



The Regulation and
Quality Improvement
Authority

Inspector: Karen Scarlett
Inspection ID: 022163

Rathmena
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**Unannounced Care Inspection
of
Rathmena**

23 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 23 June 2015 from 09.30 to 15.30 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall 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. Refer also to sections 1.2 and 5.5.3 below.

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. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Rathmena 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 13 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. However, in consultation with senior management at RQIA a letter was issued to the registered manager and regional manager following the inspection in regards to the process to be followed in reporting safeguarding of vulnerable adult (SOVA) incidents. Please refer to section 5.5.3 for further information.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Mrs Wendy McMaster, 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	Registered Manager: Mrs Wendy McMaster
Person in Charge of the Home at the Time of Inspection: Mrs Wendy McMaster	Date Manager Registered: 3 April 2013
Categories of Care: NH-PH, NH-PH(E), RC-I, NH-LD, NH-LD(E), NH-I	Number of Registered Places: 29
Number of Patients Accommodated on Day of Inspection: 24	Weekly Tariff at Time of Inspection: £593 nursing; £470 residential and £10 top up fee

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:

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with six patients individually and the majority of others in groups, three registered nurses and three care staff.

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 plan (QIP) from the previous inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff training records
- staff induction records
- four care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- complaints and compliments records
- staff meeting minutes
- regulation 29 monthly monitoring reports
- annual quality report
- guidance for staff in relation to palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Rathmena was an unannounced care inspection on 13 January 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13.7</p> <p>Stated: First time</p>	<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. This is particularly in relation to:</p> <ul style="list-style-type: none"> • The presence of waste bags, wipes and patients' personal items in bathrooms • The presence of damaged bed rail bumpers in one patient's bedroom which must be replaced. <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the premises found that no items were being stored inappropriately in the bathrooms. Damaged bed rail bumpers had been replaced.</p> <p>This requirement has been met.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (b & d)</p>	<p>The registered person shall ensure that the premises are kept in a good state of repair externally and internally and all parts are clean and reasonably decorated.</p>	Met

Stated: First time	This is particularly in relation to: <ul style="list-style-type: none">• Wall and paint damage in patients' bedrooms• Stained flooring in an identified sluice	
	Action taken as confirmed during the inspection: <p>An inspection of the premises found that wall and paint damage to patients' bedrooms had been addressed. The flooring had been replaced in the identified sluice.</p> <p>This requirement has been met.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 26.6 Stated: First time	The following policy must be reviewed and updated as required and ratified by the responsible person: <ul style="list-style-type: none"> • continence care • bowel care / management • digital rectal examination 	Not Met
	Action taken as confirmed during the inspection: These policies have not yet been updated. This recommendation has been stated for the second time.	
Recommendation 2 Ref: Standard 19.4 Stated: First time	The registered manager should ensure that sufficient registered nurses have up to date knowledge and expertise in male catheterisation.	Met
	Action taken as confirmed during the inspection: A number of registered nurses were competent in male catheterisation. A number of nurses had also undertaken recent training. There were currently no patients in the home requiring this intervention. The registered manager assured the inspector that in the event of a patient being admitted requiring this intervention that their needs could now be met and those nurses requiring a competence assessment could be facilitated to do so. This recommendation has been met.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was not available on communicating effectively, however this was included in a new palliative care manual currently under development. The regional guidelines on Breaking Bad News were available in the palliative care resource folder for staff to consult.

A sample of training records evidenced that staff had not completed training in relation to communicating effectively with patients and their families/representatives. However, nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding the end of life care. Care records included reference to the patient's specific communication needs including cognitive and sensory impairments.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs where appropriate.

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by providing time and privacy for any discussions. The nursing staff all emphasised the need to keep patients and their representatives updated on a regular basis and to build professional relationships with them. Conversations were well documented in the patients' care records.

Is Care Compassionate? (Quality of Care)

Discussion with staff and the manager provided an overview of how they delivered bad news sensitively and effectively. They were able to provide a recent example of breaking bad news to a patient, in which a private room was provided, a clear explanation given and time was given to allow the patient to react to the news and ask any questions. Staff ensured that support was given by the patient's spiritual advisor and family.

Staff were observed to be responding to patients in a prompt and dignified manner.

A review of the compliments record provided examples of thanks expressed by patients' families for the high standard of care and gratitude to the staff.

Areas for Improvement

A recommendation has been made that staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.

Number of Requirements:	0	Number of Recommendations:	1
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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)

A palliative and end of life care manual is currently under review by Four Seasons Healthcare to ensure that they are reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013.

A copy of the draft manual was reviewed and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that one staff nurse had attended training in palliative care in May 2015. All staff, including ancillary staff, had been issued with a workbook on palliative and end of life care which included topics such as psychological factors, symptom management, breaking bad news, spirituality and scenarios to work through. Staff confirmed that they had been issued with these and that they were working through them. The majority of staff had completed an e-learning programme on palliative care in the last three years.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Nursing staff commented on the value of this support.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and discussion with staff confirmed their knowledge of the protocol. Staff stated that they were proactive in anticipating the needs of patients and ordered in stock of any medicines or equipment which may be potentially required.

Staff confirmed that syringe drivers were provided by the local Trust and support was given by the community nurses if required.

A palliative care link nurse has been identified.

Is Care Effective? (Quality of Management)

A review of 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. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. An issue was identified in relation to the care plans not specifically related to this theme. These required improvement to make them more person centred and personalised. Please refer to section 5.5.2 for more information.

