



The Regulation and
Quality Improvement
Authority

Ravenhill
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Unannounced Care Inspection of Ravenhill

16 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 16 October 2015 from 11.00 to 16.40.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**
Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas 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. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

For the purposes of this report, the term 'patients' will be used to describe those living in Ravenhill which provides both nursing and residential care.

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 20 November 2014.

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	4	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Christine Kim, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ravenhill Private Nursing Home Mr William Trevor Gage	Registered Manager: Mrs Isabella Christine Kim
Person in Charge of the Home at the Time of Inspection: Mrs Isabella Christine Kim	Date Manager Registered: 01 November 2007
Categories of Care: RC-I, NH-I, NH-PH	Number of Registered Places: 38
Number of Patients Accommodated on Day of Inspection: 36	Weekly Tariff at Time of Inspection: £540 - £663

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 standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- previous care inspection report

During the inspection, 17 patients were spoken with individually and the majority of others in small groups, two registered nurses, one senior care assistant, two care assistants, one administrative assistant and three patients' visitors/representatives were also consulted.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- four patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- a sample of staff duty rotas
- policies and guidance documents for communication, death and dying, and palliative and end of life care
- complaints and compliments records

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 20 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 20 November 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (1) Stated: First time	The registered manager must ensure that: <ul style="list-style-type: none"> the nursing care records for the identified patient's wound care are appropriately updated and reflective of the directions of the Tissue Viability Nurse (TVN). a review the management of wound care records is undertaken. This review should then clarify what records must be maintained in either paper or electronic format. consider the use of photographs to record wound healing 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff confirmed that the identified patient is no longer in the home. The registered manager confirmed that a review of wound care recording had been undertaken and photographs had been used previously.</p> <p>However, on the day of the inspection the inspector observed one patient as having a wound on their arm. A review of the patient's care record evidenced that a wound assessment had not been completed and a care plan was not in place for the management of the wound. A separate requirement has been made.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that a post fall procedure be developed. This procedure must capture all of the areas identified by the findings of the NHSCT audit.</p> <p>The registered manager must ensure that all staff are fully aware of the procedures to be followed post fall.</p> <p>A copy of the post fall procedure should be forwarded to the inspector with the return of the QIP.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A copy of the post fall procedure was forwarded to RQIA following the inspection and reviewed by the care inspector.</p> <p>A review of accident/notifiable events record evidenced that a patient had sustained an injury from a recent fall. A review of the patient's care records evidenced that a falls risk assessment had been updated. However, the care plan had not been updated following the fall. A separate requirement has been made.</p>	<p>Partially Met</p>
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5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on 'communication'. However, the policy needs to be developed to include current best practice and the regional guidelines on Breaking Bad News.

The registered manager had provided staff with information on Breaking Bad News. Discussion with one nurse confirmed that she was knowledgeable regarding the guidance documents available; however, one nurse was unsure of what documents were available. The registered manager stated that she was currently updating policy information on communicating effectively and palliative and end of life care. A recommendation has been made.

Communication training in respect of communicating effectively with patients and their families/representatives and the breaking of bad news has not yet been provided to staff. However, discussion with the registered manager confirmed that communication with patients is included in the staff induction programme. Consideration should be given to provide staff with additional training in relation to communicating effectively including the breaking of bad news. A recommendation has been made.

Is Care Effective? (Quality of Management)

Two care records reflected patients' individual needs regarding the end of life care. However, the care plans to manage the end of life were generic care plans and did not include the patients' specific communication needs, religious or cultural needs or specific family wishes in respect of their end of life and after death care. A recommendation has been made.

Two registered nursing staff consulted, discussed how they communicate sensitively with patients when breaking bad news. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 17 patients individually and with many others in small groups. A number of patients had communication limitations however; in general, the patients all stated that they were very happy. They confirmed that staff were polite and courteous.

Three patients' representatives/visitors discussed care delivery and confirmed that they were generally happy with standards maintained in the home.

A number of letters/cards complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Ravenhill. The registered manager received a phone call on the day of the inspection from a relative of a patient who had recently passed away complimenting staff on the care delivered.

Areas for Improvement

Three recommendations were made in relation to policy review/development; care planning and staff training.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

The policy on the management of palliative and end of life care was reviewed and did not reflect current best practice guidance such as the GAIN Palliative Care Guidelines, November 2013 and did not include guidance on the management of the deceased person's belongings and personal effects or the involvement of palliative care nurse specialists. However, the registered manager and one registered nurse were aware of the Gain Palliative Care Guidelines November 2013; a copy of which was available in the home. A recommendation has been made to update the policy to reflect current best practice guidelines as referenced in section 5.3.

