Unannounced Care Inspection Report
02 September 2016

Rathfriland Manor

Type of Service: Nursing Home
Address: Rosconnor Terrace, Rathfriland, Newry, BT34 5DJ
Tel no: 028 4063 8383
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Rathfriland Manor Nursing Home took place on 2 September 2016 from 09.00 hours to 16.30 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. The induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients. Staff training was generally well maintained. The environment in the home was welcoming. One requirement is made in relation to the environment and a recommendation is made in relation to the management of the refurbishment programme.

In total one requirement and one recommendation was made in this domain.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. Care records were well maintained and included assessment of patients' needs, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. The home is currently introducing a new computerised system for care planning. A recommendation is made that until the new system is fully up and running that care delivery is recorded on paper, particularly in relation to wound care. There was evidence of effective team working and good communication between patients and staff. The lunch time meal was observed to be well organised, appeared appetising and served in a timely manner in keeping with patients' needs. A recommendation is made that decanted and cooked food should be date stamped.

In total two recommendations were made in this domain.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. There was strong evidence of patient, representative and staff consultation. There was evidence that practices and quality initiatives provided continuous positive outcomes for service users within this domain. Patient involvement in the daily routine was paramount. There were no areas of improvement identified in the delivery of compassionate care.

There were no requirements or recommendations made in this domain.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Rathfriland Manor Nursing Home. Compliance with the requirement and recommendations made in the safe and effective domain, will improve the overall services provided, the experience of service users and leadership within the home.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**1**	**3**

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced estates inspection undertaken on 6 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Manor Healthcare Ltd Eoghain King	**Registered manager:** Rachel McCaffrey
Person in charge of the home at the time of inspection: Rachel Mc Caffery	**Date manager registered:** 01 February 2016
Categories of care: RC-DE, NH-DE, NH-I	**Number of registered places:** 53

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- 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
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 22 patients, deputy manager, five care staff, three registered nurses, two kitchen staff members, one laundry assistant one domestic and the registered manager.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient, ten staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction, supervision and appraisal records
- minutes of staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06 July 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 01 March 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure that the assessed needs of patients were met. An example of the indicators used to evidence that there were sufficient staff to meet the needs of the patients was an assessment of patients' dependency levels.

A review of the staffing rotas for weeks commencing 22 August 2016 and 29 August 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas it was confirmed that maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Visitors and patients spoken with commented positively regarding the staff and care delivery.

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 programme 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. Staff spoken with stated they were well supported and well directed during and after their induction period.

Review of two records and discussion with the registered manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home in the absence of the registered manager.

There were systems in place to monitor staff compliance with training. Review of staff training records evidenced that the compliance levels with adult safeguarding, fire awareness and moving and handling was almost 100%. A review of staff meeting minutes evidenced that training was discussed with staff. Following discussion with the registered manager it was confirmed that a management system was in place to ensure that staff still required to complete training were identified and reminded to complete their training.

Discussion with the registered manager, staff on duty and a review of records confirmed that there were systems in place to ensure that staff received supervision and appraisal. Appraisals of staff were currently being reviewed for the previous year in a rolling programme. Discussion with the registered manager and review of records evidenced that the monitoring of the registration status of nursing and care staff was appropriately managed. Information in this regard has been appropriately communicated to RQIA.

The registered manager confirmed that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. A review of two staff personnel files evidenced that selection and recruitment processes were in keeping with the above regulation.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. Where appropriate, RQIA have been notified of incidents. The registered manager described the robust systems in place to monitor the progress of safeguarding issues should they be reported with the local health and social care trust or the Police Service of Northern Ireland (PSNI).

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans. (See section 4.4 regarding the inspection findings in relation to the management of care records.)

Discussion with the registered manager and review of records also evidenced that systems were in place to ensure that notifiable events were reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that these had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns, it was evidenced to be a detailed review and included an action plan in order to minimise the number of falls in the home. This practice was commended.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. A programme of refurbishment was in place; however, it has not been endorsed by the responsible person. A recommendation is made that the refurbishment plan in place 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. A requirement is made to address the malodour detected in the identified WC/shower room, replace/repair the identified mirror/cupboard and repaint the identified bedroom.

Areas for improvement

One requirement is made in relation to the environment. A recommendation is made in relation to the refurbishment programme.

Number of requirements	**1**	**Number of recommendations**	**1**

4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and that they were reviewed as required. There was evidence that registered nurses, assess, plan, evaluate and review care in accordance with the nursing process. Risk assessments informed the care planning process. Management are currently introducing a new computerised care planning system to the home. A process of training staff is underway. The current computerised system is cumbersome and the system is slow and does not allow staff to record a trail of care delivery. A recommendation is made until the new system is fully up and running that care delivery is recorded on paper, particularly in relation to wound care.

Supplementary care charts such as repositioning, food and fluid intake evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

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. Care records were subject to regular auditing. There was evidence that the audits were robust and an action plan formulated and reviewed by the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and that the handover provided the necessary information regarding changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 4 April 2016. There was also evidence that meetings were held with domestic staff on 7 June 2016, care staff on 10 May 2016 and registered nursing staff on 17 June 2016.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. The registered manager confirmed that they operated an open door policy and were available for patients and their representatives.

