

Unannounced Secondary Care Inspection

Name of Establishment:	Rathowen Private Nursing Home
Establishment ID No:	1495
Date of Inspection:	02 April 2014
Inspector's Name:	Heather Moore
Inspection ID	16502

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Rathowen Private Nursing Home
Address:	118 Portadown Road Tandragee Craigavon BT62 2LT
Telephone Number:	028 3884 0226
E mail Address:	rathowen@btinternet.com
Registered Organisation/ Registered Provider:	Mr Desmond Watt
Registered Manager:	Mrs Melanie Wortley
Person in Charge of the Home at the Time of Inspection:	Miss Mandy Murphy Nursing Sister
Categories of Care:	NH-I ,RC-I
Number of Registered Places:	19
Number of Patients /Residents Accommodated on Day of Inspection:	11- Patients 5 - Residents
Scale of Charges (per week):	£567.00 Nursing £450.00 Residential
Date and Type of Previous Inspection:	23 September 2013 Primary Announced
Date and Time of Inspection:	02 April 2014: 08.50 hours - 12.30 hours
Name of Inspector:	Heather Moore

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- Discussion with two registered nurses
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 30-STAFFING

The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Rathowen Private Nursing Home is a 19 bedded residence which provided accommodation and services on two floors. The home is situated in private grounds and is within easy access to Tandragee and a short distance from Portadown.

The bedroom accommodation comprises of eight single bedrooms, double bedrooms and one treble bedroom. Two dining/day rooms are situated on the ground floor. Bath/shower rooms and toilets are accessible to all communal and bedroom areas thought out the home.

The home is registered to provide care under the following categories:

Nursing Care (i) - old age not falling into any other category

Residential Care (i) - old age not falling into any other category

The home is approached by a drive way with landscaped gardens at the front and ample car park facilities are at the front and back of the home.

3.0 Summary

This summary provides an overview of the services during a secondary (unannounced) inspection to Rathowen Private Nursing Home. The inspection was undertaken by Heather Moore on Tuesday 02 April 2014 from 08.50 hours to 12.30 hours.

The main focus of the inspection was on Standard 30: Staffing of the DHSSPS Nursing Homes Minimum Standards.

The requirements and recommendations made as a result of this inspection were also examined and the outcomes of the action taken can be viewed in the section following this summary. Two requirements were addressed. Two recommendations were not addressed and are restated for the second time.

Miss Mandy Murphy, Nursing Sister was available throughout the inspection process and for feedback at the conclusion of the inspection.

The inspector examined a sample of staff duty rosters, discussion with staff and observation on the day of inspection confirmed that registered nursing and care staff staffing levels were satisfactory and in line with the RQIA minimum staffing guidelines. However a requirement is made that the registered manager signs the staff duty roster on a weekly basis to ensure that the hours allocated were actually recorded.

Inspection of a sample of Regulation 29 reports carried out in accordance to Regulation 29 of the Nursing Homes Regulations confirmed that the registered person had visited the home on a monthly basis; however there were no written reports available on the outcome of these visits. A requirement is made that this issue is addressed as a matter of urgency.

Two recommendations are also restated in regard to Regulation 29 visits and to the Home's Annual Quality Report. This is discussed further in section 6.4 Section 6 (Additional Areas Examined.)

Inspection of staffing training records revealed that staff had attended a variety of relevant training including mandatory training since the previous inspection. However in acknowledging the aforementioned a requirement is made that the newly appointed Activities Co-ordinator receives training in activities.

Inspection of a sample of three registered nurses competency and capability assessments revealed that these assessments should be reviewed and updated. A requirement is made that this is addressed.

Discussion with six patients and residents individually and with others in groups confirmed that the patients and residents spoke positively in regard to the standard of care in the home. Examples of patients/residents comments are discussed further in Ref 6.4 Section 6 (Additional Areas Examined).

The inspector undertook a tour of the home and viewed a number of patients/residents bedrooms, communal areas, toilet and bathroom facilities. The home presented as clean, warm and comfortable with a friendly and relaxed ambience.

This inspection attracted four requirements and two restated recommendations these are addressed throughout the report and in the Quality Improvement Plan (QIP) which is appended to this report.

The inspector would like to thank the patients and residents, the nursing sister and staff for their assistance and co-operation throughout the inspection process.

