Arches
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Unannounced Care Inspection
of
Arches

15 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 15 June 2015 from 09:30 to 16:30.

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

Overall 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. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

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 13 January 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	1	4

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

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Laura Mallon-Connolly
Person in Charge of the Home at the Time of Inspection: Laura Mallon-Connolly	**Date Manager Registered:** 10 March 2014
Categories of Care: NH – PH NH – PH (E) NH – LD NH – LD (E)	**Number of Registered Places:** 33
Number of Patients Accommodated on Day of Inspection: 28	**Weekly Tariff at Time of Inspection:** £593 - £624 per week

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 examined:

- 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
- the previous care inspection report
- pre-inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 12 patients, four care staff, two registered nurses and one relative. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- four patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policies for communication, death and dying and palliative and end of life care

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 13 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 14 (4) **Stated:** First time	The registered person is required to ensure registered nurses undertake training in restraint/restrictive practice in accordance with best practice guidelines.	**Not Met**
	Action taken as confirmed during the inspection: Training had been arranged in May 2015 however the home manager stated nursing staff did not or were not able to attend.	
Requirement 2 **Ref**: Regulation 27 (2) (c) **Stated:** First time	The registered person must ensure any equipment used in the home is fit for purpose and up to current standard: • fallout mats should be upgraded to an improved quality	**Met**
	Action taken as confirmed during the inspection: Fallout mats were replaced as a result of the previous inspection.	

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 18 (2) (c) **Stated:** First time	The registered person must ensure any equipment used in the home is fit for purpose and up to current standard: • A replacement programme should be implemented regarding beds which are no longer fit for purpose. Consideration should be given to prioritising divan style beds and beds with third party bedrails in place	**Met**
	Action taken as confirmed during the inspection: Inspectors confirmed that there were no divan type beds in the home at the time of inspection.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 19.1 **Stated:** First time	It is recommended that the assessment and care planning process in relation to elimination (urinary and bowel) includes the following: • bowel assessment should evidence the use of the Bristol Stool assessment. The Bristol Stool assessment should be used to classify the type of stool to aid treatment • monthly evaluations should include a review of a patient's bowel assessment • care plans should be updated as and when need changes, for example; on return from hospital • where records state a specific test/screening is to be undertaken evidence should be present that this has been completed, for example; bowel screening • patients progress records should evidence that bowel function is consistently monitored and recorded	**Partially Met**
	Action taken as confirmed during the inspection: Care records were reviewed and evidenced improvement however evidence was not present that bowel function is consistently monitored and recorded and monthly evaluations did not include a review of patients' bowel pattern and assessment.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref**: Standard 19.2 **Stated:** First time	It is recommended the following guidelines to be readily available to staff and used on a daily basis: • British Geriatrics Society Continence • Care in Residential and Nursing Homes • NICE guidelines on the management • of urinary incontinence • NICE guidelines on the management • of faecal incontinence	**Met**
	Action taken as confirmed during the inspection: Best practice guidelines regarding continence management were available and known to staff.	
Recommendation 3 **Ref**: Standard 19.4 **Stated:** First time	It is recommended that registered nurses undertake training in male and female catheterisation.	**Met**
	Action taken as confirmed during the inspection: Nursing staff had been given catheterisation competency packs as training had previously been completed. Competency will be assessed as and when required.	
Recommendation 4 **Ref**: Standard 10.7 **Stated:** First time	It is recommended that until beds with third party bedrails are replaced. The guidance issued by DHSSPS in relation to bed rail management should be adhered to and evidence present of the adherence.	**Met**
	Action taken as confirmed during the inspection: There were no third party bedrails in use. New beds with integral bedrails had been purchased.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and referred to regional guidelines on 'breaking bad news.

Communication training in respect of communicating effectively with patients and their families/representatives and the breaking of bad news is contained within palliative and end of life care training. The registered manager advised that 52% of all staff have completed this training. Plans are made for the remainder of staff to avail of this training.

Is Care Effective? (Quality of Management)

Four nursing care records evidenced that patient's individual needs and wishes in regards to daily living were appropriately recorded.

Recording within care records did include reference to the patient's specific communication needs.

