



The **Regulation** and
Quality Improvement
Authority

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Unannounced Care Inspection of Rathowen

01 February 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1. Summary of Inspection

An unannounced care inspection took place on 01 February 2016 from 10.45 to 14.00 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from: **Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health Care and Standard 39: Staff Training and Development.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

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 14 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*2	*5

* The total number of requirements includes one requirement and one recommendation which have been stated for a second time.

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

2. Service Details

Registered Organisation/Registered Person: Mr Desmond Joseph Watt	Registered Manager:
Person in Charge of the Home at the Time of Inspection: Alison Wylie	Date Manager Registered: Mrs Alison Wylie – application not yet submitted
Categories of Care: RC-I, NH-I	Number of Registered Places: 19
Number of Patients Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £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 selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criteria 8
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criteria 4

4. Methods/Process

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

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with three patients individually and with the majority of others in groups, three care staff, one registered nurse, two ancillary staff and one patient's visitors/representatives.

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 reports from inspections undertaken in this inspection year
- the returned quality improvement plans (QIPs) from inspection undertaken in this inspection year.

The following records were examined during the inspection:

- three patients' care records
- staff training records
- resources for staff in relation to continence management
- a selection of policies and procedures
- validation of evidence linked to the previous QIP.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 14 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 14 October 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (e) Stated: First time	The registered person must provide Fire Safety training for all staff and a record of all training must be retained to evidence completion. This matter was raised in the urgent actions record issued.	Met
	Action taken as confirmed during the inspection: A review of staff training records evidenced that 26 staff had completed Fire Safety training on the 28 October and 26 November 2015. This requirement has been met.	

<p>Requirement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of one care record pertaining to pressure care/wound management evidenced that all documentation had been completed and reviewed in accordance with best practice guidance. This requirement has been met.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 20 (c) (i)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The recently appointed manager (4 weeks) has developed a training matrix and systems to monitor the compliance of staff training. The manager advised that the home have implemented the E - Learning System for some identified training areas and the remainder has been organised via external providers. A review of the training schedule evidenced that some dates have been organised for mandatory training and others are being co-ordinated. This requirement has been partially met and has been stated for a second time.</p>	<p>Partially Met</p>

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 36 Stated: First time	It is recommended that a policy and procedure is developed and should reflect current guidelines for each of the following areas; <ul style="list-style-type: none"> • Communicating effectively including the Breaking of Bad news • Palliative and end of life care • Death and dying 	Partially Met
	Action taken as confirmed during the inspection: The manager advised that these policies have been developed and was available in draft form at time of inspection. The policies have still to be approved. This recommendation has been partially met and has been stated for a second time.	
Recommendation 2 Ref: Standard 39 Stated: First time	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.	Partially Met
	Action taken as confirmed during the inspection: A review of staff training records evidenced that six staff had completed training in this area of practice via E - Learning. Records evidenced that training has been scheduled for staff that still have to complete same. Discussion with staff that had completed the training confirmed they were knowledgeable. This recommendation has been partially met and as training has been scheduled this recommendation has not been stated again.	

<p>Recommendation 3</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: A review of three care records evidenced that care plans have been further developed in this area of practice since the last care inspection. There was evidence of discussions regarding patient and/ patient representatives end of life wishes with recorded outcomes. Care plans were also available for DNAR. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: The recently appointed manager has developed and implemented systems to ensure compliance with best practice in infection and prevention and control. An audit in this regard was completed 14 January 2016 with an action plan recorded. The manager advised that the outcomes of the audit were scheduled for discussion with the registered person and actions would be recorded accordingly. A review of minutes from a staff meeting held 19 January 2016, referred to this area of practice. In addition, infection prevention and control training has been scheduled. This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 35 criteria 6</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The manager has developed an inventory of audits to be completed in regards to the quality of nursing and operations of the home. The following audits have been completed and detailed actions recorded:</p> <ul style="list-style-type: none"> • Medication audit (12 January 2016) • Hygiene inspection (14 January 2016) • Accident audit (January 2016) • Wound care audit (14 January 2016) • Staff training review (January 2016) <p>This recommendation has been met.</p>	<p>Met</p>
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5.3 Continence Management

Is Care Safe? (Quality of Life)

Policies and procedures regarding continence management had just been reviewed and were available for staff to reference. A recommendation has been made for a system to be put in place to ensure staff have read and are familiar with the reviewed policies and procedures.

