

Unannounced Care Inspection Report 19 November 2020



Rathfriland Manor

Type of Service: Nursing Home

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

Tel No: 028 4063 8383

Inspector: Julie Palmer

www.rqia.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.

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 persons.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager and date registered: Rachel McCaffrey 1 February 2016
Person in charge at the time of inspection: Rachel McCaffrey	Number of registered places: 53 A maximum of 30 persons in category NH-I and 24 persons in category NH-DE. The home is also approved to provide care on a day basis to 1 person in the General Nursing Unit and 4 persons in the Nursing Dementia Unit.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 51

4.0 Inspection summary

An unannounced care inspection took place on 19 November 2020 from 09.45 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Patients commented positively about living in the home; they told us:

- “I’m extremely well looked after”
- “It’s very good here”.

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	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rachel McCaffrey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Findings of the inspection were discussed with Rachel McCaffrey, 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.

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
- the previous care inspection report.

During the inspection the inspector met with 15 patients, two patients' relatives and eight staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 9 to 22 November 2020
- staff training records
- staff supervision matrix
- two staff recruitment files
- registered nurse competency and capability assessments
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- a selection of quality assurance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records
- COVID-19 information folder
- current fire risk assessment
- RQIA registration certificate.

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 inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 October 2019. No areas for improvement were identified as a result of the inspection.

The most recent unannounced care inspection undertaken on 16 April 2019 also resulted in no areas for improvement.

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels are subject to regular review to ensure that the assessed needs of patients are met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring and timely manner. Patients who were in their rooms had call bells within reach and staff were seen to answer call bells promptly. Patients and staff spoken with told us that they were satisfied with staffing arrangements.

Review of two staff recruitment records evidenced that the necessary checks are completed prior to staff commencing work in the home.

There was a system in place to monitor that staff are appropriately registered with the NMC or NISCC as required. However, we observed that one nurse, who was on the duty rota, was not included on the monthly NMC checklist. We brought this to the attention of the manager who confirmed that the nurse's NMC registration status had been checked prior to employment and also immediately provided confirmation of the current NMC registration status for the nurse. In order to ensure that robust monitoring arrangements of staffs' registration with the NMC are in place the NMC checklist should include all nurses employed to work in the home; an area for improvement was made.

Nurses who take charge in the home in the absence of the manager have completed competency and capability assessments. There was a system in place to monitor staffs' compliance with mandatory training.

Staff spoken with told us that teamwork is good and, although working through the COVID-19 pandemic has been stressful, they feel well supported in their role. Comments included:

- "It has been tough but we are all just getting on with it."
- "Staffing levels are absolutely fine, there are enough of us."
- "You come in and you feel safe here."
- "We all work really well together."

- “Teamwork is great.”
- “It has been stressful, I can’t say anything else, but we have managed.”

Staff told us that they have been kept up to date with training and information related to COVID-19; they said:

- “Mark (responsible individual) is always finding out information for us and has been that way the whole way through.”
- “The morning meeting is great for communication.”

6.2.2 Personal Protective Equipment (PPE)

Staff use a separate entrance to access their changing area; staff change and don the necessary PPE before they commence their shift.

There was a plentiful supply of PPE available; PPE stations were well stocked and signage providing useful information on PPE was placed in appropriate areas throughout the home. Staff told us that they have had sufficient supplies of PPE at all times.

Staff and patients have a twice daily temperature check; a record of this is maintained. Any visitors to the home also have a temperature check recorded.

The manager confirmed that sufficient supplies of PPE are maintained, staff have received PPE awareness training and audits are regularly completed to monitor staff use of PPE. Additionally, staff told us that “every morning we have a demonstration on using PPE and handwashing, it’s great.” We observed that staff in all units of the home used PPE according to the current regional guidance. Staff were observed to don and doff their PPE correctly and to carry out hand hygiene at appropriate times. It was evident that training in this area has been embedded into practice and was well monitored.

6.2.3 The environment

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, storage areas, sluices, treatment rooms and dining rooms. We observed that the home was warm, clean, tidy and fresh smelling throughout. Patients’ bedrooms were personalised and the home was tastefully decorated. Corridors and fire exits were clear of clutter and obstruction. Equipment was found to be maintained in a clean condition and to be stored appropriately in the home. Minor environmental issues brought to the attention of staff were immediately resolved.

Seating in the lounges and dining rooms had been arranged in such a way as to allow for social distancing. Some patients preferred to take meals in their bedroom and staff were happy to facilitate this choice.

The manager told us that infection prevention and control (IPC) measures have been enhanced due to COVID-19 and additional domestic staff have been employed. Frequently touched points are cleaned regularly over the 24 hour period and deep cleaning is carried out as necessary in addition to the normal cleaning schedule in the home.

6.2.4 Care delivery

Patients in the home looked well cared for, well presented and content in their surroundings. Staff were observed to be attentive to patients' needs, talk to them kindly and to communicate effectively with them. The atmosphere was pleasant, calm and relaxed. Staff were seen to offer patients choice and to ask their opinion and preference when providing care. Staff knowledgeably discussed individual patient's likes, dislikes and assessed needs.

