

Inspection Report

8 February 2022



Rathfriland Manor

Type of service: Nursing Home

Address: Rosconnor Terrance,

Rathfriland, Newry,

BT34 5DJ

Telephone number: 028 4063 8383

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Manor Healthcare Ltd Registered Person/s OR Responsible Individual Mr Eoghain King	Registered Manager: Mrs Rachel McCaffrey Date registered: 1 February 2016
Person in charge at the time of inspection: Helena Rooney – Nurse in Charge	Number of registered places: 54 A maximum of 30 persons in category NH-I and 24 persons in category NH-DE. The home is also approved to provide care on a day basis to 1 person in the General Nursing Unit and 4 persons in the Nursing Dementia Unit.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 44
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 54 patients. The home is divided into three units over two floors. The Millar Suite provides general nursing care and the Foley and Shannon Suites provide care for patients living with dementia. Within each suite patients have access to communal lounges and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 8 February 2022 from 10.30 am to 5.30 pm. The inspection was carried out by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that staffing pressures were easing and that staffing levels were satisfactory; this is discussed in more detail in the main body of the report.

Areas requiring improvement were identified regarding storage of thickening agents, aspects of the mealtime experience and ensuring effective upkeep of kitchenettes and vanity units.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the nurse in charge at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they felt well looked after by the staff. Patients who were less well able to tell us about how they found life in the home were seen to be relaxed in their surroundings and in their interactions with staff. Patients commented positively about the home, they said "it is like heaven in here", "the food is excellent", "staff couldn't be better" and "they are all very good in here".

Staff said that staffing levels were currently satisfactory. Staff were confident that efforts were made to ensure shifts were covered. Staff said “we all work together and look out for each other”, “we have everything we need”, “staffing was difficult but is getting better” and “teamwork is okay but lots of new staff so it takes time for them to get to know everyone well”.

Patients’ relatives spoke very positively about the care provided, communication and staff. Comments included “they always take time to listen to me, I’m sure that can be difficult but I never feel rushed”, “I don’t always remember to say thanks but we really appreciate all they do, not an easy job” and “staff are very approachable”.

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

Following the inspection we received three completed questionnaires which indicated that the respondents were very satisfied/satisfied with all aspects of care provided.

Comments made by patients, staff and relatives were brought to the attention of the nurse in charge for information and appropriate action.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The responsible person shall ensure that medicines are safely and securely stored at all times and that treatment rooms are not accessible to patients.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that all treatment rooms were secured and were not accessible to patients.	
Area for improvement 2 Ref: Standard 47 Stated: First time	The responsible person shall ensure that cleaning agents or chemicals which are hazardous to health are safely and securely stored at all times and are not accessible to patients.	Met

	Action taken as confirmed during the inspection: Review of the environment evidenced that cleaning agents and chemicals were safely and securely stored and were not accessible to patients.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The responsible person shall ensure that records relating to the frequency of repositioning are accurately maintained.	Met
	Action taken as confirmed during the inspection: Review of a sample of repositioning records evidenced that this area for improvement was met.	
Area for improvement 4 Ref: Standard 4.9 Stated: First time	The responsible person shall ensure that records relating to wound care are accurately maintained.	Met
	Action taken as confirmed during the inspection: Review of wound care records evidenced that this area for improvement had been met.	
Area for improvement 5 Ref: Standard 4 Stated: First time	The responsible person shall ensure that care records relating to bowel management, sleep and behaviours that challenge are suitably detailed and informative.	Partially met
	Action taken as confirmed during the inspection: Review of relevant care plans evidenced that those for sleep were satisfactory but care plans for bowel management and behaviours that challenge lacked sufficient details. This area for improvement will be stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The nurse in charge said that patient dependencies were reviewed at least monthly to determine required staffing levels.

