

Unannounced Care Inspection Report 14 August 2017



Rathfriland Manor

Type of Service: Nursing Home (NH)
Address: Rosconnor Terrace, Rathfriland, Newry, BT34 5DJ
Tel No: 028 40638383
Inspector: Donna Rogan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 53 persons.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager: Rachel McCaffrey
Person in charge at the time of inspection: Rachel McCaffery	Date manager registered: 1 February 2016
Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category	Number of registered places: 53 comprising: 29 – NH-I 24 – NH-DE

4.0 Inspection summary

An unannounced inspection took place on 14 August 2017 from 10.00 to 17.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to the arrangements for the provision of activities; staff recruitment practices; staff induction, training and development; adult safeguarding arrangements and infection prevention and control practices. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance arrangements and the management of complaints and incidents.

Areas requiring improvement were identified under the standards and they included; a review of the management of food supplies to ensure provision is available to follow the planned menu; and repair the identified flooring area to the corridor area in the Foley unit.

All patients spoken with said that they were satisfied with the care and services provided and described living in the home, in positive terms. Refer to section 6.6 for further patient comment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Rachel McCaffery, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 23 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 September 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which included information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit

During the inspection the inspector met with approximately 28 patients, 12 staff and eight patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff weeks commencing 7 August 2017 to 20 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal records
- records relating to adult safeguarding
- annual quality report
- complaints received from the previous care inspection
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- minutes of staff, patient and relatives meetings held since the previous care inspection
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 September 2017

The most recent inspection of the home was an unannounced medicines management inspection on 23 September 2017. The completed QIP was returned and approved by the care inspector and will be validated at this inspection. Refer to section 6.2.

There were no further actions required to be taken following the most recent inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered provider must ensure that the following issues are addressed; <ul style="list-style-type: none"> • eradicate the malodour in the identified WC/shower room • repair/replace the identified mirror/cupboard • repaint the identified bedroom. 	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that all areas listed above were completed.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered provider should ensure that the refurbishment plan is implemented, the plan should be endorsed by the responsible person or registered provider. A copy of the endorsed refurbishment plan should be forwarded to RQIA when returning the QIP.	Met
	Action taken as confirmed during the inspection: The refurbishment programme was forwarded to RQIA in the returned QIP. Since the previous care inspection all corridor areas have been repainted as have most of the bedrooms. It is further planned to have the treatment rooms and staff areas repainted in October 2017. The refurbishment plan has been endorsed by the registered provider.	

Area for improvement 2 Ref: Standard 4 Stated: First time	The registered provider should ensure that until the new computerised care planning system is fully up and running that care delivery is recorded on paper, particularly in relation to wound care.	Met
	Action taken as confirmed during the inspection: The new computerised system for care planning has been introduced and a good standard has been maintained.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered provider should ensure that decanted/cooked food is date stamped.	Met
	Action taken as confirmed during the inspection: Cooked/decanted food was observed to be date stamped and appropriately stored.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 7 August 2017 to 20 August 2017 evidenced that the planned staffing levels were generally adhered to.

Observation of the delivery of care evidenced that patients' needs was met by the number and skill mix of staff on duty. Patients were observed to be appropriately groomed and the fingernails of patients were observed to be nicely manicured and patients' clothing was observed to be clean and nicely laundered. Discussion with eight relatives evidenced that they felt that there was enough staff on duty to care for their relatives. All staff members spoken with stated that the staffing arrangements were satisfactory as long as there was no short notice staff sickness. These comments were relayed to the registered manager during feedback. The registered manager confirmed that the staffing arrangements were reviewed on a regular basis and that the staffing could be; and was adjusted as required.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, Schedule 2. Where registered nurses and carers were employed, their registration status was checked with NMC and NISCC to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction programmes were reviewed. The induction programmes included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager had also signed the record to confirm that the induction process had been satisfactorily completed.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed training on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that up to 90 percent of staff had, so far this year, completed their mandatory training.

Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager and staff also confirmed that training had been provided on dementia care to staff. In discussion with the deputy manager and staff members it was felt that the training had provoked new ideas of working for the future to enhance the live experience for patients which including exploring different types of communication with other mediums, and in particular with patients' families. A new sensory garden has recently been made and patients with dementia have access to it. This has enhanced the quality and the dementia strategy for the home.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The relevant contact details were available for all staff to access.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager has been nominated as the safeguarding champion and the relevant training has been planned for the near future.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

Where patients required bedrails, to maintain their safety whilst in bed, there was evidence that risk assessments had been completed; and that regular safety checks had been carried out, when the patients were in bed. The care plans reflected the assessment outcome and included the reasons why less restrictive measures were not suitable for the patients.

Infection prevention and control measures were adhered to and equipment was stored appropriately. Observation of the laundry facilities evidenced that there was a range of available equipment present to ensure infection prevention and control measures were in accordance with the regional guidance.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. All the areas reviewed were found to be clean, tidy and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Paintwork had been completed in the dining areas. All corridors to the home have recently been repainted as have the majority of bedrooms. Plans were in place to repaint the treatment rooms and staff area in October 2017. A programme of on-going decoration was evident. The identified area in the corridor flooring in the Foley unit was identified to the registered manager for repair/replacing. An area of improvement under the standards was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, dementia training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

One area for improvement was identified for improvement under the care standards; the flooring in the identified corridor flooring should be repaired/replaced.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record. The care plan of a patient who displayed distressed reactions was specific and stated how the behaviour was presented and how to support the patient at these times.

