



# Unannounced Care Inspection Report

## 16 April 2019



## Rathfriland Manor

**Type of Service: Nursing Home (NH)**

**Address: Rosconnor Terrace, Rathfriland, Newry, BT34 5DJ**

**Tel No: 028 4063 8383**

**Inspectors: Julie Palmer and Paul Nixon**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 54 patients. There are three units within the home; the Foley and Shannon Suites provide care for patients with dementia and the Millar Suite provides care for patients in the old age category.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Manor Healthcare Ltd<br><br><b>Responsible Individual:</b><br>Eoghain King  | <b>Registered Manager and date registered:</b><br>Rachel McCaffrey<br>1 February 2016  |
| <b>Person in charge at the time of inspection:</b><br>Rachel McCaffrey  | <b>Number of registered places:</b><br>53  |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia. | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>53<br><br>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. |

### 4.0 Inspection summary

An unannounced inspection took place on 16 April 2019 from 09.00 hours to 17.00 hours.

This inspection was undertaken by the care inspector and the pharmacist inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 care records, training, the meal time experience, governance, staffing arrangements, provision of activities and treating patients with dignity and respect.

No areas requiring improvement were identified during the inspection.

Patients described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Rachel McCaffrey, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 15 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 October 2018. No further actions were required to be taken following this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous estates and finance inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training and competency records
- incident and accident records
- three staff recruitment and induction files

- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of reports of monthly quality monitoring reports from August 2018
- RQIA registration certificate
- staff supervision and appraisal records
- receipt and disposal of medicines records
- personal medication records
- medicine administration records
- management of medication incidents, controlled drugs, distressed reactions, antibiotics, pain and thickeners
- storage of medicines.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 outstanding areas for improvement from previous inspections

Areas of improvement identified at the previous care inspection have been reviewed. Three areas of improvement had been identified in relation to training, record keeping and ensuring the registered manager's hours were included on the duty rota. The three areas of improvement identified were met.

There were no areas for improvement identified as a result of the last estates inspection.

There were no areas for improvement identified as a result of the last medicines management inspection.

### 6.2 Inspection findings

#### 6.3 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 that these levels were regularly reviewed to ensure the assessed needs of the patients were met. A review of the staffing rota from 8 to 21 April 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Call bells were answered promptly and staff were observed to assist patients in a timely and caring manner.

We spoke with nine members of staff during the inspection and all of them were satisfied there were sufficient staff on duty to meet the needs of the patients. Comments made by staff in regard to staffing levels were positive and included the observation that these were "very good". Staff also spoke positively about teamwork and the general ethos in the home, comments made included:

- "Very nice, we work together"
- "I really like it here, really enjoy it."
- "Really good place to work."

We also sought staff opinion on staffing via the online survey; no responses were received.

We spoke with 18 patients during the inspection, both individually and in small groups. Patients spoken with were satisfied there were enough staff on duty to meet their needs with only one patient commenting that there were not enough staff at times. Other comments received included:

- "Staff are very good."
- "Girls are very good."
- "Staff are very helpful."

Patients' visitors spoken with during the inspection did not express any concerns with staffing levels in the home. One visitor commented that there was "nothing really wrong here, it's great".

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; four questionnaires were returned. Those who returned questionnaires indicated they were very satisfied with staffing levels and also with the effectiveness and management of care in the home.

Review of three staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home. Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with the NISCC and this clearly identified the registration status of all staff. Discussion with staff and review of records also confirmed they had completed a suitable period of induction and received supervision and a yearly appraisal.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and had completed training in this area. Staff also demonstrated their knowledge of dealing with and reporting a concern.

Infection prevention and control (IPC) measures were observed to be adhered to within the home. Staff were observed to use personal protective equipment (PPE) and to carry out hand hygiene appropriately; PPE was readily available and stations were well stocked.

Review of care records and discussion with staff evidenced that a range of validated risk assessments were completed and informed the care planning process for patients.

Discussion with the registered manager confirmed there was very minimal use of potentially restrictive practices, such as bedrails, in the home. Patients who had opted to use bedrails as a personal preference because, for example, they felt more secure, had had validated risk assessments and care plans completed. These were regularly reviewed and evidenced consultation with the patient and/or their relative if necessary.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices, treatment rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Bedrooms were nicely decorated and personalised with items that were meaningful to the patients. Sluices and storage areas were found to be clean and tidy. However, in the ensuite bathrooms reviewed in the Foley and Shannon suites, we noted that bathroom cabinets were in need of repair or replacement. We observed areas of blistered and/or missing paint on the cabinets which would prevent effective cleaning from being carried out. Discussion with the registered manager confirmed measures had already been taken to resolve this issue and she was in the process of arranging that the cabinets be repainted or replaced as necessary. Suitable replacement cabinets were being sourced.

Patients and patients' visitors spoken with were complimentary about the home's environment, comments included "it's beautiful" and "lovely home".

