

Unannounced Enforcement Compliance Inspection Report 20 September 2017



Rathowen

Type of Service: Nursing Home (NH)

Address: 118 Portadown Road, Tandragee, Craigavon, BT62 2JX

Tel No: 028 3884 0226

Inspector: Sharon Loane

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 19 persons.

3.0 Service details

Organisation/Registered Provider: Mr Desmond Watt	Registered Manager: See below
Person in charge at the time of inspection: Sarah Bradley Aileen Preston	Date manager registered: Ms Aileen Preston – acting, no application
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 19 comprising: A maximum of 5 residents in category RC-I

4.0 Inspection summary

An unannounced enforcement compliance inspection took place on 20 September 2017 from 10.15 to 14.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection sought to assess the level of compliance achieved in relation to two failure to comply (FTC) notices. The areas identified for improvement and compliance with the regulations were in relation to management arrangements and recruitment processes. The date for compliance with the notices was 20 September 2017.

The following FTC Notices were issued by RQIA:

FTC ref: FTC/NH/1495/2017-18/01 issued 20 July 2017

FTC ref: FTC/NH/1495/2017-18/02 issued 20 July 2017

Evidence at the time of the inspection was not available to validate compliance with the above failure to comply notices. There was limited evidence of any progress made to address the required actions within both notices. Following the inspection, RQIA senior management held a meeting on 21 September 2017 and a decision was made to invite the responsible person to attend a meeting, on 27 September 2017 with the intention to serve a notice of proposal to impose conditions on the registration of Rathowen in respect of noncompliance with the failure to comply notices outlined above.

At this meeting the responsible person acknowledged the inspection findings and agreed that further improvements and actions were required.

The notice of proposal to impose conditions on the registration of the home was issued on 29 September 2017. The conditions are detailed below:

1. Admissions to Rathowen will cease until compliance with the specific actions stated in FTC/NH/1495/2017-18/01 and FTC/NH/1495/2017-18/02, dated 20 July 2017 have been fully met.
2. The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

All relevant stakeholders were notified of the issue of the notice of proposal.

Following the inspection, concerns regarding the care of three identified patients were shared with the Southern Health and Social Care Trust, and we were assured that care delivery would be reviewed forthwith.

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.

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 Care Standards for Nursing Homes 2015.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no new areas for improvement being identified.

Enforcement action remains ongoing as a result of the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the requirements as indicated in the two failure to comply notices
FTC ref: FTC/NH/1495/2017-18/01
FTC ref: FTC/NH/1495/2017-18/02
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP from the previous care inspection
- notifications received from 13 July 2017

The following methods and processes used in this inspection include the following:

- a discussion with the manager
- discussion with staff
- discussion with patients
- a review sample of duty rotas
- staff training records
- complaints
- three care records
- governance arrangements
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- observation of the daily activity of the home

During the inspection the inspector observed the majority of patients, some of whom were resting in bed and/or seated in the day lounges.

A number of staff were consulted during the inspection including one registered nurse, two care staff, administration staff and ancillary staff.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to a subsequent care inspection.

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 inspection dated 13 July 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 July 2017

This inspection focused solely on the actions contained within the failure to comply notices issued on 20 July 2017. The areas for improvement from the last care inspection on 13 July 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC/NH/1495/2017-18/01

Notice of failure to comply with *Regulation 21.–(1) (b) of the Nursing Homes Regulations (Northern Ireland) 2005*

Regulation 21.–

*(1) The registered person shall not employ a person to work at the nursing home unless -
(b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;*

In relation to this notice the following four actions were required to comply with this regulation.

- The registered person must ensure that, at all times, staff are recruited and employed in accordance with statutory legislation and mandatory requirements. This includes the receipt of a satisfactory AccessNI enhanced disclosure check prior to the commencement of employment. Records must be kept of all documentation relating to the recruitment process.
- The registered person must ensure that the staff recruitment policy and procedure makes reference to the need to obtain all the required information as listed within Regulation 21 (1) (b) and Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.
- The registered person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.
- The registered person must ensure that all staff involved in the recruitment process receive training or refresher training in recruitment and selection.

A review of a recruitment file for one staff member identified that there was no evidence of any interview held, induction records and there was no written record that Access NI checks had been received and deemed as satisfactory. A monthly monitoring report completed September 2017 also evidenced that recruitment files checked for two other staff members were also not maintained in accordance with statutory legislation and mandatory requirements.