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

Two registered nursing staff consulted, discussed how they communicate sensitively with patients when breaking bad news. They advised that they have sat down with the patient in a private area, held the patient's hand and using a calm voice, spoke with the patient in an empathetic manner using clear speech, offering reassurance and an opportunity for the patient to ask any questions or voice any concerns. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 10 patients individually and with many others in small groups. In general the patients all stated that they were very happy with the quality of care delivered and with life in Arches. They confirmed that staff were polite and courteous and that they felt safe in the home.

One patient's representatives discussed care delivery and confirmed that they were very happy with standards maintained in the home. Some patient representative comments are recorded in section 5.4.1 below.

Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

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

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were recently updated and available for inspection. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

One registered nurse did advise the inspection that they were unaware of the Gain Palliative Care Guidelines November 2013 and the Care Standards for Nursing Homes April 2015. Copies of both guidance documents were available in the home.

An extensive palliative care folder has been developed by the registered manager and contains many various best practice guidance documents. A copy of each folder was displayed for staff on each floor of the home. It was therefore disappointing that one registered nurse was unaware of this training folder. The registered manager should ensure that all staff are made aware of this training / guidance information.

Training records evidenced that 52% of all staff were trained in palliative and end of life care. This percentage of staff is composed primarily of registered nursing staff and care staff. The remainder of staff i.e. ancillary staff will be encouraged to complete this training over the next few months.

This training was provided on the home's e-learning system and it is also understood that direct training will be provided in the near future by the palliative care nurse from the Belfast Health and Social Care Trust (BHSCT).

Discussion with the registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The records of one patient currently requiring end of life care were examined and confirmed that there was regular contact with the specialist palliative care nurse from the BHSCT.

The home had maintained one registered nurse as a palliative care link nurse. Unfortunately this registered nurse is no longer employed in the home and a new registered nurse is being identified.

Discussion with the registered manager, seven staff and a review of four patient care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with one registered nurse confirmed their knowledge of the protocol.

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was confirmed that all registered nursing staff would receive training in the use of such equipment prior to it being used in the home.

Is Care Effective? (Quality of Management)

A review of the care records for one patient who required end of life care during the inspection visit were examined. In addition, three care records for patients who were receiving palliative care were also examined. All care records evidenced that patients' needs for palliative or end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration, nutrition, pain management and symptom control. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. The care records for the end of life care patient were particularly well maintained and staff are commended for their detailed recording.

It was confirmed that environmental factors had been considered when a patient was considered end of life. Staff consulted confirmed that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support have been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly how the home had been able to fully support the family members when one patient had died the previous year.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives. Information documents were displayed in the foyer of the home.

Areas for Improvement

No areas for improvements are identified at this time.

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

5.5 Additional Areas Examined

Nursing Care Records

Restrictive practice

A patient was observed seated in a wheelchair with a lap belt in place restricting their movement. Discussion with staff indicated that the patient identified was at risk of falling. Staff stated the lap belt was released for a period of time every hour and this was recorded. Evidence was not available to support the release of the lap belt. Records supporting the release of the lap belt should be available and recorded in a consistent manner. A recommendation has been made.

A care plan for the use of restrictive practice restraint was in place. However, there was no evidence to support that the multi-disciplinary team had been consulted in relation to the use of restricted practice as outlined in best practice.

Training for registered nurses regarding restrictive place had not taken place. Training had been arranged however the home manager stated staff did not or were not able to attend. This training should be viewed as a priority and was a requirement of the previous inspection report. This requirement has been stated for the second time in the quality improvement plan of this report.

Elimination

Two patients care records did not evidence patients' bowel patterns were being consistently monitored. Evidence was not present in patients' care records to confirm the prescribed interventions, as stated in patients' care plans were being undertaken. Care records did not evidence patients' bowel patterns were being monitored and the required action to meet patients' needs were undertaken. This was a recommendation of the previous inspection report and has been restated for the second time in the quality improvement plan of this report.

Staffing Arrangements

A review of the staff duty rotas for week commencing 1st June 2015 was undertaken. The review identified the skill mix of at least 35% registered nurses and up to 65% care assistants had not been maintained. A review of the duty rota for the day of the inspection indicated a full complement of staff was on duty. However, the outcome of the review of patients' care records did not support that the staffing levels and ratios were sufficient to meet patients' needs in respect of restrictive practice and elimination needs. The Department of Health, Social Services and Public Safety (DHSSPS), Care Standards for Nursing Homes 2015 informs that the registered manager ensures that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours. A recommendation has been made.