Fire exits and corridors were observed to be clear of clutter and obstruction. Fire drills had been carried out on various dates and times throughout February and March 2019 to ensure all staff had the opportunity to participate.

During the inspection we observed that staff identified a fault with a call bell in a patient's bedroom and immediately reported this to the maintenance department. They also made other staff in the unit aware this had been flagged for attention. The issue was dealt with promptly and appropriately.

We observed two members of staff assisting a patient to transfer from a chair to a wheelchair using a standing hoist; prior to starting the task staff offered the patient an explanation as to what they were going to do and then provided reassurance throughout the procedure which was carried out in accordance with moving and handling guidelines.

Discussion with the registered manager confirmed that falls occurring in the home were regularly analysed to determine if any trends or patterns were emerging and an action plan was developed if necessary. Staff spoken with demonstrated their knowledge of post falls management for patients and confirmed risk assessments and care plans were reviewed at least monthly and/or post fall.

### **Management of medicines**

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who have been trained and deemed competent to do so. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Practices for the management of medicines were audited throughout the month by the management and staff. There were satisfactory arrangements in place to manage changes to prescribed medicines. There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. The sample of medicines examined had been administered in

accordance with the prescriber's instructions. There were robust arrangements in place for the management of medicine related incidents. Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

#### 6.4 Is care effective?

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

We spoke to patients about their experience of living in the home. Those patients who were able to do so confirmed that they felt they got the right care at the right time. Patients who were unable to express their opinions were observed to be content and settled in their surroundings.

We observed the delivery of care and the daily routine; staff were aware of their allocated tasks and demonstrated knowledge of their roles and responsibilities. Staff spoken with confirmed they attended a handover at the beginning of each shift which they found to be useful and informative.

Keeping contemporaneous care records had been identified as an area for improvement at the previous care inspection. Review of four patients' care records, two of which were computerised records, evidenced that care plans were in place to direct the individualised care required, these reflected the assessed needs of the patients and were updated to reflect recommendations from other health care professionals where required. Validated risk



assessments and tools were used to assess and direct the care required, for example, the monitoring of bowel function. As there were no patients with a current wound we reviewed the care record of a patient with a recently healed wound; we observed that risk assessments and care plans had been updated accordingly. The computerised care records reviewed were person centred. This area for improvement had been met.

Review of care records also evidenced that a range of validated risk assessments and care plans were in place to minimise the risk of falls in line with best practice guidance and as stated previously this was reviewed at least monthly and/or post fall.

Validated risk assessments and care plans were in place to direct care for prevention of pressure ulceration. Care plans were individualised to reflect the assessed need of the patient and appropriate pressure relieving equipment was observed to be in use if recommended.

Review of care records in relation to patients' nutritional needs evidenced that weights were monitored and recorded at least monthly and referrals were made to the dietician and/or General Practitioner (GP) in the event of significant weight loss or gain. There was also evidence of referral to the speech and language therapist (SALT) if required. Care plans reflected recommendations from these other professionals where necessary.

We observed the serving of lunch in the Millar suite. The dining room was well decorated and each table was nicely set with a small floral display in the centre. There were condiments on the tables and a selection of drinks were available and offered throughout the meal. The daily menu was displayed on the wall in written format; there were two choices for lunch, pork chops or mince pie, with alternatives also available on request. The food looked appetising and was well presented.

Staff demonstrated their knowledge of patients likes and dislikes, which patients required a modified diet and how to thicken fluids if required. Discussion with catering staff confirmed that they received a daily list of those patients requiring modified diets and that modified meals prepared were clearly labelled for the individual patients. A registered nurse was in attendance to oversee the meal time experience. Staff were observed to assist patients appropriately during the meal. There was pleasant music playing in the background, staff chatted to patients while assisting them, the atmosphere was calm and unhurried.

Patients spoken with indicated they had enjoyed their meal, one commented that the "food is just lovely". Another patient commented that the "food's lovely but repetitious"; this was discussed with the registered manager who confirmed the summer menu was about to be introduced and other improvements were being planned with regard to menus and meals. The registered manager confirmed that she recognised the importance of developing strategies to enhance patients' appetites and ensure their nutritional needs were met. She commented on the challenges encountered in ensuring patients with smaller appetites received adequate calories and nutrition in appropriate portion sizes to meet their needs. Menus and meals were being reviewed in order to ensure patients received an optimal level of nutrition. A pictorial menu was also being developed and a new system for ordering food was being implemented. The registered manager was keen to ensure patients not only enjoyed their meals but also got the right type of food and were offered sufficient variety and choice.

Staff spoken with demonstrated their knowledge of effective communication and the need to manage patient information confidentially. Staff also demonstrated their knowledge of patients' needs and how to provide them with comfort when required. Staff demonstrated a clear understanding of their own roles and responsibilities and spoke positively about teamwork within the home, comments included:

- “People are supportive and care is good.”
- “Brilliant, I love it here.”
- “Really good place to work.”