The nurse in charge said that COVID-19 had resulted in an unavoidable increase in staff sickness, decreased availability of agency staff and some delays in recruitment of new staff. However, on a positive note, she confirmed that some new staff had recently commenced employment and that recruitment was ongoing. The nurse in charge also said that bank staff are mainly used when cover for shifts is required as it has been difficult to secure agency staff over the last several months.

Staff said that, although the last few months had been challenging, staffing levels were satisfactory and continued to improve as new staff had commenced employment in the home. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory training in a range of topics relevant to their role, for example, adult safeguarding, fire safety awareness, infection prevention and control (IPC) and moving and handling.

Staff said that team work was good, they felt well supported in their role and the manager was very approachable.

Patients and patients' relatives did not raise any concerns about staffing levels in the home.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were seen to be skilled in communicating with patients and to be respectful, understanding and sensitive to patients' needs.

Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes. Staff were seen to respect patients' privacy, they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Staff were observed to be prompt in recognising patients' needs and early signs of distress including for those patients who had difficulty in making their wishes or feelings known.

For example, it was observed that a patient became slightly distressed during a moving and handling procedure, by providing appropriate comfort and talking gently to the patient, staff were able to ensure the patient was reassured and left comfortable.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use where required. Those patients who were at risk from falls had relevant care plans in place. There was evidence that appropriate action was taken in the event of a fall.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the patients' needs regarding, for example, pressure relieving mattresses. Review of repositioning records evidenced that the times of repositioning were consistently recorded. It was noted that patients' skin condition was not always recorded; this was brought to the attention of the nurse in charge for information and appropriate action.

Some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

There was evidence that wounds were well managed and that recommendations made by other healthcare professionals such as the Tissue Viability Nurse (TVN) were followed.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Care plans included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Review of care plans for sleep evidenced that these were detailed and informative. Review of care plans for bowel management and behaviours that challenge evidenced that these lacked sufficient detail and were not always individualised; this area for improvement will be stated for the second time.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff demonstrated their knowledge of which patients had been assessed as requiring thickened fluids. However, it was observed that tubs of thickening agents were not securely stored at all times; an area for improvement was made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. There was a choice of meals on offer, the food was attractively presented, smelled appetising and portions were generous. However, menus were not appropriately on display; an area for improvement was made.

Patients may need a range of support with meals from simple encouragement through to full assistance. Staff were in attendance throughout the meal to assist patients. It was noted that one patient was quite sleepy at the dining table prior to meals being served. Staff served a meal to this patient rather than wait until such times as they became more awake. Another patient was observed to become sleepy during the meal. Staff said that they were able to reheat meals. However, staff acknowledged that if a patient was sleepy or became sleepy their meal should be provided at a later time when they were more awake; an area for improvement was made.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet and the required assistance. Records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients said the food was "excellent", "just lovely" and "very agreeable".

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean and tidy. On the ground floor a communal lounge and dining room had recently been attractively redecorated. Communal lounges and dining rooms were observed to be light, bright and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

Patients' bedrooms were generally personalised with items that were important to them such as family photographs and ornaments. However, it was observed that some bedrooms lacked personalisation. This was discussed with the nurse in charge who explained that as families had been unable to visit due to an outbreak of COVID-19 bedrooms of more recently admitted patients did require personalisation. As visiting had resumed families were being encouraged to bring in items to help make bedrooms more 'homely' and personalised.

The kitchenette areas within the dementia units required more effective upkeep; an area for improvement was made.

It was positive to see that staff cleaned patients' side tables between uses, for example, before and after drinks and snacks or when used for activities.

It was observed that identified vanity units in en-suite bathrooms required more effective upkeep and internal cleaning; an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home participated in the regional testing arrangements for patients, staff and Care Partners.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients said they were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. It was observed that staff offered choices to patients throughout the day, for example, preferences about when to have a shower, what clothes they wanted to wear, where they ate their meals and the option to join in with planned activities.

