



The **Regulation** and
Quality Improvement
Authority

Rathfriland Manor
RQIA ID: 1494
Rosconnor Terrace
Rathfriland
Newry
BT34 5DJ

Inspector: Donna Rogan
Inspection ID: IN022083

Tel: 028 4063 8383
Email: rathfrilandmanor@hotmail.co.uk

**Unannounced Care Inspection
of
Rathfriland Manor**

14 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 14 September 2015 from 10.00 to 16.30 hours. The inspector was accompanied during the inspection by a lay assessor Anjite Otto from 10.00 to 14.00 hours.

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

Overall 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. 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 Rathfriland Manor, 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 22 December 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Zara Little, acting manager, and Mark King, responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Manor Healthcare Ltd Eoghain King	Registered Manager: Zara Little (acting)
Person in Charge of the Home at the Time of Inspection: Zara Little	Date Manager Registered: N/A
Categories of Care: NH-I, NH-DE, RC-DE	Number of Registered Places: Total 53 29 NH-I 23 NH-DE 1 RC-DE
Number of Patients Accommodated on Day of Inspection: 53	Weekly Tariff at Time of Inspection: £470 to £596

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

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

4. Methods/Process

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

Prior to inspection the following records were analysed:

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

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with twenty patients, four care staff, two nursing staff, one domestic staff and three patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- five patient care records;
- staff training records;
- regulation 29 monthly monitoring reports;
- complaints records;
- policies for communication and end of life care; and
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Rathfriland Manor was an unannounced pharmacy inspection dated 12 January 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection 22 December 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2) Stated: First time	<p>The registered persons shall ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • ensure the storage of equipment is reviewed in the identified bathrooms/shower rooms in keeping with best practice in terms of infection control and management. • review and replace the light coverings in the en-suite toilets/shower rooms. • repair the lock on the identified medication fridge in the dementia unit. • ensure all staff are able to demonstrate the correct action to take in the event of a fire. • ensure equipment such as pressure ulcer mattresses are used for the purpose for which they are intended in keeping with the manufacturers' instructions. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was no inappropriate storage observed. The light coverings in the ensuite bathrooms were covered. The medication fridge in the dementia unit was locked. Three staff spoken with were able to demonstrate the correct procedure to take in the</p>	

	event of a fire. All equipment observed in use was in keeping with the purpose for which it was intended and in keeping with the manufacturer's instructions.	
Requirement 2 Ref: Regulation 12 (1) (b) Stated: Second time	Ensure the assessment of wounds is supported by photography in keeping with best practice guidelines. Action taken as confirmed during the inspection: The manager confirmed that the assessment of wounds is now supported by photography in keeping with best practice.	Met
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.7 Stated: First time	The registered manager shall ensure the use of the term, "all care given, or no changes" in the daily progress notes or in the formal evaluation of care is not used. The registered manager shall ensure that entries are meaningful and reflective of the actual care provided. Action taken as confirmed during the inspection: A review of four patients care records evidenced that the recording of the formal evaluation of care was meaningful and reflective of the care delivered.	Met

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was available on communicating effectively which reflected current best practice, including regional guidelines on 'Breaking Bad News'. Discussion with nursing staff confirmed that they were knowledgeable regarding this policy and procedure. However the policy should be endorsed by the registered persons. The endorsement should include the review dates. A recommendation is made in this regard.

Discussion with the registered nurses and care staff confirmed that that they were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Palliative care training has been arranged for 17 September 2015, the training programme will include training in communication and breaking bad news. The manager states that it is the intention to ensure this training is cascaded to all staff.

Is Care Effective? (Quality of Management)

Two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be, primarily, the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They felt strongly that their role was to empathise and support family members during this period.

The policy on death and dying stated that end of life and after death arrangements are discussed with the patient and their relatives and documented in their care plan. Two care records were reviewed and they reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patients' specific communication needs. A review of both records evidenced that the wishes and feelings were discussed with the patients and/or their representatives, options and treatment plans were discussed. There was also evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

We consulted with three visiting relatives who confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care.

Areas for Improvement

A recommendation is made to ensure policies and procedures are endorsed by the registered persons and they should include a date for review.

Number of Requirements:	0	Number of Recommendations:	1
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5.3 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)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. Registered nursing staff consulted with were aware of and able to demonstrate knowledge of the GAIN guidelines.

The policies reviewed included guidance on the management of the deceased person's belongings and personal effects. However, the policies reviewed did not include the management the protocol for accessing medicines and equipment out of hours. The policy reviewed also did not include the management of patients who died suddenly. A recommendation is made in this regard.

Training records evidenced that the appointed palliative care link nurse had undertaken training for this role. There were plans in place for other staff members to attend a palliative care courses on 17 September 2015. It is intended that this training is cascaded to all staff.

Discussion with two nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and that they were proactive in identifying when a patient's condition was deteriorating and that appropriate actions had been taken.

As previously discussed, there was no formal protocol for timely access to any specialist equipment or drugs in place. However, discussion with two registered nurses confirmed that they were knowledgeable regarding the procedure to follow if required. One registered nurse described how they would order medicines for symptom relief, in anticipation of need. Discussion with one registered nurse confirmed that they had a good awareness of the procedure to follow, in the event of a patient suddenly becoming unwell or dying unexpectedly. There was no specialist equipment, in use in the home on the day of inspection. Discussion with the deputy manager and one registered nurse confirmed that training in the use of syringe drivers had been provided previously and that update training would be accessed through the local healthcare trust nurse.