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 and where instructions had been provided, these were evidently adhered to.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered as a patient neared end of life. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year found that these had been managed appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

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. Staff confirmed that relatives were made welcome at any time and they were facilitated to stay overnight if desired. Staff called in regularly to offer support and provided them with beverages and snacks.

From discussion with the manager and staff 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 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.

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

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

Information regarding support services was available and accessible for staff, patients and their relatives. This information included information on bereavement and palliative care by Marie Curie and Four Seasons healthcare.

Areas for Improvement

As previously stated, a recommendation has been made that staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.

Number of Requirements:	0	Number of Recommendations: *1 recommendation made is stated under Standard 19 above	1
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5.5 Additional Areas Examined

5.5.1 Comments by staff, patients and patient representatives

As part of the inspection process patients, their representatives and staff were spoken with. Questionnaires were issued to patients' representatives and staff.

No patients' representatives were spoken with at the inspection but one relative completed a questionnaire. All comments received were generally positive. Some comments received are detailed below.

Patients

Examples of patients' comments included:

"The food is good."

"The staff are very kind."

"It's not home but it's second best to it."

Staff

Questionnaires were issued to staff and one was returned. Those staff spoken with were happy working in the home and were of the opinion that the team working was very good. All staff spoken with stated that the standard of care in the home was very good and no concerns were raised. No concerns were raised by the questionnaire respondent.

5.5.2 Care Records

Four patient care records were reviewed. Risk assessments and care plans were found to be consistently up to date and there was evidence that these were regularly reviewed. However, a number of care plans were found which were not person-centred in nature. The section of the care plan on patient needs did not always reflect the actual need of the patient and were phrased negatively. For example, one care plan stated:

".....'s pain is well managed on current medication therefore a pain assessment is not required."

"..... is refusing to take a pureed diet."

The manager stated that training for staff on person centred care planning was ongoing and was of the opinion that this would improve this aspect of care planning. It was agreed with the manager that these care plans be reviewed and a recommendation has been made in this regard.

5.5.3 Safeguarding of Vulnerable Adults (SOVA)

RQIA received a notification from the home of a potential SOVA incident in June 2015 under regulation 30 of the Nursing Home Regulations (Northern Ireland) 2005. It was evident from the notification that the incident had not been appropriately reported to the Trust designated officer for safeguarding in accordance with regional SOVA protocols and procedures. RQIA contacted the registered manager by email to bring this to their attention and to advise that this was reported without further delay. In addition, RQIA reported the incident to the designated officer for the local Trust and RQIA is satisfied that appropriate actions have been taken. This was discussed at the inspection and the correct procedure reinforced with the registered manager. There was evidence of ongoing SOVA training for staff and the issue had been raised at the last staff meeting. However, the registered manager agreed to raise this matter with staff and reinforce the correct procedures to be followed.

In consultation with senior management at RQIA a letter was sent to the registered manager and copied to the regional manager. This required the registered manager to reply to RQIA stating how this issue would be prevented from recurring. A requirement has been made in this regard.

5.5.4 Environment

An inspection of the premises found these to be well presented and clean. In two bathrooms it was noted that toilet seats had been removed and these along with fixtures and fittings had been left on the floor. This manager was informed and these items were immediately removed. New toilet seats had arrived and were scheduled to be fitted. In one identified bathroom a toilet was found to be heavily stained and a requirement has been made that this is cleaned or replaced as required.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Wendy McMaster, 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.

6.5 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.

6.6 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.

6.7 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 (non-paperlite) 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	The registered person shall make suitable arrangements, by training of staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse. The correct reporting procedures must be followed by the manager and all staff.		
Ref: Regulation 14 (4)			
Stated: First time			
To be Completed by: 21 August 2015	Response by Registered Person(s) Detailing the Actions Taken: The issue identified during inspection has been reviewed and any future allegations reported will be completed via VA1 form to ensure a record of notification is maintained		
Requirement 2	The registered person shall ensure that all parts of the nursing home are kept clean. This is particularly in relation to a toilet in an identified bathroom.		
Ref: Regulation 27 (2) (d)			
Stated: First time			
To be Completed by: 21 August 2015	Response by Registered Person(s) Detailing the Actions Taken: The toilet identified during inspection has had a deep intensive clean and is now fit for purpose.		
Recommendations			
Recommendation 1	Staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.		
Ref: Standard 32			
Stated: First time			
To be Completed by: 8 September 2015	Response by Registered Person(s) Detailing the Actions Taken: Training for all staff in palliative care has been scheduled for 28 th July 2015. Further supervision will take place to support this when the new end of life manual is made available as it is currently being ratified and scheduled for release in September 2015		
Recommendation 2	It is recommended that the care plan should clearly state how the emotional, social and psychological needs of the patient will be met alongside physical and other healthcare needs. The language used should be reflective of person-centred principles.		
Ref: Standard 4			
Stated: First time			
To be Completed by: 8 September 2015	Response by Registered Person(s) Detailing the Actions Taken: The care plan in question has been reviewed and rewritten to accurately reflect the residents needs and the language used is reflective of person centered principles.		
Registered Manager Completing QIP	Wendy McMaster	Date Completed	09/07/15
Registered Person Approving QIP	Dr Claire Royston	Date	17.07.15

		Approved	
RQIA Inspector Assessing Response	<i>J. Carroll</i>	Date Approved	27/7/15

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

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