Best practice guidelines on continence care were available in the home for staff to consult. These included:

- Urinary incontinence (NICE)
- Faecal incontinence (NICE)
- Continence and Catheter care (RCN).

Discussion with staff and the manager confirmed that staff had received training in October 2015 and January 2016 relating to the management of urinary and bowel incontinence. Staff had completed training on the use and application of incontinence aids. A review of the induction template for care staff evidenced that the management of toileting needs was included in the induction process.

Staff were knowledgeable about the core aspects of continence care including the importance of dignity, privacy and respect as well as skin integrity, hydration and reporting any concerns including the symptoms of infection.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the home.

The manager advised that there were plans in place to identify a continence link nurse for the home and they would attend Trust link meetings.

Is Care Effective? (Quality of Management)

Review of three patient's care records evidenced that continence assessments were available for two patients and had been reviewed on a monthly basis for each patient. Information recorded in the assessments was inconsistent in regards to bowel patterns and/or types and/or the type of continence products being used. A care plan was in place for all three care records reviewed with evidence of regular monthly reviews.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Again care plans did not always record the bowel patterns and types of continence aids used. The manager advised that arrangements had been made with the company who supplied the continence aids to undertake joint assessments to identify the most suitable continence product for the patients and this information would be reflected in the assessments and care plans. A recommendation has been made that assessments and care plans include all aspects of continence management.

Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool Chart when recording. Discussions with staff confirmed they were knowledgeable of this guidance.

Is Care Compassionate? (Quality of Care)

Staff was observed to treat the patients with dignity and respect. Good relationships were evident between patients and staff. Staff was observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Areas for Improvement

A system should be developed to ensure staff are knowledgeable of the reviewed policies and procedures pertaining to continence management.

Assessments and care plans should include all aspects of continence management including but not limited to; product type, bowel type and patterns.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

5.4.1. Environment

During the inspection a tour of the home was undertaken and the majority of patients' bedrooms, sitting areas and bath/shower and toilet facilities were viewed. The home was found to be warm, clean and comfortable. Environmental matters which had been identified in the previous care inspection 14 October 2015 had all been actioned appropriately apart from malodours identified in two bedrooms. Discussions with ancillary staff and the manager advised that the floor coverings had been cleaned on a number of occasions however, the malodours were still persistent. One of the floor coverings observed was damaged and torn. The manager agreed with the observations and a requirement has been stated to replace the floor coverings in the two identified bedrooms to effectively eliminate the malodours.

5.4.2. Consultation with patients, staff and patient representatives

Patients

Three patients were consulted individually and the majority of others in small groups. All patients appeared well presented and comfortable in their surroundings. Comments from patients regarding the quality of care, food and life in the home were positive. There were no concerns raised. Comments included:

- "Everyone is very kind."
- "The food is good."
- "We are looked after very well."

Staff

One registered nurse, three care staff and two ancillary staff were spoken with during the inspection. The general view from staff during discussions was that they took pride in delivering safe, effective and compassionate care to patients. Staff advised that the appointment of the new manager had been positive and advised of the improvements that had already been implemented to include the provision and opportunities for training for staff. There were no concerns raised. Comments included:

- "Since the appointment of the new manager team morale has improved."
- "The standard of care delivered is very high."
- "We have already completed training and have more to complete."

Patient representatives / relatives

One patient's relatives were spoken with at the time of inspection and comments indicated that the quality of care was good, staff was attentive and caring. No concerns were raised.

5.4.3 Care records

A review of care records for one identified patient evidenced that the care plan did not reflect the actual needs of the patient. For example, the patient was receiving regular analgesic and the general practitioner had been contacted to review the patient's current pain management however, no pain assessment and care plan were available. A review of daily progress records did evidence when analgesic had been administered and the effectiveness of this intervention. A recommendation has been made that a pain assessment should be completed for all patients on admission and care plans are in line with the outcomes of such risk assessments.

