

Unannounced Care Inspection

Name of Establishment: Rush Hall

RQIA Number: 10916

Date of Inspection: 13 November 2014

Inspector's Name: Bridget Dougan

Inspection ID: IN017113

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Rush Hall
Address:	51 Broughter Road Limavady BT49 1DY
Telephone Number:	028 7776 9326
E mail Address:	rush.hall@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Ltd Mr Jim McCall
Registered Manager:	Mrs Jane Bell
Person in Charge of the Home at the time of Inspection:	Mrs Jane Bell
Registered Categories of Care and number of places:	NH - I NH - DE 66
Number of Patients Accommodated on Day of Inspection:	40 patients
Date and time of this inspection:	13 November 2014: 1pm to 3.30pm
Date and type of previous inspection:	09 June 2014: Primary Unannounced

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following: amend as relevant

- Discussion with the Registered Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	20
Staff	8
Relatives	0
Visiting Professionals	0

Questionnaires were provided during the inspection to staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients	0	0
Relatives/Representatives	0	0
Staff	4	4

6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Rush Hall is a new purpose built two storey detached care home. The home was constructed to replace the previous Rush Hall, on the same site, and was registered by the Regulation and Quality Improvement Authority (RQIA) on 27 April 2009.

The home offers bright and spacious accommodation for 66 patients. A maximum of 32 patients can be accommodated within the category of dementia care (NH-DE), within the home's dementia unit. Nursing care is also provided for patients requiring care within the category of old age not falling within any other category (NH-I).

The bedrooms are all single rooms with en suite shower facilities. Each bedroom is furnished with an adjustable bed and a range of furniture providing storage for patients' personal possessions.

There are sitting rooms and dining rooms located throughout the home, all are tastefully decorated and have comfortable furnishings. The main sitting rooms look out on to the garden situated at the front of the building.

There is an assisted bathroom on both floors of the home ensuring that bathing facilities are available to meet all patients' needs. Toilets are located throughout the home and are clearly signed for ease of identification.

A passenger lift ensures that facilities on the first floor are accessible to all patients and visitors.

Laundry and catering facilities are located on the ground floor to the rear of the building. There is ample car parking available at the front of the building.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) accurately reflected the categories of care and was appropriately displayed in a prominent position of the home.

Mrs Jane Bell is the Registered Manager of the home and has been the registered manager since 2013.

8.0 Executive Summary

The unannounced secondary inspection of Rush Hall was undertaken by Bridget Dougan on 13 November 2014 between 1pm and 3.30pm. The inspection was facilitated by Mrs Jane Bell, Registered Manager who was available for verbal feedback at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff who commented positively on the care and services provided by the nursing home.

As a result of the previous inspection conducted on 9 June 2014 one requirement and three recommendations were issued. These were reviewed during this inspection and evidence was available to confirm that the previous requirement and recommendations have been fully complied with. Details can be viewed in the section immediately following this summary.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

The management of continence within the home was of a good standard; however recommendations have been made in respect of the assessment of patient need, the development of care plans and staff training in urinary catheterisation. The inspector's overall assessment of the level of compliance in this area is recorded as 'Substantially Compliant'.

Four recommendations are raised to address the identified deficits.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Therefore, nil requirements and four recommendations are made following inspection. These are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, the registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	13 (7)	<p>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.</p> <p>The following issues require to be addressed:</p> <ul style="list-style-type: none"> The carpet in the corridor of the frail elderly unit was stained. 	Discussion with the registered manager and inspection of the internal environment of the home evidenced that new floor covering had been laid in the frail elderly unit corridor.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	12.2	A recommendation has been made for the registered manager and the cook to meet with patients to review the provision of meals and meal times. This information should be used in planning the menus.	The inspector discussed this recommendation with the registered manager and the cook and review of the completed meals survey and menu planner confirmed that this recommendation has been complied with.	Compliant
2	25.12	The registered manager should ensure that an action plan with timescales is be put in place and action taken to follow up on any issues identified as a result of feedback from patients/relatives.	Review of patient questionnaires and minutes of relatives meetings evidenced that this recommendation has been complied with.	Compliant
3	11.1	The registered manager should ensure that all care staff receive update training in the prevention of pressure ulcers.	Review of training records and discussion with the registered manager evidenced full compliance.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding potential safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support

Criterion Assessed:

19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.