We found that patients who could speak to us were chatty and engaged. Patients who were less well able to communicate were seen to be content in their surroundings. Patients spoke positively about life in the home, the staff and the food; they commented:

- "Generally the staff are very good."
- "The activity girl is terrific."
- "They are good here."
- "The food is great."
- "Ah, it is great here."
- "It's very good here, the girls are just lovely."

One patient told us that the food was very good but they would sometimes like a later supper as they preferred a lie in and a late breakfast; this was brought to the attention of the manager for information and action as required.

Staff told us that maintaining contact between patients and relatives was a priority. A visiting pod had been set up with visiting arranged following the current regional guidelines in this area. Weekday, weekend and evening slots were available to ensure all relatives have an opportunity to make an appointment at a suitable time. A 'Facebook Portal' arrangement has been well received by relatives and patients; this allows relatives to video call at an arranged time. The home has employed two new staff in a 'connectivity role'. These staff will arrange visits and video calls, assist patients to the visiting pod, guide relatives with PPE and hand hygiene requirements, and communicate with relatives via telephone calls or emails as required.

The manager said that relatives are kept informed and up to date with any changes regarding visiting, COVID-19 test results and any other issues which might arise via phone calls, emails and a regular newsletter.

Activities provided in the home include arts and crafts, painting, games and quizzes. Patients told us that they feel there is enough to do on a daily basis and that they feel listened to.

We observed the serving of lunch in one of the lounge/dining rooms. The food on offer was well presented and smelled appetising. Staff were seen to offer patients assistance as required, they took time to ensure patients were not rushed, offered a selection of drinks and alternative choices if required. Staff changed their PPE and carried out hand hygiene at appropriate times throughout the meal time. Patients told us that "lunch was lovely" and "beautiful, such as a lovely dinner".

The manager told us that staff continue to contact the multi-disciplinary (MDT) healthcare team regarding patients as required although visits to the home from, for example, general practitioners (GP's) and speech and language therapists (SALT) remain extremely limited. Patients assessed as requiring a SALT assessment are put on a suitably modified diet for safety, following the relevant consultation with the GP, if required, until an assessment is completed.

6.2.5 Care records

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to and recommendations from other healthcare professionals such as the dietician, SALT, podiatrist and tissue viability nurse (TVN) where necessary. Wound care records reviewed were up to date and reflective of the care directed in the relevant care plans.

In the event of a fall we observed that staff carried out neurological observations and updated the relevant risk assessments and care plans.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example fortified diets, were included in care plans. Food and fluid records reviewed were up to date.

6.2.6 Governance and management arrangements

The manager told us that good working relationships were maintained in the home and that the responsible individual had been extremely supportive during the COVID-19 pandemic.

Staff were kept up to date with guidance relating to COVID-19; information was cascaded to staff during the daily handover and at staff meetings and was readily available within the home.

A sample of governance audits and monthly monitoring reports reviewed evidenced that management maintained a good level of oversight in the home. The audits and reports reviewed contained clear action plans where deficits had been identified. A monthly falls analysis was completed to determine if there were any trends or patterns.

We reviewed a sample of monthly monitoring reports completed and found that these were informative, comprehensive and contained a clear action plan. The views of patients, relatives and staff were sought and included. At times during the COVID-19 pandemic the reports had been completed remotely in order to keep footfall into the home to a minimum. The current fire risk assessment was available to view.

There is a system in place to manage complaints and the complaints procedure is clearly displayed.

Review of accidents/incidents that had occurred identified that RQIA had not been appropriately notified in all cases, for example, when medical assistance had been sought, although we could see that the relative and keyworker had been notified; an area for improvement was made.

Both the manager and the responsible individual commended staff for their commitment and hard work during the pandemic. They recognise that this has been an anxious time for patients, relatives and staff and aim to ensure that effective communication and ongoing support is maintained to help alleviate anxiety and stress.

Areas of good practice

Areas of good practice were identified in relation to staffing, teamwork, use and availability of PPE, the cleanliness of the home and the daily handover, which includes a PPE and hand hygiene demonstration. Additional areas of good practice were identified in relation to care delivery, communication, listening to patients and treating them with kindness, care records and governance arrangements.

Areas for improvement

Areas for improvement were identified in relation to the system in place to monitor the NMC status of nurses and notification of accidents/incidents to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Patients appeared to be well looked after, content and settled. Staff feel well supported and appropriately trained to carry out their role and responsibilities in the home.

Additional resources have been employed to ensure that good communication and contact with relatives is maintained at this challenging time.

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 McCaffrey, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all accidents/incidents are appropriately reported to RQIA in a timely manner. This includes accidents/incidents where medical advice or assistance has been sought or where a head injury is confirmed. Ref: 6.2.6
	Response by registered person detailing the actions taken: Registered person is notifying all accidents/ incidents that require medical attention
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all nurses employed in the home are included on the NMC checklist in order to ensure that the system in place to monitor registration status is robust. Ref: 6.2.1
	Response by registered person detailing the actions taken: registered person has robust system in place to monitor NMC registrations of nurses

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



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