Ravenhill
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BT38 8TZ

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Unannounced Care Inspection
of
Ravenhill

29 February 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 February 2016 from 12.00 to 17.00 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: Heath Care
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.

For the purposes of this report, the term 'patients' will be used to described those living in Ravenhill Care Home 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 16 October 2015.

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 total number of requirements and recommendations include three requirements stated for the second time and one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the 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: 35	**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 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: **Heath 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:

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:
- discussion with the registered manager
- discussion with staff
- discussion with patients
- review of a sample of staff training records
- review of policies and guidance documents pertaining to the standards examined
- review of a sample of care records
- review of accidents/incidents records
- observation of care practice and delivery
- evaluation and feedback

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 16 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 16 October 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (1) (a) and (b) **Stated:** First time	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.	**Partially Met**
	Action taken as confirmed during the inspection: A review of the care records of four patients identified as requiring wound care was undertaken. Two of the patients had been assessed by the Trust tissue viability nurse specialist and a treatment regime was prescribed. Dressing records had been completed for these two patients and there was evidence that dressings had been carried out in accordance with the prescribed regime. However there was no evidence of wound assessments or body maps completed for any of these patients. The wound care plan for one patient was generic and included comments such as “observe for skin condition”. Nursing progress notes did not record when dressings had been completed. Electronic care plan evaluation records were not available on the day of the inspection.	

Requirement 2 **Ref:** Regulation 16 (2) (b) **Stated:** First time	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.	**Not Met**
	Action taken as confirmed during the inspection: A review was undertaken of the care records of two patients identified as being at risk of falls. One patient had five falls in February 2016 and there was no evidence that the falls risk assessment had been reviewed following the falls. A computerised care records system was in operation and the care plan evaluation records could not be made available, therefore the inspector was unable to validate that the care plans had been reviewed following any falls.	
Requirement 3 **Ref:** Regulation 27 (2) (c) **Stated:** First time	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.	**Partially Met**
	Action taken as confirmed during the inspection: Footplates on some of the wheelchairs in use were fixed and could not be modified. The registered manager advised that they had tried to source alternative footplates; however they were unable to obtain these. A review of accident/incident records evidenced that patients continued to receive injuries associated with the footplates on wheelchairs. This was discussed with the registered manager and it was agreed that all wheelchairs with fixed footplates would be replaced on a phased basis.	
Requirement 4 **Ref:** Regulation 14 (2) (c) **Stated:** First time	The registered person must ensure that any chemicals used within the home are labelled correctly and stored securely in accordance with COSHH regulations.	**Met**
	Action taken as confirmed during the inspection: The domestic store was locked and the registered manager confirmed that all chemicals were labelled and stored securely in accordance with COSHH regulations.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 36 **Stated:** First time	It is recommended that the policy and procedures are reviewed to reflect current regional guidelines for each of the following areas: 1.Palliative and end of life care 2.Communication to include breaking bad news 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.	**Met**
	Action taken as confirmed during the inspection: The above policies and procedures were reviewed and reflected current regional guidelines. The registered manager confirmed that all relevant staff had read and understood the revised policies and procedures.	
Recommendation 2 **Ref:** Standard 32 **Stated:** First time	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. It is recommended that an update in syringe driver training is undertaken by all registered nurses.	**Met**
	Action taken as confirmed during the inspection: Two registered nurses attended an update in syringe driver training on 17/12/15. All registered nurses and one senior care assistant attended training in palliative/end of life care in 2014 and further training was planned for 7th and 16th March 2016.	
Recommendation 3 **Ref:** Standard 32 **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: There were no patients in receipt of end of life care at the time of the inspection. On further discussion with the registered nurses, palliative/end of life care plans had not been completed for any of the patients.	

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.

Best practice guidance on continence care was available in the home for staff to consult.

These included:

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

Discussion with the registered manager and staff confirmed that all relevant staff had received training in continence management.

The registered manager confirmed that two registered nurses were trained and assessed as competent in urinary catheterisation. It is recommended that this training is provided for all registered nurses.

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 had not been identified for the home. A recommendation has been made in this regard.