A policy for selection and recruitment of staff, dated 12 December 2008 was available. A review of the policy identified that the information included did not comply with legislative requirements and DHSSPS guidance.

A discussion with management and administration staff indicated that recruitment files had been reviewed since the last inspection. However, staff stated that they were unclear about the documentation that was required to be held in these files.

Discussion with the manager and administration staff involved in the recruitment of staff confirmed that training had not been provided and/or completed since the last inspection. As previously referred to, the findings of this inspection demonstrated that staff continued to lack knowledge in regards to recruitment and selection and the actions outlined in the failure to comply notice were not met.

Evidence was not available to validate compliance with the failure to comply notice.

FTC ref: FTC/NH/1495/2017-18/02

Notice of failure to comply with *Regulation 10.–(1) of the Nursing Homes Regulations (Northern Ireland) 2005*

Regulation 10.–

(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice, the following eight actions were required to comply with this regulation:

- The registered person must ensure robust auditing systems are in place to quality assure the delivery of nursing and other services provided. This includes but not limited to: care records; supplementary charts for food and fluid intake, and repositioning; wound care and pressure management.
- The registered person must ensure records regarding the completion of these quality assurance audits are available for inspection by RQIA.
- The registered person must ensure that care plans are established and maintained to guide and inform the delivery of care.
- The registered person must ensure that registered nurses evaluate the effectiveness of care delivered, in regards to the management of wounds and pressure management; fluid and food intake. This information must accurately inform the patient's daily progress notes.
- The registered person must ensure that a robust system is developed and maintained to confirm and monitor the registration status of registered nurses with the NMC.
- The registered person must ensure that the monthly monitoring reports, in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, contain clear action plans, detailing all areas of improvement required. The reports should be developed and monitored to ensure compliance.
- The registered person must ensure that the acting manager is provided with an induction and mentoring, which enables her to fulfil her role and responsibilities to manage the home. Induction records should be retained for inspection.

- The registered person must ensure that the working arrangements of the acting manager are reviewed to ensure they have dedicated hours to undertake the day to day operational management of the home effectively.

A discussion with the manager and a review of information evidenced that the governance arrangements developed and implemented since the last care inspection to quality assure the delivery of nursing care and other services provided were not effective. A sample review of audits undertaken in regards to care plans evidenced that these were not sufficiently robust; some audit findings were contrary to the findings of the inspection. Whilst some areas for improvement had been identified through the auditing processes, there was limited evidence in the audit records reviewed that the areas for improvement had been achieved.

For example; there was a lack of evidence that the care planning process was accurate and reliable and that the recommendations of other health care professionals were adhered to at all times. In addition, audits that had been undertaken of patient care records were of no intrinsic value to the monitoring of the standard of care planning and care documentation.

Although, some actions had been taken by management to assure the safe delivery of care and recording in regards to the management of food and fluids; wound care and repositioning, shortfalls continued to be identified at this inspection.

The review of care records, including risk assessments and care plans, evidenced that they were not developed; maintained and reviewed in response to the changing needs of the patient.

A review of wound care records for an identified patient, evidenced gaps in the delivery of care and documentation was not in keeping with best practice guidelines. Treatment had not been delivered in accordance with the plan of care prescribed by the Tissue Viability Nurse. According to the care plan dressings were to be renewed on alternate days however, records identified that the dressing had not been changed for up to and including 12 days. The care plan had not been evaluated since 13 August 2017.

A review of a care record for an identified patient evidenced that the care plan had not been updated to reflect changes in the care and treatment required, following a re-assessment by the Speech and Language Therapist, April 2017. A discussion with staff and a review of information identified that the care delivered was not consistent with the recommendations made. For example; the patient was not receiving food and fluids as per their assessed need. These findings were concerning, as there was a lack of information to direct and inform the care required to meet patients health and welfare needs and had the potential to impact negatively on patients safety and wellbeing.

There was a lack of evidence that the registered nurses were reviewing care delivery in regards to food and fluid intake; and the repositioning needs of patients within the progress record in care records. For example; a review of food and fluid intake for an identified patient evidenced that on two separate occasions the patient had a total daily fluid intake of 120mls and 230mls, this information was not recorded in the daily progress records and no actions were taken. Entries in the daily progress records included "poor intake." Registered nurses did not make any record of the action they had taken when food and fluid intake was inadequate.