In addition the patient was receiving medication and care for the management of distressed reactions on a "when required basis", and again no care plan was in place defining the parameters of use in this regard. A recommendation has been made.

Areas for Improvement

The flooring coverings in the two identified bedrooms must be replaced due to persistent malodours. A requirement has been made.

A recommendation has been made that a pain assessment should be completed for all patients on admission and care plans are in line with the outcomes of such risk assessments.

A recommendation has been made that all patients receiving medication and care for the management of distressed reactions should have a care plan in place defining the parameters of use in this regard.

Number of Requirements:	1	Number of Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Alison Wylie, 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 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 20 (c) (i)</p> <p>Stated: Second time</p> <p>To be Completed by: 1 May 2016</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>Ref Section: 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff have completed mandatory training and this continues to be on going. Additional training has been planned for throughout the year and this is highlighted on the yearly planner. All training records are monitored by the registered manager and deficits are highlighted to individual staff using corrective action form.</p>
<p>Requirement 2</p> <p>Ref: Regulation 18 (2) (j)</p> <p>Stated: First time</p> <p>To be Completed by: 1 May 2016</p>	<p>The registered person must ensure that the floor coverings in the two identified bedrooms are replaced to ensure that the malodours are effectively eliminated.</p> <p>Ref Section: 5.4.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Carpets have been ordered for the two bedrooms identified and work is planned to be completed April 2016.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 36</p> <p>Stated: Second time</p> <p>To be Completed by: 1 April 2016</p>	<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"> • Communicating effectively including the Breaking of Bad news • Palliative and end of life care • Death and dying. <p>Ref Section: 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy and procedures are now in place for communicating effectively including breaking bad news, palliative and end of life care and death and dying and reflect current guidelines.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4 Criteria (1)(7)</p> <p>Stated: First time</p>	<p>It is recommended that continence assessments and care plans are reviewed to include all aspects of continence management for example; the type of continence products being use, bowel patterns and type.</p> <p>Ref Section: 5.3</p>

To be Completed by: 1 April 2016	Response by Registered Person(s) Detailing the Actions Taken: Registered manager has discussed continence assessments with the homes continence link nurse.Continence assessments and careplans have been reviewed and updated to reflect all aspects of continence management including product assessments, bowel pattern and type using the bristol stool chart as guidance.			
Recommendation 3 Ref: Standard 36 Stated: First time	It is recommended that a system is developed to ensure staff are knowledgeable of the reviewed policies and procedure regarding continence management and that they are embedded into practice. Ref Section: 5.3			
To be Completed by: 1 May 2016	Response by Registered Person(s) Detailing the Actions Taken: Continence management policy and procedures are in place and a system has been introduced where staff names are documented on template and staff signed when read.Records are monitored by registered manager and deficits are highlighted to individual staff			
Recommendation 4 Ref: Standard 21 Criteria (6) Stated: First time	It is recommended that a pain assessment should be completed for all patients on admission and care plans are developed in line with the outcomes of such risk assessments. Assessments and care plans should be reviewed and evaluated accordingly. Ref Section:5.4.3			
To be Completed by: 14 March 2016	Response by Registered Person(s) Detailing the Actions Taken: Registered manager has discussed pain assessments with staff, pain assessments are carried out on pre admission and on admission to home, assessments are reviewed and updated accordingly and this is monitored through the auditing process.			
Recommendation 5 Ref: Standard 4 Criteria (1)(7) Stated: First time	It is recommended that an individual care plan is developed which provides the basis for care to be delivered and is re-evaluated in response to the patient's changing needs. This is in particular reference to patients receiving treatment and care for the management of distressed reactions. The care plan should clearly define the parameters of care and interventions required.			
To be Completed by: 14 March 2016	Ref Section:5.4.3 Response by Registered Person(s) Detailing the Actions Taken: Registered manager has discussed with staff the management of distressed reactions. Careplans have been reviewed and updated to reflect parameters of care and the interventions that are needed.			
Registered Manager Completing QIP		Allison Wylie	Date Completed	22.3.16
Registered Person Approving QIP		Desmond Watt	Date Approved	23.3.16

RQIA Inspector Assessing Response	Sharon Loane	Date Approved	05/04/2016
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