Is Care Effective? (Quality of Management)

Review of two patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. While a care plan was in place, the specific type of continence product assessed to meet the needs of the patient had not been recorded as part of the 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 the two patients care records.

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.

A computerised care records system was in operation and the care plan evaluation records could not be made available, therefore the inspector was unable to validate that continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. The registered manager advised that staff were having difficulties with the computerised care records system on the day of the inspection and that these records were normally available. Audits of care records were completed by the registered manager on a monthly basis and the findings indicated that assessments and care plans were in place and reviewed regularly. A requirement has been made with regard to the availability of care records.

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.

Registered nurses spoken with were knowledgeable regarding the management of urinary catheters, however there were no patients accommodated with urinary catheters at the time of the inspection.

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

The registered person must ensure that records of the review of patients care plans are at all times available in the home for inspection.

Continence care plans should identify the specific type of continence products assessed to meet the needs of the patients

It is recommended that training in urinary catheterisation is provided for all registered nurses who have not yet completed this training.

A continence link nurse should be identified for the home.

Number of Requirements:	**1**	**Number of Recommendations**:	**3**

5.4 Additional Areas Examined

5.4.1. Consultation with patients and staff

Twenty patients and six staff 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:
'It's very homely here.'
'Everyone is very good to me.'
'I can't think of anything for improvement.'

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients. No concerns were raised

Areas for Improvement

No areas for improvement were identified

Number of Requirements:	0	Number of Recommendations:	0

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Isabella 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13 (1) (a) and (b) **Stated:** Second time **To be Completed by:** 31 March 2016	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: All wound care records have been reviewed and are now maintained in manual files for easy access. Wound assessments are in place for all wounds in the home. Wound observation charts are completed at each dressing change and care plans updated as wound progresses. All wounds in the home and wound care records will be audited monthly by the nurse manager
Requirement 2 **Ref:** Regulation 16 (2) (b) **Stated:** Second time **To be Completed by:** 31 March 2016	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Fall risk assessments are carried out for all residents in the home. Subsequent care plans for residents identified as being at risk will be reviewed on a monthly basis by the nurse manager to ensure they are updated following falls and reflect current nursing needs or interventions
Requirement 3 **Ref:** Regulation 27 (2) (c) **Stated:** Second time **To be Completed by:** 31 March 2016	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: A review of accidents due to footplates on wheelchairs over the past year was carried out. 2 residents identified at high risk have been provided with new wheelchairs with retractable footplates allowing easier access. We intend over the next few months to continue to replace other wheelchairs currently in use which may present a risk

Requirement 4 **Ref:** Regulation 19 (2) (b) **Stated:** First time **To be Completed by:** 31 March 2016	The registered person must ensure that records of the review of patients care plans are at all times available in the home for inspection. **Ref: Sections 5.2 and 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Dates of risk assessments and reviews are available on the computer system. The software company is currently investigating why details of historical records are not easily accessed
Recommendations	
Recommendation 1 **Ref:** Standard 32 **Stated:** Second time **To be Completed by:** 31 March 2016	The registered manager should ensure 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 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Most residents have in place advanced directives regarding palliative and end of life care as discussed with GP, family and nursing staff. These records are maintained in each residents manual file. These will be further developed to generate individual care plans for each resident
Recommendation 2 **Ref:** Standard 4.2 **Stated:** First time **To be Completed by:** 31 March 2016	Continence care plans should identify the specific type of continence products assessed to meet the needs of the patients **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Continence care plans have been updated to include the type of continence product required by each individual resident
Recommendation 3 **Ref:** Standard 39.4 **Stated:** First time **To be Completed by:** 31 May 2016	The registered manager should ensure that training in urinary catheterisation is provided for all registered nurses who have not yet completed this training. A continence link nurse should be identified to attend liaison meetings and study days provided by the Trust and to disseminate this information to relevant staff in the home. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: A continence link nurse has been identified and training has been sourced and booked for nurses who have not as yet had training in urinary catheterisation

Registered Manager Completing QIP	Christine Kim	**Date Completed**	25.3.16
Registered Person Approving QIP	Trevor Gage	**Date Approved**	31.3.16
RQIA Inspector Assessing Response	Bridget Dougan	**Date Approved**	18.4.16

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