

**Unannounced Care Inspection  
of  
Rathowen**

**14 October 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 14 October 2015 from 11.00 to 15.35 hours.

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

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Rathowen which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 18 August 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

An urgent actions record regarding the provision of mandatory training and specifically Fire Safety training was issued to Rathowen as a result of the findings from this inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with Sarah Bradley, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Desmond Joseph Watt	<b>Registered Manager:</b> No manager registered
<b>Person in Charge of the Home at the Time of Inspection:</b> Barbara Pose (Registered Nurse) Sarah Bradley (Acting Manager)	<b>Date Manager Registered:</b> No manager registered
<b>Categories of Care:</b> NH-I, RC-I	<b>Number of Registered Places:</b> 19
<b>Number of Patients Accommodated on Day of Inspection:</b> NH-I; 13 RC-I; 4	<b>Weekly Tariff at Time of Inspection:</b> £493.00 - £593.00

## 3. Inspection Focus

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

### **Standard 19: Communicating Effectively**

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

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

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

During the inspection, 17 patients were spoken with either individually and/or in small groups, two registered nurses, one team leader, three care staff, the activity coordinator, catering staff and two patient's visitors/representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction records and the competency capability template for nurse in charge
- a sample of staff duty rotas
- policies and guidance documents for communication, death and dying, and palliative and end of life care
- complaints record

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

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

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 18 August 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> Second time	The registered person shall ensure that the newly appointed Activity Therapist is trained in Activities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager and the activity therapist both confirmed that training has been undertaken and is due for completion within the next few months. Discussion with the activity therapist confirmed the value of the training and how it has been embedded into practice.	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time	<p>The registered person shall ensure the following environmental issues are addressed:</p> <ul style="list-style-type: none"><li>Repaint the corridor, doors, architraves and skirting boards (Ground Floor)</li><li>Replace the identified patient’s bedroom floor covering.</li></ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff confirmed that the areas identified had been repainted and this was evidenced. However, due to natural wear and tear there were areas that needed to be repainted. This was discussed with the manager who agreed to address the matter with the registered persons in regards to a rolling programme of re-decoration to ensure all areas of the environment are maintained to a satisfactory standard.</p> <p>A number of bedroom floor coverings have been replaced.</p>	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time	<p>The registered person shall ensure that a pain management care plan is maintained for patients who require wound care intervention. (if applicable)</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records evidenced that a care plan for pain management was available.</p>	
<b>Last Care Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.3  <b>Stated:</b> First time	<p>It is recommended that patients’ pressure relieving equipment in use on patients beds and when sitting out of bed be addressed in patients’ care plans on pressure area care and prevention.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records evidenced that the type of pressure relieving equipment being used for pressure care and prevention was recorded.</p>	

## **5.3 Standard 19 - Communicating Effectively**

### **Is Care Safe? (Quality of Life)**

There was no specific policy available on communicating effectively. A policy was available on breaking bad news however; this was not current and reflective of best practice guidance. The regional guidelines on Breaking Bad News were not available. Discussion with nursing and care staff evidenced that they were knowledgeable as to how to approach this area of practice. A policy should be developed in this regard and should reflect the regional guidance. A recommendation has been made.

A sampling of training records evidenced that staff had not completed specific training in relation to communicating effectively with patients and their families/representatives. Discussion with staff and responses received in completed staff questionnaires indicated that staff had not received any training in this area and the theme of the inspection. Consideration should be given to provide staff with training in relation to communicating effectively including the breaking of bad news. A recommendation has been made.

### **Is Care Effective? (Quality of Management)**

A review of three care records evidenced that an assessment and care plan were available in regards to communication. Recording within all records reviewed referenced the patient's specific communication needs such as hearing, vision problems and the patient's level of understanding and/or ability to express their needs for example pain.

There was evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Discussion with one registered nurse confirmed that they were confident in their ability to deliver bad news sensitively and effectively. The care staff advised that they provided comfort and reassurance to patient's representatives however, that any additional information would be deferred to the registered nurse. Staff advised that they had not received any formal training and that they used their previous experience and/or guidance provided by colleagues to guide them.

### **Is Care Compassionate? (Quality of Care)**

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect. Patient's personal appearance was carried out to a high standard.

Consultation with the majority of patients and discussion with two patients' representatives identified no dissatisfaction with regards to the manner in which staff communicated with patients.

### **Areas for Improvement**

A policy should be developed in regards to communication including the breaking of bad news and should be reflective of the regional guidelines.

Training in communication including the breaking of bad news should be provided for appropriate staff members and a record of any training completed should be retained for evidence.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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#### **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

##### **Is Care Safe? (Quality of Life)**

The policy on the management of palliative and end of life care was reviewed and was not current. The policy did not reflect current best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. The regional guidelines GAIN (2013) Palliative Care Guidelines were not available. A copy of the DHSSPS NI (2010) *Living Matters: Dying Matters* were available. The majority of staff consulted with, were unaware of and able to demonstrate knowledge of these guidelines. A policy should be developed in this regard and a copy of the regional guideline should be available for staff to reference. A recommendation has been made.