There was an identified palliative care link nurse in the home. Discussion with one registered nurse confirmed that the palliative care link nurse would attend courses/meetings, following which the information would be shared to all other nurses. There was also evidence of good working relationships between the registered nurse and the palliative specialist nurses.

Is Care Effective? (Quality of Management)

A review of two care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain and symptom management. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care.

Discussion with the manager and staff evidenced that environmental factors had been considered. 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 evidenced that all notifications were submitted appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of four 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. All 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. Overnight stays were facilitated if there was a vacant room and staff described how catering and snack arrangements were provided to family members during this period.

From discussion with the manager, staff and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this time. There were numerous cards on display, within which relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and staff 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 more experienced staff offering support to new staff and time spent reflecting on a patients time spent living in the home. One staff member described how difficult it was for staff when there was a sudden deterioration in a patient's health. It was evident that there were supportive relations within the home.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included information leaflets from the Southern Area Hospice Services, Macmillan and Marie Curie. There were also information leaflets from the Health and Social Care Bereavement Network on caring at end of life, how to cope with bereavement and a guide for talking with and supporting children following a death.

Areas for Improvement

The policy on palliative and end of life care should be further developed in line with current regional guidance, such as GAIN (2013) Palliative Care Guidelines and should include the out of hours procedure for accessing specialist equipment and medication and the procedure for managing an unexpected death.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

5.4.1. Lay assessor's comments

The inspector was accompanied by a lay assessor throughout the morning of the inspection. The lay assessor spoke with patients, relatives and staff throughout all areas of the home and assisted patients to complete questionnaires where relevant. All comments made during feedback were very positive regarding the overall environment of the home and the care provided. The lay assessor also commented that no concerns or negative feedback was provided. Comments were also positive regarding the management of the lunch time meal and positive responses were also received from relatives and staff regarding the services and care provision in the home.

5.4.2 Questionnaires and comments

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	10
Patients	5	2
Patients representatives	2	2

All comments in the returned questionnaires were very positive. Some comments received are detailed below:

Staff

"Very satisfied with the training provided."

"Very satisfied that there are supportive systems in place to inform patients of a death."

"Staff give great care to residents."

"Ever since I started here the training I have received is second to none."

"Everyone respects the individual residents' needs and they are very happy."

"The care in the home is second to none."

"I am very happy with the care here."

"I believe we as a team enable residents to live in a contented and fulfilled life."

There were no concerns raised by staff during the inspection process.

Patients

“We are so well looked after here, we are treated like royalty.”
 “We got out on a lovely bus trip, it brought back such beautiful memories.”
 “We are never bored, there is always plenty to do, good activities”
 “It is marvellous here staff are so, good to me.”
 “I cannot fault a thing.”
 “Everywhere is so clean and tidy, the food is a credit to them.”
 “I am happy with everything.”
 “I get regular emotional support from my minister.”
 “Staff are quick to respond if I need anything.”
 “They do what they can to make your stay pleasant.”

There were no concerns raised by patients during the inspection process.

Patients’ representatives

“We are very happy with our choice of home.”
 “Pain management is dealt with straight away.”
 “I find everything perfect.”
 “I am very satisfied that I am kept informed.”

5.4.3 Regulation 29 Monthly monitoring report

The regulation 29 monthly monitoring reports for July and August 2015 were available for inspection. The content of the reports reviewed generally provided sufficient detail to form an opinion of the standard of nursing provided in the home. However, a recommendation is made to ensure a separate report is made for each visit or if one report is used that the information provided clearly identifies the date on which the information refers to. It is also recommended that the identity of patients spoken with is included using the unique identification number, the report should also include some examples of the conversations held with patients, relatives, staff and visiting professionals.

5.4.4 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas were examined. All areas examined were found to be clean, tidy and well decorated to a high standard and were warm and welcoming throughout all areas.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Zara Little, acting manager and Mark King, responsible person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 36 Stated: First time To be Completed by: 26 October 2015	<p>The registered persons shall ensure policies and procedures are endorsed by the registered persons. The endorsement should include the review dates.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All policies and procedures endorsed by Acting Manager and Registered person</p>		
Recommendation 2 Ref: Standard 36 Stated: First time To be completed by: 26 October 2015	<p>The registered persons shall ensure that the policy on palliative and end of life care should be further developed in line with current regional guidance, such as GAIN (2013) Palliative Care Guidelines and should include the out of hours procedure for accessing specialist equipment and medication and the procedure for managing an unexpected death.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy reviewed and updated as per Guidelines</p>		
Recommendation 3 Ref: Standard 35 Stated: First time To be completed by: 26 October 2015	<p>The registered persons shall ensure that a separate Regulation 29 report is made for each visit or if one report is used that the information provided clearly identifies the date on which the information refers to. The identity of patients spoken with should be included using the unique identification number, the report should also include some examples of the conversations held with patients, relatives, staff and visiting professionals.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Registered personal discussed D.OC regarding REg 29 reporting, clarified as per recommendation. Will monitor reports going forward to ensure this doesn't happen again.</p>		
Registered Manager Completing QIP	Zara Little (Acting Manager)	Date Completed	22.10.15
Registered Person Approving QIP	O.KIng	Date Approved	22.10.15
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	02/11/15

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