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4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (c) (i)	<p>The registered person shall ensure that staff as appropriate are trained in the following areas:</p> <ul style="list-style-type: none"> • Restraint • Pressure area care and prevention (care assistants). 	<p>Inspection of staff training records confirmed the following:</p> <ul style="list-style-type: none"> • Training on Restraint provided on 09 April 2014 • Training on Pressure area care and prevention (care assistants) on the 28 January 2014. 	Compliant
2	27 (2) (b)	<p>The registered person shall ensure that the following environmental issues are addressed:</p> <ul style="list-style-type: none"> • The identified patients' bedrooms should be repainted • The handrail leading to the patients' and residents' dayroom should be refurbished. 	<p>Observation during a tour of the premises confirmed the following:</p> <ul style="list-style-type: none"> • The identified patients' bedrooms had been repainted. • The hand rail leading to the patients' dayroom had been refurbished. 	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.12	<p>It is recommended that the registered person reviews the record of complaints, incidents and accident records, staffing levels and records their opinion as to the standard of nursing provided in the home at the time of their visit.</p> <p>Previous requirements and recommendations made by the RQIA should also be examined.</p>	<p>Inspection of the Regulation 29 unannounced reports confirmed that this recommendation had not been addressed.</p> <p>Restated</p>	Not Compliant
2	25.13	<p>It is recommended that the home's annual quality report is reviewed and updated to include all areas within Regulation 17 of the Nursing and Residential Care Homes Regulations (Northern Ireland) 2005.</p>	<p>Inspection of the home's annual quality report confirmed that the report had not been reviewed or updated since the previous inspection.</p> <p>Restated</p>	Not Compliant
3	5.3	<p>It is recommended that a body mapping chart is maintained on</p>	<p>Inspection of three patients/residents care records confirmed that a body mapping chart was maintained.</p>	Compliant

		admission in patients and residents care records.		
4	10.7	It is recommended that written evidence is available in patients and residents care records that consultation had taken place between the nurse patient /resident and /or their representatives, and the multi-disciplinary team in regard to the use of bedrails and sensor mats.	Inspection of three patients/residents care records confirmed that written evidence was available to indicate that consultation had taken place between that nurse, patient/resident and or their representative and the multi-disciplinary team in regard to the use of bedrails and sensor mats.	Compliant

STANDARD 30 - STAFFING The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.	
Criterion Assessed: 30.1 At all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	COMPLIANCE LEVEL
Inspection Findings: On the day of inspection, taking into account the sample of staff duty rosters, the categories of care and the number of patients and residents currently in the home, their dependencies and complex needs and the layout of the premises it was revealed that registered nursing and care staffing levels were in line with the RQIA minimum staffing guidelines.	Compliant
Criterion Assessed: 30.2 The number and ratio of staff to patients is calculated using a method that is determined by and agreed with the Regulation and Quality Improvement Authority. Student nurses and volunteers working in the Home are not taken into account in overall staffing numbers.	COMPLIANCE LEVEL
Inspection Findings: As previously stated the evidence provided during inspection indicated that the number including skill mix is calculated using the Regulation and Quality Improvement Authority's staffing standards. There were no student nurses or volunteers working in the home on the days of inspection.	Compliant
Criterion Assessed: 30.3 The care staff team comprises nurses who are currently registered with NMC, and care assistants who have, as a minimum, NVQ level 2.	COMPLIANCE LEVEL
Inspection Findings: The nursing sister provided written evidence that registered nurses employed in the home were on the live NMC register. The care assistants were registered with the N.I.S.C.C. The inspector examined the records of staff training provided since the previous inspection. The evidence provided revealed that staff had attended a variety of relevant training including mandatory since the previous inspection. However a requirement is made that the newly appointed Activity Therapist is provided with training on activities.	Substantially compliant

Criterion Assessed: 30.4 There is a competent and capable nurse in charge of the home at all times.	COMPLIANCE LEVEL
Inspection Findings: Inspection of three registered nurses staff personnel files confirmed that competency and capability assessments of nurses who take charge of the home in the absence of the registered manager revealed that these assessments should be reviewed and updated. A requirement is made in this regard.	Moving towards compliance
Criterion Assessed: 30.5 Administrative and ancillary staff are employed to ensure that standards relating to food and meals, transport, laundry, cleaning and maintenance of the premises and administration are fully met.	COMPLIANCE LEVEL
Inspection Findings: Domestic, catering, laundry and administrative staff are employed in the home. These staffing levels were noted to be adequate on the day of inspection.	Compliant
Criterion Assessed: 30.6 Records are kept of all staff that includes name, date of birth, previous experience and qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings: In discussion with the nursing sister and review of four staff personnel files revealed that this element of the standard was addressed.	Compliant
Criterion Assessed: 30.7 A record is kept of staff working over a 24 hour period and the capacity in which they were working.	COMPLIANCE LEVEL
Inspection Findings: During the inspection it was revealed that staff duty rosters were available for all grades of staff working in the home. These rosters were not signed on a weekly basis by the registered manager stating that the hours highlighted have been actually worked by staff. A requirement is made in this regard.	Substantially compliant
Criterion Assessed: 30.8 Time is scheduled at change of shifts for handover reports to be given on patient care and other areas of accountability.	COMPLIANCE LEVEL
Inspection Findings: Review of a sample of staff duty rosters it was revealed that the handover reports were provided at the end of each shift and these handover periods were highlighted on staff duty rosters.	Compliant