The manager and staff spoken with and information received in returned questionnaires indicated that no training has been provided in relation to palliative and end of life care. It is recommended that training in palliative and end of life care is provided for staff appropriate to their role and responsibilities to further enhance this area of practice.

Discussion with the manager and one registered nurse advised that there were arrangements in place for staff to make referrals to specialist palliative care services when required.

There was no formal protocol for timely access to any specialist equipment or drugs, however nursing staff consulted with demonstrated an awareness of the procedure to follow, if required.

The manager advised that currently there was not an identified palliative care link nurse however, it was the managers intention to address this and for the nominated registered nurse to attend the link meetings within the identified Trust.

##### **Is Care Effective? (Quality of Management)**

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence in some of the records reviewed that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. This mostly referred to the establishment of a DNAR directive and did not wholly consider other end of life situations. Discussion with the manager and a registered nurse and a review of the care records evidenced that care plans could be further developed in regards to palliative and end of life care. The manager advised that the home intend to include this area of practice as part of the six weekly and annual care reviews. A recommendation has been made.

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

Discussion with the manager, registered nurse and care staff confirmed that environmental factors had been considered. The home have a number of shared rooms and staff provided examples of how they managed same ensuring the dignity of all those involved. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year confirmed that they were submitted appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that some patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff provided examples of how they had provided refreshments and other comfort measures for families at this time.

No concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and advised that some staff would attend the funeral if this was approved by family members.

### **Areas for Improvement**

Development of appropriate policies and procedures to guide and inform staff on the management of palliative care will further enhance staff knowledge and practice. Training should be provided in relation to this area of practice for staff as appropriate to their role. As previously highlighted care records need to be further developed in regards to end of life care, death and dying to ensure that patients/patient representative's individual wishes are considered.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3*</b>
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\*2 recommendations made are stated under Standard 19 above

## **5.5 Additional Areas Examined**

### **5.5.1. Staff Training and Development**

At time of inspection staff training records were not available for review. A request was made that records for mandatory and other staff training would be forwarded to RQIA post inspection. These records were received by email correspondence on the 16 October 2015. A review of the information received evidenced that mandatory training had not been completed in accordance with legislative requirements and RQIA's guidance on mandatory training for providers of care in regulated services. It was concerning that staff had not received in particular Fire Safety training. An urgent actions record was forwarded by email and post on the 16 October 2015, for Fire Safety training to be provided for all staff without delay to ensure the safety and welfare of those using the service. RQIA received a response from the registered person to advise that this had been actioned. In addition, the registered person must ensure that additional mandatory training is provided for all staff. A requirement has been made.

### **5.5.2. Environment and infection control**

A tour of the home confirmed that rooms and communal areas were clean and spacious.

However a range of matters were identified that were not being managed in accordance with infection prevention and control guidelines:

- not all signage and notices within the home were laminated and adhesive tape was evidenced
- furniture in a number of rooms was damaged and chipped
- a number of radiators were observed with rust
- a number of bedframes were damaged
- a number of bed bumpers were torn
- a carpet in an identified bedroom was worn
- an odour was evident in two identified bedrooms
- a number of skirting's and door frames were damaged

All of the above findings were discussed with the manager on the day of inspection. The manager agreed to discuss the findings with the registered person and relevant actions taken to address same. A recommendation is made for management systems to be in place to ensure the homes compliance with best practice in infection and prevention control.

### **5.5.3. Health and welfare of patients**

Care records in respect of one identified patient were examined and a number of shortfalls were evidenced in regards to the recording and the care being delivered in relation to the management of pressure ulcers. The trust tissue viability nurse had undertaken a review of the patient's pressure areas and had advised a plan of care. However, a review of care records and associated pressure care documentation evidenced that these had not been fully adhered to. The care plan had been updated however, did not reflect some interventions as prescribed by the tissue viability nurse.

These shortfalls could have a direct impact on the delivery of safe effective care and were discussed with management at feedback. The manager gave assurances that this would be addressed immediately. A requirement has been made.

#### **5.5.4. Overall management of the home**

Discussion with the manager and staff on duty at time of inspection discussed the recent changes in management and the lack of leadership and direction for staff in the recent months. However, staff spoke positively of the current management arrangements and advised that the home was currently more stable and that progress had been made and additional areas of practice have been identified for further improvements.

During the inspection, there was limited evidence of systems in place, to monitor the quality of nursing care and other areas of operational management within the home for example training arrangements for staff and audit activity.

The governance/management arrangements in the home must be reviewed to ensure that at all times, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 are embedded into the day to day management of the home. This matter was discussed with the manager during feedback who advised of their plans to address same. A recommendation has been made.

