Inspection Report

18 April 2024

Rathfriland Manor

Type of service: Nursing Home
Address: Rosconnor Terrace, Rathfriland, Newry, BT34 5DJ
Telephone number: 028 4063 8915

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Manor Healthcare Ltd **Registered Person/s OR Responsible Individual** Mr Eoghain King	**Registered Manager:** Mrs Rachel McCaffrey **Date registered:** 1 February 2016
Person in charge at the time of inspection: Catherine Sands, Nursing Sister	**Number of registered places:** 54 A maximum of 30 persons in category NH-I and 24 persons in category NH-DE. The home is also approved to provide care on a day basis to 1 person in the General Nursing Unit and 4 persons in the Nursing Dementia Unit
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 53
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 54 patients. The home is divided into four units over two floors. The Millar Suite provides general nursing care and the Foley, Shannon and McCann Suites provide care for patients living with dementia. Within each suite patients have access to communal lounges and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 18 April 2024 from 9:30am to 4pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection to determine if the home was delivering safe, effective and compassionate care and if the service was well led and also to review a variation that had been submitted in relation to the McCann unit.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedrooms or in one of the communal rooms. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "the staff are very good and there is always enough of them" and "the staff treat me well". Patients spoke positively about the cleanliness of the home and the care provided and the meal provision.

Staff said they were happy working in the home and they felt well supported by the manager.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the patient/relative questionnaires following the inspection One response was received from the staff questionnaires following the inspection indicating that they were happy working in the home.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 3 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (1) (a) **Stated:** Second time	The registered person shall ensure that neurological observations are accurately and consistently recorded in line with best practice guidance.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 29 **Stated:** First time	The registered person shall ensure that the monthly monitoring report has a meaningful action plan in place where required that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 **Ref:** Standard 11 **Stated:** First time	The registered person should ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 46.12 **Stated:** First time	The registered person should ensure that there are arrangements in place for regular hand hygiene audits to ensure standards are being met and maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time	The registered person should ensure that audits to monitor the delivery of nursing care services are completed regularly and deficits identified clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that the references received for one employee were not from the most recent employer. Confirmation was received after the inspection that the appropriate references had been sourced. This was identified as an area for improvement.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the patients' needs.

Some patients were availing of one to one support from staff, however, there were no specific care plan in place to direct the staff. This was identified as an area for improvement.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

For those patients who required assistance to change their position, care plans were in place and records were maintained of the care provided. However, some of the records reviewed did not evidence that skin checks were being carried out, this was discussed at feedback and an area for improvement was identified.

Concerns were identified in relation to wound management, in one record, the dressing regime for a wound could not be determined. In another patient record, it lacked clarity that the wound had healed. This was discussed at feedback and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. If required, records were kept of what patients had to eat and drink daily.

Care plans were in place for patients who required their diets to be modified. However, review of records evidenced that choking risk assessments were not being carried out. This was discussed at feedback and an area for improvement was identified.

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5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

The home's most recent fire safety risk assessment was dated 16 August 2023. Conformation was received after the inspection that all actions had been addressed. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Regular relative meetings were held to provide an opportunity for them to comment on aspects of the running of the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Rachel McCaffrey has been the manager in this home since 1 February 2016.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the management team and described them as supportive and approachable.
There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and or the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	0	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Catherine Sands, Nursing Sister, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 38 **Stated:** First time **To be completed by:** 18 April 2024	The registered person shall ensure that appropriate references are obtained before staff commence working in the home. Ref: 5.2.1 **Response by registered person detailing the actions taken:** The one member of staff who did not have reference from last employer, has now appropriate reference in place.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 18 April 2024	The registered person shall ensure detailed and patient centred care plans are in place for those availing of bespoke one to one care. Ref: 5.2.2 **Response by registered person detailing the actions taken:** Detailed person centred plan is in place for the person availing of one to one care
Area for improvement 3 **Ref:** Standard 4.8 **Stated:** First time **To be completed by:** 31 May 2024	The registered person shall ensure that care plans for wound care are contemporaneous and have the recommended dressing frequency recorded. Ref: 5.2.2 **Response by registered person detailing the actions taken:** All wound care plans have been reviewed and have frequeny of dressing included
Area for improvement 4 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 19 April 2024	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the condition of the patients' skin is recorded. Ref: 5.2.2 **Response by registered person detailing the actions taken:** new repositioning charts and training in place for all staff

Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 31 May 2024	The registered person shall ensure choking risk assessments are recorded accurately and the associated care plans are updated to reflect the outcome of the risk assessment. Ref; 5.2.2
	Response by registered person detailing the actions taken: choking risk assessments are all up to date and associated care plans reflect the outcome of the risk assessment

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