Criterion Assessed: 30.9 Staff meetings take place on a regular basis, and at least quarterly. Records are kept which include: - <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed. 	COMPLIANCE LEVEL
Inspection Findings: The nursing sister informed the inspector that staff meetings were held three monthly and on occasions more often if issues arise that require to be addressed. Review of the minutes held since the previous inspection revealed that the minutes of these meetings were recorded in line with this element of the standard.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

6.0 Additional Areas Examined

6.1 Care Records

Inspection of three patients/residents care records confirmed a satisfactory standard of documentation.

6.2 Care Practices

During the inspection process the staff on duty was observed to treat the patients and residents with dignity and respect taking into account their views.

Very good relationships were evident amongst staff and patient/residents

6.3 Patients/Residents Comments

The inspector spoke to six patients /residents individually and with others in groups. The following were examples of their comments:

"I am more than happy here."

"The home couldn't be better."

"I am happy here."

"Its 100%."

6.4 Regulation 29 unannounced visits

Inspection of the record of visits undertaken by the registered provider in accordance to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 confirmed that visits were undertaken on a monthly basis however a report was not written since 11 July 2013.

A requirement is made that the registered person visits the home unannounced on a monthly basis and prepares a report on the conduct of the nursing home.

A restated recommendation is also made that the registered person reviews the record of complaints, incidents and accident records, staffing levels and records their opinion as to the standard of nursing provided in the home at the time of their visit.

6.5 Annual Quality Report

Review of the home's annual quality report confirmed that this report had not been reviewed or updated since the previous inspection.

A restated recommendation is made in this regard.

6.6 Environment

During a tour of the premises the home was found to be warm, clean and comfortable with a friendly and relaxed ambience.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Mandy Murphy, Nursing Sister, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS**



Quality Improvement Plan
Unannounced Secondary Inspection
Rathowen Private Nursing Home
02 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Miss Mandy Murphy, Nursing Sister, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	29 (4) (c)	The registered person shall carry out a monthly unannounced visit to the home and prepare a written report on the conduct of the home. Ref 6.5 Section 6 (Additional Areas Examined)	One	This will be carried out by the registered person and a written report available.	From the date of this inspection
2	20 (3)	The registered person shall ensure that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in her absence Ref 30.4	One	Competency/capability assessments have been carried out on all registered nurses. The registered manager is in the process of updating these.	From the date of this inspection
3	19 (2) Schedule 4	The registered person shall ensure that staff duty rosters are signed by the registered manager to ensure that the hours allocated were actually worked. Ref 30.7	One	The registered manager now signs the duty roster on a weekly basis once the hours have been worked.	One week
4	20 (1) (c) (i)	The registered person shall ensure that the newly appointed Activity Therapist is provided with training on Activities. Ref 30. 4	One	The registered manager is in the process of sourcing training for the Activity Therapist and this has been arranged for October 2014.	Two Months

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.12	It is recommended that the registered person reviews the record of complaints, incidents and accident records ,staffing levels and records their opinion as to their opinion as to the standard of nursing provided in the home at the time of their visit. Previous requirements and recommendations made by the RQIA should also be examined. Ref 6.4 Section 6 (Additional Areas Examined)	Two	This will be carried out in the registered persons report.	From the date of this inspection
2	25.13	It is recommended that the home's annual quality report is reviewed and updated to include all areas within Regulation17 of the Nursing and Residential Care Homes Regulations (Northern Ireland). Ref 6. Section 6 (Additional Areas Examined)	Two	The annual quality report has been reviewed and updated.	From the date of this inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	MELANIE WORTLEY
Name of Responsible Person / Identified Responsible Person Approving Qip	DESMOND WATT

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	14 May 2014
Further information requested from provider			