The activity lead said that patients' opinions were sought when planning the activity schedule to ensure this appealed to as many patients as possible. A range of individual and group activities was provided, for example, music, arts and crafts, quizzes, drawing, crosswords and reading. Holidays and birthdays were celebrated; the home was decorated with hearts which patients had designed and made for the upcoming St Valentine's Day celebrations. The activity lead said that staff also recognised the importance of meeting patients' spiritual needs; she said that a local minister has been a faithful friend to the home throughout the COVID-19 pandemic providing comfort and support when required. Patients are offered an opportunity to watch a weekly church and choir service on DVD.

It was observed that the activity lead provided patients who were taking part in an arts and crafts activity with encouragement and assistance. The atmosphere was calm and relaxed throughout the activity and gentle music was playing in the background.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place in accordance with the regional guidance. Staff said that they can really see the positive impact visiting has on patients' wellbeing.

Patients said that they feel listened to by staff, concerns are sorted out and there is plenty to do on a daily basis. Patients who were less able to communicate their thoughts looked content, settled and well cared for. Patients were seen to be well dressed in clean clothes and attention had been paid to all aspects of their personal care needs including hair, nail and mouth care. One patient said that she likes to pick out her own clothes and likes to have her nails painted and that staff or her family help with this.

The atmosphere throughout the home was warm, welcoming and friendly.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Rachel McCaffrey has been the registered manager in this home since 1 February 2016. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained; the outcome of complaints was seen as an opportunity for staff to learn and improve. Relatives said that they knew how to report any concerns and that they were confident that these would be resolved.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. A member of staff said the manager was "a good role model".

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and, where necessary, included action plans with identified timeframes for completion.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	6*

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Helena Rooney, Nurse in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time	The responsible person shall ensure that care records relating to bowel management and behaviours that challenge are suitably detailed and informative. Ref: 5.1 & 5.2.2

To be completed by: With immediate effect	Response by registered person detailing the actions taken: All care records relating to challenging behaviour and bowel management are detailed and informative
Area for improvement 2 Ref: Standard 30 Stated: First time	The responsible person shall ensure that tubs of thickening agents are securely stored at all times and are not accessible to patients. Ref: 5.2.2
To be completed by: With immediate effect	Response by registered person detailing the actions taken: all thickening agents are within locked cupboards
Area for improvement 3 Ref: Standard 12 Stated: First time	The responsible person shall ensure that staff recognise that patients who are sleepy at mealtimes may need more encouragement and/or assistance and may need to have their meal served at an alternative time in order to best meet their needs. Ref: 5.2.2
To be completed by: With immediate effect	Response by registered person detailing the actions taken: need to recognise that patients who may be sleepy require more encouragement and support with meals was highlighted to all staff at staff meeting and memos
Area for improvement 4 Ref: Standard 12 Stated: First time	The responsible person shall ensure that the daily menu is clearly displayed in a suitable format in order that patients know what the choices are at each mealtime. Ref: 5.2.2
To be completed by: With immediate effect	Response by registered person detailing the actions taken: daily menu is displayed in all units
Area for improvement 5 Ref: Standard 44 Stated: First time	The responsible person shall ensure that there is a system in place to ensure effective upkeep of kitchenette areas which should be effectively cleaned on a regular basis and as required. Additionally, items such as storage canisters should be kept in a clean condition and/or replaced as necessary. Ref: 5.2.3
To be completed by: With immediate effect	Response by registered person detailing the actions taken: Domestic staff records have been adjusted to reflect regular cleaning of kitchenette areas and canisters have all been replaced

Area for improvement 6 Ref: Standard 44 Stated: First time To be completed by: With immediate effect	The responsible person shall ensure that there is a system in place to ensure effective upkeep of vanity units in en-suite bathrooms. The interior of vanity units should be cleaned on a regular basis and as required. Vanity units should be repainted or replaced if necessary. Ref: 5.2.3
	Response by registered person detailing the actions taken: program to replace all vanity units completed

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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