#### **5.5.5. Consultation with patients, patient representative/ relatives, and staff**

##### **Patients**

The majority of patients were spoken with individually and/or in small groups. Patients were very complimentary regarding the standard of care they received, the attitude of staff and the food provided.

Six questionnaires for patients were completed and returned. All responses received were very positive and no concerns were raised.

Additional comments recorded included:

"Dinners are great."

"I love the food."

"It's a good home and I am very happy here."

##### **Staff**

In addition to speaking with staff on duty five questionnaires were provided for staff not on duty. The manager agreed to forward these to the staff selected. All five questionnaires were returned. Comments recorded evidenced that staff had not received training in relation to the inspection focus and that in general training provision was not adequate. This has been referred to in the report and a requirement has been made. Staff were either satisfied or very satisfied that the care delivered was safe, effective and compassionate.

Some recorded comments included:

“Due to Rathowen being a small home, it has that degree of homeliness and is a non- clinical setting.”

“Overall Rathowen is a nursing home that I would trust my relative to live in and receive a good standard of care.”

### **Representatives/relatives**

Five questionnaires were provided for patient representatives/relatives. At the time of writing this report three had been returned. All responses indicated satisfaction with the care being delivered in Rathowen. No concerns were raised.

Additional comments recorded included:

“I am very pleased that my mother is getting the best of care in Rathowen from all the staff. She is very happy there and when she is happy I am happy.”

“The nursing staff looks after her needs with compassion and keeps me fully informed of all her medical requirements.”

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sarah Bradley, manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **6.1 Statutory Requirements**

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

### **6.2 Recommendations**

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

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

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

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 16 October 2015</p>	<p>The registered person must provide Fire Safety training for all staff and a record of all training must be retained to evidence completion.</p> <p>This matter was raised in the urgent actions record issued.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Fire safety training has been provided for all staff and a record of training has been retained as evidence. Fire training was carried out 28/10/2015 and 26/11/2015.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 19 October 2015</p>	<p>The registered person must ensure that all patients with pressure care/wound management have the relevant risk assessments for pressure care, a care plan for the care required for their identified needs and that all records pertaining to pressure/wound care management are up to date and reviewed as indicated.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Currently 1 resident with wound care. Care plans have been reviewed and updated.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20 (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 December 2015</p>	<p>The registered person must ensure that staff receives mandatory training and other training appropriate to the work they are to perform. A copy of the training matrix for the home which illustrates compliance with all areas of mandatory training should be submitted to RQIA with the return of the QIP. A record of all training completed must be retained as evidence.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Training has been sourced and planned for the following modules - 1. safeguarding and protection of vulnerable adults 2.challenging behaviour 3.use of resraint 4.Dementia awareness This training has been planned for 14<sup>th</sup> and 21<sup>st</sup> of january 2016 Infection control training is ongoing " IN HOUSE"</p>

<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 December 2015	<p>It is recommended that a policy and procedure is developed and should reflect current guidelines for each of the following areas;</p> <ul style="list-style-type: none"> <li>• Communicating effectively including the Breaking of Bad news</li> <li>• Palliative and end of life care</li> <li>• Death and dying</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Current policies and procedures in all areas are being updated and developed to reflect the current guidelines on the areas highlighted. We are currently liaising with the Trust and will have updated policies and procedures in place by March 2016.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 December 2015	<p>It is recommended that staff receive training in communicating effectively including the breaking of bad news and palliative and end of life care. Records of training completed should be retained as evidence of all training completed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  We are currently networking with the Trust with regards to training resources in these areas. Training will be sought and records kept accordingly.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 December 2015	<p>It is recommended that end of life care and after death wishes are discussed and outcomes are fully recorded in the patients care records.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  End of life care and after death wishes have been discussed and are fully recorded in the patient care records.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 December 2015	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection and prevention and control within the home.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  In house infection control training is taking place during staff meetings and the policy is being updated and revised.</p>

<b>Recommendation 5</b>  <b>Ref:</b> Standard 35 criteria 6  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 December 2015	It is recommended that robust monitoring systems are in place to ensure that the nursing home delivers services effectively on a day to day basis in accordance with legislative requirements, DHSSPS Minimum Standards. All issues arising from deficits in services should be detailed in an action plan with evidence of actions taken to address same.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A new audit tool has been formulated to reflect service delivery. This will be completed each month by the registered manager or the registered person and will have an action plan in place for evidence.		
<b>Registered Manager Completing QIP</b>	S Bradley	<b>Date Completed</b>	1 Dec 2015
<b>Registered Person Approving QIP</b>	D Watt	<b>Date Approved</b>	1 Dec 2015
<b>RQIA Inspector Assessing Response</b>	S Loane	<b>Date Approved</b>	3 Dec 2015

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**