



The Regulation and
Quality Improvement
Authority

Rectory Field
RQIA ID: 1220
19b Limavady Road
Londonderry
BT47 6JU

Inspector: Ruth Greer
Inspection ID: IN22177

Tel: 02871347741
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**Unannounced Care Inspection
of
Rectory Field**

13 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 13 October 2015. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: Dolores Moran
Person in Charge of the Home at the Time of Inspection: Mrs Moran	Date Manager Registered: 1/4/2005
Categories of Care: RC-I	Number of Registered Places: 35
Number of Residents Accommodated on Day of Inspection: 13	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- The previous inspection report and notifications of accidents and incidents.

During the inspection the inspector met with thirteen residents, two care staff and one catering staff. There were neither visiting professionals nor resident's visitors/representatives in the home.

The following records were examined during the inspection:

Policy on death and dying
Policy on the management of continence
Care files (5)
Complaints
Accidents

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 8 September 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No recommendations or requirements were made at the last inspection

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented healthcare needs which prevent this. There had been two deaths in the home over recent months. Staff who were on duty were able to describe their role in caring for residents who are very ill and/or at end of life stage. Staff were aware of the impact of poor hydration and nutrition on residents who were very ill. Several of the care files we inspected had a copy of an advanced end of life plan. The care plans had been devised as part of a medical review undertaken by the G. P. The care plans included details of medical conditions and the residents own wishes for his/her end of life care. The care plans had been signed by the resident (where possible), the G P and the next of kin. Each care file contained contact details of the next of kin. The contact details of next of kin were clearly and prominently recorded within the file and were easily accessible.

Is Care Effective? (Quality of Management)

The home had a comprehensive ring binder of information and guidance for staff in relation to death and dying. The file included "Breaking Bad News" (published by the Council of Hospice Services) and information from Bereavement Network (DHPSS). The home's policy on death and dying dated 2014 was included in the file. This policy was comprehensive and outlined the values underpinning how care for terminally ill residents should be delivered. Templates were available in relation to the recording of fluid/food intake and pressure area checks. We were informed that when a resident dies his/her room is untouched and kept locked until the family are ready to remove personal belongings. We were informed that staff will undertake this task if the family prefer. The home welcomes priests and ministers of religion at all times. Other residents are told of the death individually and sensitively. The manager stated that a good network of allied professionals had been established and works together when a resident is at end of life stage. This includes the Rapid Response Team and Hospice Community staff.

Is Care Compassionate? (Quality of Care)

Staff stated that they felt able to deliver care in a compassionate and sensitive manner. Staff spoke affectionately of residents who had died in the past. We were informed that in the most recent death the home's staff, resident's family and hospice staff worked together over each 24 hour period to provide a sitting service. This meant that the dying resident was never unattended in the last phase of his/her life. We were informed that several residents have had their wakes held in the home. Staff were aware of the finality of end of life care and that they endeavour to "go the extra mile" for residents at this stage.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. The criteria are met and the care is assessed as safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

The home has a policy on continence management dated 2013. The policy sets out the potential reasons for incontinence and the forms it may take. The policy also provided staff of what steps were required if incontinence is an issue for any resident. The Continence Advisory Service shares the same site as the home. This makes it convenient for referrals to continence nurses if advice is required. There were adequate supplies of aprons, gloves and hand sanitisers available. Continence products were disposed of in line with infection control guidance.

Is Care Effective? (Quality of Management)

The registered manager reviews care plans on a regular basis as part of her on going quality assurance systems. This includes a review of skin integrity for residents who are incontinent. In the first instance the type and amount of products are prescribed by the district nurse. Products are then reordered weekly by staff in the home. Our discussions with staff, observation of practice an inspection of care records identified no areas of mismanagement in this area.

Is Care Compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity and independence associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and privacy is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet, private manner. There was evidence that there is a good standard of continence management in the home which was person centred, underpinned by good values and delivered with compassion.

Areas for Improvement

There were no areas identified for improvement in relation to the theme of incontinence management. The care is assessed as safe, effective and compassionate.

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

5.4.1 Residents

We spoke with many of the residents all of whom were complimentary about the care they receive in the home. Some residents shared their anxiety about the future of the home which is under consideration for closure. One resident stated that his admission had been for a temporary period but that he wished to remain permanently. Questionnaires were left for distribution to residents and four were returned in time for inclusion in this report. The comments in the questionnaires were all positive. A selection of the comments on the day and in the returned questionnaires is below –

“Rectory Field is a great place to live, were hopefully I will be able to live with my new friends for a very long time”

“I feel completely safe and secure”

“I love the soup and wheaten bread”

“They (staff) couldn’t be better if the resident in question belonged to the carers own family”

“I’d like to tell the men in suits not to tamper with Rectory Field”

5.4.2 Staff

The follow staff were on duty on the day –

Manager x1

Senior care assistant x1

Care assistant x 2

Domestic x 2

Catering x 2

The manager confirmed that this is satisfactory to meet the needs and numbers of persons accommodated.

We spoke with staff who confirmed that a good standard of care was provided in the home. Staff spoke positively about their roles, staff morale and managerial support. Staff were concerned about the future and of how the potential closure of the home would impact on their careers. Staff were, however, determined that the standard of care would be maintained despite the uncertainty the home is facing. Questionnaires were left for distribution to staff. Five were returned in time for inclusion in this report. A selection of comments on the day and in the returned questionnaires is below –

“I am very proud of being part of a brilliant team of carers”

“I have worked here for many years and can honestly say I have only seen the best of care”

“This is a fantastic home all the residents’ needs are met”

5.4.3 Relatives

There were no visitors in the home at the time

5.4.4 Environment

The internal environment was found to be clean, bright and welcoming. Residents’ rooms are personalised to suit the preferences of the occupant. There are several sitting rooms with a

variety of seating arrangements available. There were no hazards noted on our inspection of the home.

5.4.5 Fire

Arrangements for fire prevention were inspected as part of the estates inspection in September 2015. Fire training for staff was last provided in July 2015. Fire alarms are checked weekly and the outcome recorded.

5.4.6 Complaints

Inspection of the complaints record showed that any expressions of dissatisfaction are taken seriously and dealt with appropriately.

5.4.7 Accidents/incidents

Inspection of the accident/incident record showed that these are recorded, reported and dealt with appropriately.

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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Dolores Moran	Date Completed	18/11/15
Registered Person	<i>Eileen Hy</i>	Date Approved	27.11.15
RQIA Inspector Assessing Response	<i>Patt Greer</i>	Date Approved	14/12/15

Please provide any additional comments or observations you may wish to make below:

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