A review of repositioning charts evidenced that these were not being recorded accurately and repositioning was not being carried out as advised by registered nursing staff. A care plan was not in place to direct care delivery in relation to this identified need. However, information provided by registered nursing staff indicated that the patient required 3 hourly positional changes. A review of repositioning charts evidenced gaps of up to and including 12 hours between positional changes. Again there was no evidence that these records had been reviewed by registered nurses or that corrective actions were taken.

The findings outlined above had the potential to impact negatively on patients' health and welfare. At the completion of the inspection, registered nursing staff were directed by the inspector to ensure that the identified care plans were reviewed and updated to reflect the care and treatment required to ensure the delivery of safe, effective care and reduce potential risks to patients.

A review of records evidenced that arrangements were in place for monitoring the registration status of registered nurses with the Nursing and Midwifery Council (NMC). However, the records for the last checks completed 12 September 2017 did not include the details of one registered nurse who was due to renew their registration at the end of October 2017. There was a lack of evidence to demonstrate that management had reviewed the completion of these checks on a consistent basis.

A monthly monitoring report in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, completed on 9 September 2017 was reviewed. This report was completed by an independent consultant on behalf of the responsible person. The report reviewed was detailed and informative and some areas of improvement identified were consistent with the findings of this inspection. Although an action plan for areas of improvement across all areas examined had been generated there was no evidence available that the required actions had been addressed within the time frames specified. A discussion with the manager confirmed that the required actions had not been taken due to work pressure and time constraints. This was concerning given that some of the actions identified required immediate attention.

At the time of the inspection, the manager advised that they had not received any induction or mentoring in relation to their role. The manager acknowledged that although the responsible person had attempted to source someone with the necessary experience to offer the support and guidance, these efforts had been unsuccessful. Arrangements were in place for an individual with the necessary knowledge and experience to visit the home on the 25 September 2017, and commence the manager's induction process. The delay in providing the support and guidance for the manager has had a significant impact on their ability to fulfil their role and responsibilities as manager and also in achieving compliance with the failure to comply notices outlined above.

The hours of work worked by the manager, evidenced that the hours dedicated to managerial duties was very disproportionate to the hours worked as a registered nurse. A review sample of duty rotas identified that the hours worked in the capacity of manager amounted only to a few hours on some weeks. In addition, the manager is the only full-time nurse in the home and the overall number of hours worked by them was concerning given that they had worked up to and including 58 hours per week to cover vacant shifts. The home is currently using agency nurses to cover vacant shifts and aims to "block book" shifts to ensure continuity of care. However, management advised that the geographical area impacted on the availability of agency registered nurses and also challenged the consistency of staff available.

The findings of this inspection and evidence available confirmed that not all actions detailed with the failure to comply notice have been met. There was limited evidence available to confirm progress had been made toward achieving compliance.

6.4 Conclusion

Evidence at the time of inspection was not available to validate compliance with the failure to comply notices. On 27 September 2017, a meeting with the responsible individual was held in RQIA. As a consequence of this meeting, a notice of proposal to impose conditions of the Registration of Rathowen was issued on 29 September 2017.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 13 July 2017. This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 20 July 2017.

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 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.

Areas for improvement from the last care inspection	
Area for improvement 1 Ref: Standard 46.2 Stated: First time	<p>The registered persons should ensure that that the cleaning records are further developed to ensure traceability in terms of the specific areas cleaned. The registered manager should also have oversight of the cleaning records, to ensure compliance with best practice in infection prevention and control.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 36 Stated: Third time	<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"> • Death and dying.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 4 Criteria (1) (7) Stated: Third time	<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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 4 Ref: Standard 4 Stated: Second time	<p>The registered persons should ensure that the format of the falls risk assessment is further developed, to ensure that the level of risk is clearly identified.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 5 Ref: Standard 4.9 Stated: Second time	<p>The registered persons should ensure that the systems for recording personal care delivery, which includes bathing and skin checks, are reviewed to ensure that the contemporaneous records of all nursing interventions are maintained within the patient care record.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the settings of pressure relieving mattresses are monitored and recorded to ensure their effective use.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the coving in the identified bedroom is repaired or replaced.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 16 Criteria 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)