Personal care records evidenced that records were well maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. The patients' total daily fluid intakes were also recorded in a format which enabled the registered nurses to have an overview of the patients' fluid intake. The review of repositioning records evidenced that patients were repositioned according to their care plans.

Patients' bowel movements were monitored by the registered nurses on a daily basis, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

The care plans detailed the 'do not attempt resuscitation' (DNAR) directive that was in place for the patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held at least quarterly and records were maintained and made available to those who were unable to attend. Staff consulted with confirmed that if they had any concerns, they could raise these with the registered manager. Three staff responded via questionnaire, all of whom agreed they could raise any issue with management. Relatives' meetings are held at least quarterly; the home also communicates with relatives and friends as necessary via notice boards and by letter. A review of records evidenced that patients' meetings are also held quarterly.

We observed the serving of the midday meal during the course of the inspection. Meals served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. Tables were set with tablecloths, placemats or condiments. We also observed that menus were displayed in pictorial and written format in the dining rooms. The menus provided patients with readily accessible and easy to understand information regarding the meal being served.

A review of the menus and observation of the meal evidenced that only one vegetable was offered, the cook stated that the vegetable on the planned menu was not available and therefore no other choice was offered. A review of the stores in the kitchen evidenced that there was a variety of frozen vegetables available. However, the cook did not provide any in the service on the day of inspection. There was poor variety of fresh fruit and vegetables available, the cook states that the order is usually completed twice weekly however, the head chef was on leave and he was not too sure if the order had been completed. This was shared with the registered manager who confirmed that the order had been completed as usual from a local source and would be delivered later that day. An area of improvement under the standards is made that all staff in the kitchen should be aware of the ordering processes and ensure that sufficient stocks are made available in keeping with the planned menu.

Patients were asked by staff of their preferred menu choice the evening before. However, it was reported that this can be changed at the point of serving at the patients' choice. Choices of meals were also available for patients who required a specialised diet.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and relatives and that consultation took place with the patient and/or their representative when planning care.

Areas for improvement

The following area was identified for improvement under the care standard; all staff in the kitchen should be aware of the ordering processes and ensure that sufficient stocks are made available in keeping with the planned menu.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 28 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. There is also an activities coordinator employed who plans and provides activities in the home. There was evidence of a wide variety of activities and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. There were various photographs displayed around the home of patients' participation in recent activities. There was evidence of regular church services to suit different denominations. Links with the local community have been established and children and young people from local schools are actively involved in the life of the patients in the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. An annual quality survey for 2017 was available for review; the registered manager confirmed that views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner.

During the inspection, we met with 28 patients, eight care staff, three registered nurses, the team leader, catering staff and eight patients' representatives. We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Three staff, three patients and seven relatives had returned their questionnaires, within the timeframe for inclusion in this report. All comments and outcomes were positive with no issues raised. All respondents stated they were "very satisfied" will all aspects of service provision in the safe, effective, compassionate and well led domains.

Some comments received both verbally and in the returned questionnaires are detailed below:

Staff

"The care is very good."
 "Good teamwork, we all help each other out."
 "This is a great place to work."
 "I love working here."
 "We have regular meetings and supervision sessions."
 "We have had recent dementia training."

Patients

"They're (staff) very good to me here."
 "It's very pleasant, I can't complain about a thing."
 "Staff are brilliant."
 "I think I am very well looked after indeed"
 "Staff are very kind and considerate"
 "I love the food, good home cooking"
 "Very satisfied with everything"

Patients' representative

"I would recommend this home to anyone."
 "I think staff are brilliant."
 "... Receives exceptional care, the staff listen to both And myself and I am completely satisfied that ... needs are met to the highest standard".

“I feel the home is very well run and gives the best care possible to all the residents”
 “It’s a beautiful home, well organised and everyone is very friendly”.
 “I am confident that my is receiving the best care possible”.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Activities were plentiful and well managed.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All staff consulted with described the registered manager in positive terms and that they felt confident that the management would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the registered manager and a review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients’ representatives spoken with confirmed that they were aware of the home’s complaints procedure.

Discussion with the registered manager and the review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and the review of records evidenced that quality monitoring visits were mainly completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Of the reports reviewed, copies were made available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships within the home.

Areas for improvement

There were no areas for improvement identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rachel McCaffery, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 43 Stated: First time To be completed by: 15 October 2017	The registered person shall repair/replace the identified corridor flooring in the Foley unit. Ref: Section 6.4 Response by registered person detailing the actions taken: This flooring in the identified corridor within the Foley unit has been repaired.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that all staff in the kitchen should be aware of the ordering processes and ensure that sufficient stocks are made available in keeping with the planned menu. Ref: Section 6.5 Response by registered person detailing the actions taken: All kitchen staff are aware of the ordering process, thus ensuring the sufficient stocks are available in keeping with the planned menu.

Please ensure this document is completed in full and returned via Web Portal



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