Training records evidenced that six staff were trained in palliative and end of life care during January 2014. In discussion with the registered manager it was agreed that the number of staff who have completed training in respect of end of life care should increase with a focus on care staff. A recommendation has been made.

A review of staff induction training records confirmed that end of life care had been included. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support the patients and relatives at this time. Staff were able to advise how the training received had increased their knowledge and how learning had been embedded into practice.

Discussion with two registered nurses confirmed that arrangements were in place for staff to make referrals to specialist palliative care services within the hospice. Staff discussed the care of a patient whose condition had recently deteriorated. Staff spoken with were proactive in identifying when the patient's condition deteriorated and appropriate actions had been taken to refer the patient to the palliative care services within the hospice.

There was no formal protocol for timely access to any specialist equipment or drugs. However, nursing staff consulted with demonstrated an awareness of the procedure to follow, if required.

There was no specialist equipment in use in the home on the day of inspection. However, a syringe driver had been in use a few days prior to the inspection. The registered nursing staff confirmed that they were able to source a syringe driver via the hospice team. Discussion with two registered nurses confirmed that they both have requested to be updated in syringe driver training. This was discussed with the registered manager who readily agreed to source syringe driver training. A recommendation has been made.

Is Care Effective? (Quality of Management)

A review of two care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. However, as discussed previously in section 5.3, there was no evidence that the patient's wishes and their social, cultural and religious preferences were recorded in the care plan.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team within the hospice. Where instructions had been provided by the specialist palliative care team, these were incorporated into the relevant care records.

Discussion with the registered manager and staff confirmed that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying, and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

A review of notifications of death to RQIA during the previous inspection year evidenced that they were appropriately submitted.

Is Care Compassionate? (Quality of Care)

Discussion with nursing staff demonstrated an awareness of patient's expressed wishes, needs and preferences regarding end of life care. However, as previously discussed two care plans reviewed did not include the patient's specific wishes, needs and preferences in respect of their end of life care.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Discussion with staff confirmed that family can stay overnight and would be offered catering/snack facilities, if required.

From discussion with the registered manager and nursing staff, three visitors/relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included staff supporting each other and counselling with the registered manager.

Information regarding support services was not available in the home. This was discussed with the registered manager who has agreed to source information to support staff, patients and their relatives.

Areas for Improvement

Three recommendations were issued in section 5.3 in relation to, policies and procedure, staffing training and care planning. These will also include palliative care and end of life care from this section.

Number of Requirements:	0	Number of Recommendations:	3*
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*3 recommendations made are stated under Standard 19 above

5.5 Additional Areas Examined

5.5.1. Consultation with patients, their representatives and staff

Part of the methodology in collecting data for the inspection process included speaking with staff, patients and patient's relatives asking them to give their own personal views on their impression of Ravenhill. Questionnaires were also given out for completion to aid data collection.

A few patient comments are detailed below:

'Lovely food.'

'Good company.'

'It is very nice living here.'

'I couldn't be happier.'

'Staff are excellent, I have no complaints.'

Two relatives and one visiting friend were consulted on the day of the inspection. One relative commented on the length of time the call bells were ringing. This was discussed with the registered manager during feedback. One relative had previously raised concerns with the registered manager and also with RQIA regarding the standard of care and the use of footrests on wheelchairs. This relative was consulted on the day of the inspection and was satisfied with the care within the home and had no issues of concern. The relative stated that the registered manager had addressed any concerns raised and was very happy with the care her loved one was receiving and stated that the care is now excellent.

The general feeling from the staff questionnaires and conversations indicated that the staff took pride in delivering safe, effective and compassionate care. In the returned questionnaires one member of staff had requested to attend training in the use of syringe drivers and another member of staff commented that they did not receive training in palliative/end of life care. A further comment was made regards to an increase in activities within the home. Comments made in returned questionnaires were discussed with the registered manager following the inspection.

