



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Rush Hall**

09 February 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1. Summary of Inspection

An unannounced care inspection took place on 09 February 2016 from 11.00 to 14.00 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health care and Standard 39: Staff Training and Development.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 03 June 2016.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the applicant manager, Ms Fiona Archer as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/Dr Maureen Claire Royston	Registered Manager: Nil in post at present
Person in Charge of the Home at the Time of Inspection: Ms Fiona Archer (applicant manager)	Date Manager Registered: Registration pending
Categories of Care: NH-DE, NH-I	Number of Registered Places: 66
Number of Patients Accommodated on Day of Inspection: 58	Weekly Tariff at Time of Inspection: £623

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criteria 8
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criteria 4

4. Methods/Process

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

- discussion with the applicant manager
- discussion with registered nurses, care staff and ancillary staff
- discussion with patients and relatives
- a general tour of the home and a review of a random sample of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- observation of care delivery
- evaluation and feedback.

During the inspection, 12 patients were spoken with individually and the majority of others in small groups. Four care staff, three registered nurses, two ancillary staff and two patient's representatives were also consulted.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and returned Quality Improvement Plan (QIP)

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- four patient care records
- staff training records
- staff induction records
- policies and guidance documents pertaining to the standards examined

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 03 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 03 June 2015

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 20.2 Stated: First time	The registered manager should ensure that patients religious preferences/spiritual needs are documented in end of life care plans.	Met
	Action taken as confirmed during the inspection: Review of four patients' care plans evidenced that Patient's religious preferences/spiritual needs had been documented in end of life care plans.	

5.3 Continence management

Is Care Safe? (Quality of Life)

Policies and procedures regarding continence management, catheter care and stoma care were available to guide staff.

The manager advised that registered nurses and care staff had access to Four Seasons Healthcare continence guidance on the staff intranet. It is recommended that the following best practice guidance on continence management is also made available in the home for staff to refer to:

- Urinary incontinence (NICE)
- Faecal Incontinence (NICE)
- Continence care in Care Homes (RCN).

Discussion with the manager and staff confirmed that all relevant staff had received training in continence management in 2014. The manager advised that she had recently distributed bowel management workbooks to be completed by staff and discussed during supervision. It is recommended that additional update training in continence management be provided for all relevant staff.

Discussion with registered nurses and a review of training records evidenced that three registered nurses were trained in 2015 and assessed as competent in urinary catheterisation. It is recommended that this training is provided for those registered nurses who did not complete this training.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

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

A continence link nurse has not been identified for the home. A recommendation has been made in this regard.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. The specific type of continence product assessed to meet the needs of the patient was recorded as part of the continence assessment and care plans reviewed.

Braden pressure ulcer assessments and Malnutrition Universal Screening Tool (MUST) risk assessments had been completed and consistently reviewed on a monthly basis within all four patients care records.

Continence care plans had been 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. Assessments and care plans identified patients' normal bowel patterns and bowel type. Reference was made to the Bristol Stool Score when recording patients' bowel movements.

There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. Registered nurses spoken with were knowledgeable regarding the management of urinary catheters and the rationale for use of urinary catheters. Urinary catheters were only inserted on the instructions of the patient's GP or consultant. There was evidence in the records reviewed that staff had consulted the relevant practitioner when issues pertaining to the management of the urinary catheter had arisen and actions had been implemented as per the advice given.

Is Care Compassionate? (Quality of Care)

Staff were observed to treat patients with dignity and respect and to respond to patients' requests promptly. Good relationships were evident between patients and staff. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Areas for Improvement

It is recommended that best practice guidance in continence management be made available in the home for staff to refer to.

It is recommended that update training in continence management be provided for all relevant staff and training in urinary catheterisation for registered nurses who have not completed this training.

A continence link nurse should be identified for the home.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Additional Areas Examined

5.4.1 Consultation with patients, patient representatives and staff

Twelve patients, nine staff and two patient representatives were consulted as part of the inspection process. The feedback received indicated that safe, effective and compassionate care was being delivered.

A number of patients were unable to express their views verbally. All patients appeared well presented and comfortable in their surroundings.

Some patients' comments received are detailed below:

- “The staff are very nice. They couldn’t do enough for you.”
- “I do like living here.”
- “The food is good and plentiful.”

Two patient representatives were available for consultation on the day of inspection and feedback was very positive about all aspects of care and services delivered.

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received is detailed below:

- “We have a good staff team and we work well together.”
- “The standard of care provided is excellent.”
- “There is plenty of training and support for staff.”

No concerns were raised

Areas for Improvement

No areas for improvement were identified

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Fiona Archer, applicant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 39

Stated: First time

To be Completed by:
31 March 2016

The registered person should ensure that best practice guidance in continence management has been made available in the home for staff to refer to. This guidance should include, but not restricted to the following:

- Urinary incontinence (NICE)
- Faecal incontinence (NICE)
- Continence care in Care Homes (RCN).

Ref: Section 5.3

Response by Registered Person(s) Detailing the Actions Taken:

Resources from NICE and RCN have been down loaded and are now available as hard copy resources, available in the Rush Hall Nurses Stations.

These resources include:

Assessment and older people RCN
Urinary incontinence in women NICE
Faecal Incontinence NICE
Improving Continence Care in Patients RCN
Managing problems and Incontinence Alzheimers Society

Recommendation 2

Ref: Standard 39.9

Stated: First time

To be Completed by:
31 May 2016

The registered person should ensure that update training in continence management is provided for all relevant staff. Training in urinary catheterisation should also be provided for registered nurses who have not yet completed this training.

Ref: Section 5.3

Response by Registered Person(s) Detailing the Actions Taken:

Continence training sessions have been held for Staff with direct care responsibility.

These sessions were held by the Senior Nursing Staff, on group and one on one sessions as needed.

Training elements included.

Review of FSHC policies: Management of Incontinence
Bowel Management policy
Catheter Care

Over view Urinary and Bowel in continence (using the mentioned resources)

Overview of care practices using the FSHC policies and the Royal Marsden Manual of Nursing Procedures

Overview of incontinence in Dementia

8 out of 10 of the RN's are experienced and competent with

	catheterisation. 2 new graduate Nurses are comfortable with female catheterisation but require further development in male catheterisation. Training/refreshment in catheterisation has been requested of the FSHC training department and this is process of co ordination.		
Recommendation 3 Ref: Standard 39.7 Stated: First time To be Completed by: 31 March 2016	It is recommended that a continence link nurse is identified for the home. Ref: Section 5.3		
	Response by Registered Person(s) Detailing the Actions Taken: Continenence link Nurse has been identified. This person will have the support of a Senior Care Assistant from General units and the Dementia Units.		
Registered Manager Completing QIP	Fiona Archer	Date Completed	14/3/2016
Registered Person Approving QIP	Dr Claire Royston	Date Approved	15.03.16
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	22/03/2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address