The Environment

A tour of the home confirmed that there had been an investment in the home in terms of upgrading patients' bedrooms and lounge and dining areas. This had been completed with good effect and these areas presents as more homely and attractive in appearance. However, the paintwork in the home was in a poor state and appeared aged. This was disappointing and was detrimental to the overall appearance of the home. A programme of redecoration should be implemented alongside a programme of the regular and on-going internal maintenance of the home. A recommendation has been made.

5.5.1 Questionnaires

Staff

As part of the inspection process we issued questionnaires to staff. Eight questionnaires were completed and returned.

All comments on the returned questionnaires were in general positive and included:
"the quality in the home is of a great standard"
"I believe staff in the home go over and above to try and meet their individual needs, this is done with real genuine care and affection for our patients"
"staff are very friendly and helpful and can be counted on"

Comments were made regarding the length of time it can take from a referral being made to a specialist health care professional in the Health and Social Care Trust until the time the patient is seen. This was perceived as being lengthy.

Comments were also made regarding staffing levels. It was stated support levels for patients were limited given the levels of support required for personal care needs to be met impacting upon levels of support given for activities.

A general statement was made regarding staffing levels being insufficient to meet patients' needs.

One staff member was less than satisfied with the training given in respect of whistleblowing.

The registered manager was informed of the issues raised by telephone and agreed to address these.

Relatives

One relative spoke with us during the inspection. The relative was very supportive of the staff team, was always made welcome and was kept informed of her relative's wellbeing. Comments included:

"staff are excellent"
"my …… is treated kindly and with respect"

There were no questionnaires completed by patients however comments received are detailed below:

Patients

"I like it here"
"It's very good here"
"staff are good and take me out"

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Laura Mallon-Connolly, registered manager and Lorraine Kirkpatrick, regional 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 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 the 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	
Requirement 1 **Ref**: Regulation 14 (4) **Stated:** Second time	The registered person is required to ensure registered nurses undertake training in restraint/restrictive practice in accordance with best practice guidelines. Ref section 5.4
To be Completed by: **31 August 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Face to face training inDeprivation of liberty and Restrictive practice has been organised for all nursing and care staff on the 25/08/15.
Recommendations	
Recommendation 1 **Ref**: Standard 18.2 **Stated:** First time	Staff should maintain records in respect of restrictive practice and the release of lap belts in a consistent manner and as prescribed in care plans. Ref section 5.4
To be Completed by: **30 June 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Supervision is ongoing in regards to the correct recording of lap belt release forms. Staff appear to have a better understanding of the importance of this issue. Training organised for 25/08/15.
Recommendation 2 **Ref**: Standard 21.11 **Stated:** Second time	Patients' progress records should evidence that bowel function is consistently monitored, evaluated and recorded. Ref section 5.4
To be Completed by: **30 June 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Support/Care staff now record Bowel Function in the progress notes. These are monitored closely by nursing staff. The GP has reviewed all laxative medication in the upstairs unit. Elimination care plans are now being reviewed. Nursing staff aware to evaluate same appropriately.
Recommendation 3 **Ref**: Standard 41.4 **Stated:** First time	The staff duty rota should reflect that a skill mix of at least 35% registered nurses and up to 65% care staff is maintained over 24 hours. Ref section 5.4
To be Completed by: **31 July 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** FSHC senior management aware of this recommendation. Recruitment of nursing staff is ongoing for the home.

Recommendation 4 **Ref**: Standard 44.1 **Stated:** First time **To be Completed by:** **30 September 2015**	The building is decorated to a standard acceptable for patients. A programme of redecoration should be implemented alongside an internal programme of addressing any scratches etc. on paintwork. Ref section 5.4 **Response by Registered Person(s) Detailing the Actions Taken:** FSHC are aware of this issue and have commenced works of improvement.

Registered Manager Completing QIP	Laura Mallon Connolly	**Date Completed**	27/07/15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	27.07.15
RQIA Inspector Assessing Response	Heather Sleator	**Date Approved**	05/08/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address