COMPLIANCE LEVEL

Inspection Findings:

Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken for all patients. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required.

The type of continence products to be used was incorporated into the one patient's care plans on continence care. A recommendation has been made for this information to be included in all continence care plans.

There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.

While fluid intake targets had been identified in nutritional care plans, the inspector was unable to evidence that fluid targets had been included in fluid balance charts or that an effective reconciliation of the total fluid intake against the fluid target was established. A recommendation has been made in this regard.

Review of three patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.

The care plans reviewed addressed the patients assessed needs in regard to continence management.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Moving towards compliance

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings: The inspector can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care. The inspector can also confirm that the following guideline documents were in place: <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.	Compliant
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable	
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the nurse in charge and review of training records confirmed that all relevant staff were trained and assessed as competent in continence care. Registered nurses received training in female catheterisation, however only two nurses to date had been trained in male catheterisation. A recommendation has been made. The inspector was informed that regular audits of the management of incontinence were included in care plan	Substantially compliant

audits and the findings acted upon to enhance standards of care.

It is recommended that the registered manager should consider identifying a continence link nurse within the home.

Inspector's overall assessment of the nursing home's compliance level against the standard assessed

Substantially Compliant

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Patients Views

During the inspection the inspector spoke to twenty patients individually and to others in groups. These patients/ expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

- "This is an excellent home."
- "The staff are all very good and caring."
- "It's like a home from home."

11.3 Staffing /Staff Comments

Review of a sample of staff duty rosters for a three week period spanning the week of the inspection and the previous two weeks evidenced that the registered nursing and care staffing levels were found to be in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home.

During the inspection the inspector spoke with eight staff members. Four staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training and were very satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Examples of staff comments were as follows:

- "Staff work well together."
- "There is plenty of training."
- "I really like working here."

11.4 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jane Bell, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Secondary Unannounced Care Inspection

Rush Hall

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Jane Bell, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements



This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

Recommendations These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	<p>The registered manager should ensure that bowel and bladder continence assessments and care plans include the type of continence products to be used.</p> <p>Reference: Section 10; Criterion 19.1</p>	One	Aqualiant Care have trained the care staff .All residents have been assessed for appropriate continence products by the trained link staff. The care plan includes the product to be used with each resident.	From the date of this inspection
2	12.1	<p>The registered manager should ensure that care records contain the following information:</p> <ul style="list-style-type: none"> • The target fluid intake over 24 hours has been identified in the fluid balance charts for those patients assessed as being at risk of dehydration/malnutrition • An effective reconciliation of the total fluid intake against the target fluid intake has been established and recorded in the daily progress notes • Action to be taken if targets were not being achieved. <p>Reference: Section 10; Criterion 19.1</p>	One	<p>Nursing staff have been instructed to ensure that the fluid target is identified on the fluid balance chart and in the care plans</p> <p>The daily intake is recorded in the progress notes by the night nurse for the preceeding 24 hrs.</p> <p>Individual actions will be taken for those residents who do not meet their target. This will be checked as part of the care plan audit process</p>	From the date of this inspection
3	28.4	<p>The registered manager should ensure that all registered nurses have received training and been assessed as competent in male</p>	One	.Male catheterization training is available in March. Some staff have been identified to	Within two months from the date of this

		catheterisation Reference: Section 10; Criterion 19.4		attend. 2 competent Nurses will consolidate this training in the home	inspection
4	19.4	It is recommended that the registered manager should consider identifying a continence link nurse within the home. Reference: Section 10; Criterion 19.4	One	Two Senior Care staff, will act as the continence link staff in the home	Within two months from the date of this inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jane Bell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall  JP LAYSON DIRECTOR OF OPERATIONS 27/1/15.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	02 February 2015
Further information requested from provider			