It was obvious that staff knew the patients well and they were observed engaging in pleasant interactions with patients throughout the inspection.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, teamwork, communication between residents and staff, and nutrition and the mealtime experience.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.5 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.**

We arrived in the home at 09.00 hours and were greeted by staff who were welcoming and friendly. Patients were having breakfast in one of the dining rooms or their own bedroom as they preferred. Patients who were up and about were nicely dressed, we observed attention had also been paid to nail and hair care. Those patients who remained in bed, either due to assessed need or personal preference, appeared content and comfortable.

Patients spoken with indicated they were well looked after by staff in Rathfriland Manor and were treated with kindness, dignity and respect. Comments included:

- “Staff are very kind.”
- “Girls are very good.”

Patients who were unable to verbalise their feelings appeared to be relaxed and at ease in their surroundings and also in their interactions with staff.

Patients and patients' visitors spoken with indicated that they had been consulted about care planning and felt their opinions and views mattered. Patients' visitors also spoke positively about the care provided for their relative in the home as well as the general culture and ethos, comments included:

- "No worries, girls attend to mum's needs."
- "Couldn't be happier."
- "Staff know me well too."

As previously stated in section 6.3 four questionnaires were returned and those who responded indicated they were very satisfied that staff treated patients with compassion.

We observed that there was a positive and meaningful activity programme available within the home that was geared towards meeting the identified needs of the patients. Discussion with the activity co-ordinator evidenced that patients' preferences were discussed and taken into account to ensure the activity programme was flexible and inclusive. Group activities on offer included, for example, knitting, arts and crafts, gardening, painting, poetry, reminiscence/storytelling and watching movies. The activity co-ordinator also recognised the importance of one to one time for patients as sometimes "they want time and want to be talked to" in a meaningful way. Daily room visits to patients who preferred one to one time or were unable to join in group activities were an integral part of the activity programme.

In the reception area of the home there was a display of folded vases and flowers patients had made during arts and crafts activities and seedlings they had planted for bedding plants; these items were for sale with all proceeds going to the patients' comfort fund. The activity co-ordinator was keen to emphasise how beneficial it was for patients to see their efforts being enjoyed and appreciated by others.

On the day of the inspection an Easter service had been planned for patients but unfortunately this had been cancelled at short notice. However, a minister who called in to visit an individual patient led a short inclusive service for those patients who wished to take part. Patients spoken with were satisfied their spiritual needs were met.

The dementia units of the home were observed to be appropriately decorated and inviting for patients living with dementia. There were colourful murals and attractive pictures on the walls. There were orientation cues and appropriate signage to enable patients and help them continue to enjoy a degree of independence for as long as possible. Staff working within these units demonstrated their knowledge of the patients' needs and spoke very positively about teamwork and the benefits of their dedicated team approach which offered stability and continuity for patients.

We observed that staff took time to engage with patients and were not just task orientated; interactions between staff and patients were seen to be friendly and caring.

We reviewed compliments and thank you cards received, comments included:

- "Thanks for all your help."
- "We take this opportunity to thank everyone."
- "Thank you for all the care and attention and fun she had."
- "Thank you all so much for the wonderful care you gave to mum."

The patient/relative satisfaction survey completed for the previous year was available to view; it included patient and relative views and remarks and actions taken in response to these. The survey evidenced that patient/relative views and opinions were sought and valued by the home.

### 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, taking account of the views of patients and provision of a suitable activity programme.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

#### 6.6 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.**

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked was clearly recorded. This had been identified as an area for improvement at the previous inspection.

Staff, patients and patients' visitors commented positively about the approachability and accessibility of the registered manager. Staff also commented positively about leadership within the home and that they felt supported and listened to by the registered manager.

The certificate or registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff and observations during the inspection confirmed the home was operating within the categories of care registered.

Discussion with the registered manager and review of records evidenced that a number of audits were regularly completed to assure the quality of care and services provided in the home. Audits reviewed included those completed on a monthly basis to monitor accidents/incidents, IPC practices, care records and the environment. Audits were observed to be up to date in accordance with the audit schedule within the home.

Review of the home's complaints records evidenced that complaints were managed in accordance with the complaints policy and procedure. The complaints procedure was clearly displayed in the foyer of the home. Patients and patients' visitors spoken with were confident that if they made a complaint it would be dealt with.

Staff spoken with demonstrated their knowledge of raising concerns and the home's whistleblowing policy.

We reviewed the management of notifiable events; records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or appropriate bodies as required.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring reports were completed and an action plan was generated to address any deficits or improvements identified.

An area for improvement at the previous inspection had been identified in relation to staff compliance with the practical component of moving and handling training and completion of two fire safety training sessions during the year. Review of training records and discussion with staff evidenced that mandatory training was readily available and that the necessary training regarding moving and handling and fire safety had been completed by staff. There was a system in place to record staff compliance with training. This area for improvement had been met.

Review of records also evidenced there was a system in place to record and schedule supervision and yearly appraisal dates for staff. Registered nurses who were left in charge of the home had completed the necessary competency training and a record was kept of this.

### 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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