A review of the lunch time meal evidenced that the meal time was well organised. The meal served was appetising and all patients spoken with stated that the food was tasty and that they always received choices. The meal served consisted of a choice of poached/crumbed fish or chicken fillets with peas and mashed, boiled or chipped potatoes. The desert was a choice of strawberry moose with fruit or yoghurt, ice cream or fresh fruit. Staff were observed to take their time and assist staff in a timely way in accordance with their needs, wishes and feelings. A review of the kitchen found it to be clean and tidy and well organised. A recommendation is made that decanted/cooked food should be date stamped.

Areas for improvement

There was one recommendation made in relation to care records and one recommendation made in relation to date stamping food.

Number of requirements	0	Number of recommendations	2

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 22 patients individually and with others in smaller groups, confirmed that they 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. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings, were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Arrangements were in place to structure patients' day. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that there were opportunities for patients to attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients and their representatives confirmed that if they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Review of the compliments records evidenced that the staff cared for patients and their relatives in a kindly and compassionate manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Five staff, four relatives and five patients returned questionnaires to RQIA within the specified timeframe.

Comments on the returned questionnaires were all positive. Some comments received during the inspection and in the returned questionnaires are detailed below:

Staff comments included:

- "I think the care is very good"
- "We are a great wee team, we all work well together"
- "This is a good place to work"
- "If I need anything, I would just go to the manager"
- "I enjoy working here"
- "The care is excellent".

Discussions were held with approximately 22 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were complementary regarding the food served. There were no issues raised during the inspection by patients. Some comments were made by patients as follows:

- "We are all very well care for here"
- "Staff are all so kind and helpful here"
- "We are all looked after so well"
- "The food is excellent"
- "This is the best place, it's as close to home as it gets"
- "The staff are all marvellous and kind".

During the inspection three relatives were spoken with they were very positive regarding all aspects of care. There were no issues raised. Some comments were made by relatives during the inspection and in the four returned questionnaires were as follows:

Patients' representatives' comments included:

- "The manager is always available when you need to speak with someone"
- "Everyone is approachable and helpful"
- "Care is just excellent".

One letter recently received commended staff and stated, "During my ….. time here I was able to go away knowing that … was being very well looked after and cared for and that was a great comfort". Another letter stated, "Thank you for the professional and kind, compassionate way you cared for my ……" A thank you card stated, "All staff looked after my ….. very well and kept their dignity to the end".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were displayed.

Discussion with the deputy and registered manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with were knowledgeable regarding line management within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and/ or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. Information on how to make a complaint was displayed in the home.

A record of complaints was maintained by the registered manager. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the letter sent to the complainant. We discussed how the registered manager assessed that the complainant was satisfied with the outcome of the complaint and how this satisfaction was evidenced.

Any contract compliance issues raised by the local health and social care Trust were recorded as complaints. In these instances the Trust informs the registered manager if the complainant is satisfied with the outcome. Discussion with the registered manager and 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 DHSSPS Care Standards for Nursing Homes 2015.

There were numerous thank you cards and letters received from former patients and relatives. The registered manager explained that initially these would be displayed in the home.

The registered manager discussed the systems in place to monitor the quality of the services delivered and explained that a programme of audits was completed on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, complaints and the environment. A review of the record of audits evidenced that where an area for improvement was identified and an action plan was developed, completed and the area re-audited to check that the required improvement has been completed.

We discussed further with the registered manager how patients and relatives were involved or consulted with regards to issues which affected them. As previously discussed the registered manager holds four monthly meetings with patients and displays information for patients/relatives on dedicated notice boards. A relatives' meeting has been arranged on 8 September 2016, members from The Alzheimer's Society have agreed to attend to provide information to relatives. This is commended.

Discussion with the registered manager and review of records evidenced that the unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

Areas for Improvement

Areas for improvement were identified in the previous domains of safe and effective care. Compliance with the requirement and three recommendations will improve the overall services provided, the experience of service users and leadership within the home.

Number of requirements	**0**	**Number of recommendations**	**0**

5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 27 **Stated:** First time **To be completed by:** 30 October 2016	The registered provider must ensure that the following issues are addressed; • eradicate the malodour in the identified WC/shower room • repair/replace the identified mirror/cupboard • repaint the identified bedroom. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Odour eradicated from WC, Mirror replaced, room has been repainted.
Recommendations	
Recommendation 1 **Ref**: Standard 43 **Stated:** First time **To be completed by:** 30 October 2016	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. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The refurbishment plan is being followed, both lounges and 3 dinning areas have all been painted. programme ongoing. New refurb plan forwarded with QIP.
Recommendation 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 30 September 2016	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. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: New computerised sytem to be installed before december, in the mean time care delivery is recorded on current system and wound care on paper copy
Recommendation 3 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 2 September 2016	The registered provider should ensure that decanted/cooked food is date stamped. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: The decanted milk is now labeled and dated

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

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