5.5.2. Health and Safety

Several patients were observed to be seated in wheelchairs during the lunch time period. Discussion with staff and observation identified that a number of footrests on wheelchairs had been adjusted to a static position and staff were unable to move the footrests a safe distance away from patients' legs therefore posing a risk to patients. This was discussed with staff who agreed that the position of the footrests may cause injury to patients. A review of the footrests on all wheelchairs should be undertaken throughout the home and all risks appropriately minimised. This was discussed with the registered manager who has agreed to address this issue. A requirement has been made.

Cleaning chemicals presenting a health and safety risk to patients were observed stored in an unlocked domestic store. One of the chemicals observed had been decanted into a spray bottle and had not been labelled correctly. This practice is not in keeping with the Control of Substances Hazardous to Health Regulations (COSHH). This was immediately brought to the attention of the staff to address. A requirement has been made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Christine Kim, registered 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 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 13 (1) (a) and (b) Stated: First time To be Completed by: 16 November 2015	<p>The registered person must ensure that all patients with wounds have the relevant assessments and records completed in accordance with best practice guidelines. Dressing regimes must be adhered to in accordance with the care plan and wound care records/observation charts must be completed each time dressings are changed. All records pertaining to wound care management are up to date and reviewed as indicated.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Wound records have been reviewed and updated. Nursing staff have been instructed that wound charts must be completed for each dressing change. All nursing staff have received further training on 27.10.2015 led by the NHSCT Community Tissue Viability Specialist Nurse, on wound assessment, dressing selection and wound management including recording of wound progress</p>
Requirement 2 Ref: Regulation 16 (2) (b) Stated: First time To be Completed by: 16 November 2015	<p>The registered person must ensure that care records for patients identified as being at risk of falling are reviewed to ensure that the care plans are relevant and reflect current/active/acute nursing needs/interventions.</p> <p>Ref: Section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Nursing staff have been instructed and all falls risk assessments for patients who are at risk of falls have been reviewed and updated as directed.</p>
Requirement 3 Ref: Regulation 27 (2) (c) Stated: First time To be Completed by: 16 November 2015	<p>The registered person must review the use of footrests on all wheelchairs to minimise the risk of injury to patients in the interests of Health and Safety.</p> <p>Ref: Section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Footplates on our wheelchairs are fixed and cannot be modified. Staff have been instructed to take exceptional care when transferring residents to avoid injury. Alternative footplates to replace existing ones or washable protectors for footplates currently being sourced.</p>

<p>Requirement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be Completed by: 16 November 2015</p>	<p>The registered person must ensure that any chemicals used within the home are labelled correctly and stored securely in accordance with COSHH regulations.</p> <p>Ref: Section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff have been instructed that the store room where cleaning products are stored is to be kept locked at all times. Domestic staff have been further instructed regarding correct labelling of any chemicals used for cleaning</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be Completed by: 16 January 2016</p>	<p>It is recommended that the policy and procedures are reviewed to reflect current regional guidelines for each of the following areas:</p> <ol style="list-style-type: none"> 1. Palliative and end of life care 2. Communication to include breaking bad news <p>The registered person/manager should ensure staff are knowledgeable of the reviewed policies and procedures in relation to communicating effectively and palliative/end of life care.</p> <p>Ref: Section 5.3 and 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The above listed policies and procedures have been updated to reflect current best practice guidelines. They have been discussed with staff and all staff advised to read and familiarise themselves with their content.</p>
<p>Recommendation 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 16 January 2016</p>	<p>It is recommended that training in respect of palliative/end of life care and communicating effectively should be undertaken by as many staff as possible.</p> <p>It is recommended that an update in syringe driver training is undertaken by all registered nurses.</p> <p>Ref: Section 5.3 and 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Training for nursing staff in the management of syringe drivers has been arranged for 17.12. 2015. Further training for all staff who have not as yet attended training on palliative care and communicating effectively is currently being sourced.</p>

Recommendation 3 Ref: Standard 32 Stated: First time To be Completed by: 16 November 2015	It is recommended that care plans are in place to manage palliative and end of life care which are person centred, meet the assessed needs of the patients and are discussed with the patient and or their representatives. Ref: Section 5.3 and 5.4 Response by Registered Person(s) Detailing the Actions Taken: Nursing staff have been instructed and care plans in relation to palliative and end of life care have been updated to include patients individual needs and wishes.		
Registered Manager Completing QIP	Christine Kim	Date Completed	05/11/2015
Registered Person Approving QIP	Trevor Gage	Date Approved	06/11/2015
RQIA Inspector Assessing Response	Norma Munn	Date Approved	16/11/2015

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