of care required for the patient and further intelligence was accessible via the trust electronic care record system.

There was evidence that appropriate risk assessments were maintained and staff discussed how they updated these, as the patients' needs changed during their short stay.

Care records identified that where required referrals were made to other relevant health care professionals and these recommendations were reflected in the care records.

Staff spoken to stated there was effective teamwork, they were aware of their roles and responsibilities.

Staff clearly demonstrated their ability to communicate effectively with patients, visitors, and members of the multidisciplinary team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork, communication by staff to patients and record keeping.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Upon arrival to the home, patients were observed relaxing in their bedrooms or the garden area. These areas allowed patients to engage with one another or provide areas of solitude if preferred. A quiet and relaxing atmosphere was noted throughout the duration of the inspection.

Two patients spoken to during the Inspection spoke positively about the service they were receiving and comments such as:

- “Welcoming, staff very approachable.”
- “It saved my life.”

One visitor spoken to spoke highly of the service and discussed how the staff kept him informed what was going on and he said that the care provided to his loved one was “patient focused” and he described it as “fantastic.”

Two patient advocates spoken to on the day of the inspection also were very positive about the service provided in Rathview Home Treatment House.

We sought the opinion of patients and visitors through questionnaires one was received within the time frame and evidenced that they were very satisfied with the service provided.

We reviewed the patient experience surveys in the home and although these were reviewed monthly by the manager it was unclear if any actions were taken from the feedback provided. This was discussed and assurances were provided that appropriate actions were taken.

The opinions of staff was sought through an on online survey one was submitted partially completed and indication dissatisfaction with staffing levels in the home this information was passed to the crisis service manager to address this was also discussed in section 6.3.

Staff were repeatedly observed engaging with patients in a warm, friendly and compassionate manner. They stated they were happy working in Rathview Home Treatment House and with the service it provides.

During the inspection patients discussed the diversional activities available to them and how they enjoyed them. An activity timetable which was on display clearly identified when each activity was available for the patients.

The provision of the lunch time meal was also observed. Feedback from staff highlighted that patients’ meals are provided by an external caterer. Patients spoken to discussed how they were able to order a choice of meal and were happy with the meals they received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate issued by RQIA was displayed in the foyer of the home. Discussion with staff identified that the home was operating within its categories of care.

A new manager has been appointed since the last inspection as well as the appointment of the crisis services manager who will have the senior management oversight for Rathview Home Treatment House.

Staff confirmed that there were good working relationships within the home and that they felt supported by management. While no staff recruitment information was available on site during the inspection, feedback from both the crisis services manager provided assurance that the WHSCT human resources department carry out any necessary background checks on staff prior to their appointment and these records are available upon request.

Whilst no complaints were received since the last care inspection 11 March 2019, there were systems in place to ensure that complaints are managed in accordance with DHSSPS guidelines.

Notifications to RQIA under Regulation 30 were identified as an area for improvement on the previous care inspection and again it was identified that not all accidents or incidents reportable in the home were notified to RQIA. This was discussed with the crisis services manager guidance was provided to assist the home. These notifications were received to RQIA post inspection.

A review of records evidenced that a number of audits such as care records and infection prevention control (IPC) were in place to assure the quality of care and services. However there was a lack of evidence to support that where a shortfall had been identified an action plan to address the shortfall had not been stated. An area for improvement was identified.

A review of records evidenced that monthly monitoring reports were not completed and had not been since March 2019. However on discussion with the crisis services manager and the development of her role and oversight for Rathview Home Treatment House assurances were provided to RQIA that these will be completed going forward. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to good working relationships and managerial support.

Areas for improvement

The following areas were identified for improvement in relation to robust auditing and completion of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that the monthly monitoring reports are completed in accordance with Legislation. 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: 6.6</p> <p>Response by registered person detailing the actions taken: Monthly monitoring in accordance with legislation completed by Clinical Service Manager the process includes interviewing clients and their relatives recording reports of both patient experience of admission to Rathview and relatives Next Of Kin experience. The report highlights any concerns and views on the quality of service provided to patients and relatives. During this process any concerns highlighted from relatives are addressed and outcomes shared with relatives also if required the complaints policy is explained to patients and their relatives in line with trust policy. During monthly monitoring staff have also been consulted on their views regarding the service any concerns shared are highlighted and recorded and put forward on the agenda for discussion at next team meeting to share views from staff and discuss with the whole team. During monitoring process patients records and complaints incidents/accidents, duty rota, record of staff meetings, mandatory training records, staff recruitment and induction records are all viewed and checked they are up to date and evidence of recording in monitoring form. All notifiable accidents incidents are checked for completion and Datix number recorded both on monthly monitoring and Multi-disciplinary Team Discussion at daily team meeting. All notifiable accidents incidents are updated on RQIA web portal and evidence recorded on monitoring form. Any safeguarding referrals or complaints or any staff disciplinary procedures is also recorded on monthly monitoring form. These monthly reports are shared with all staff at team meetings also with the manager regarding quality of service and any changes that need to be addressed</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 1 November 2019	<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> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All accidents incidents are completed monthly and evidence documented. All accidents incidents are analysed for any further concerns in addressing quality of service provided to enhance service delivery There has been further training in relation to completion of Datix incidents there has been two staff identified one being myself the manager and another staff member as Datix handlers. These names have been provided to the risk management team and we have completed further training in regards to Risk Matrix in scoring the risk likelihood and impact level of consequence. All datix are currently up to date and have scored low level risk for further clarification all datix are screened by Clinical Service Manager they are also discussed at Multi-disciplinary Team meetings and Datix number recorded during discussion before they are finally closed. All Datix completed are forwarded to the risk magement team in line with trust policy and procedures governance management.</p>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 1 November 2019	<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: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All audits are completed monthly these include Hand Hygiene Patient experience 3 monthly Record keeping Personal wellbeing Individual planners Discharge/contingency plan Enviornemental Cleanliness 3 monthly Medication audit Fire Safety Accident/Incident</p>

	<p>Therapeutic engagement</p> <p>Matress audit.</p> <p>These audits are completed in line legislation standards of care best practice and to enhance quality of service provision.</p> <p>At the end of each month audits are recorded on trust dashboard in line with trust goverance procedures and best practice.</p> <p>Any Audits requirring any action such as mattress needing replaced or work to be carried out by estates is recorded as evidence and highlighting completion of the action.</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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