Abingdon Manor Care Centre
RQIA ID: 1049
949 Crumlin Road
Belfast
BT14 8FG

Inspector: Sharon McKnight
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# Unannounced Care Inspection
# of
# Abingdon Manor Care Centre

## 3 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

## 1. Summary of Inspection

An unannounced care inspection took place on 3 November 2015 from 10 00 to 17 30 hours.

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

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in 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 14 April 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** | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

| | |
|---|---|
| **Registered Organisation/Registered Person:**<br>Abingdon Manor Care Centre Ltd<br>Robert Desmond Wilson<br>Colin Nimmon | **Registered Manager:**<br>Claire Moore |
| **Person in Charge of the Home at the Time of Inspection:**<br>Claire Moore | **Date Manager Registered:**<br>18 June 2013 |
| **Categories of Care:**<br>NH-PH, NH-PH(E), NH-LD, NH-LD(E), NH-DE, NH-I, NH-TI | **Number of Registered Places:**<br>60 |
| **Number of Patients Accommodated on Day of Inspection:**<br>57 | **Weekly Tariff at Time of Inspection:**<br>£633.00 - £682.00 |

## 3. Inspection Focus

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

**Standard 19: Communicating Effectively**
**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

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

- discussion with registered manager
- discussion with staff
- discussion with patients
- discussion with relatives
- review of records
- observation during a tour of the premises
- evaluation and feedback

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 previous care inspection report and QIP

During the inspection, RQIA met with six patients individually and with the majority of others in smaller groups, four registered nurses, nine care staff, one visiting healthcare professional and three patient's visitors/representative.

The following records were examined during the inspection:

- eight patient care records
- policies and procedures regarding the inspection focus
- complaints and compliments
- staff training.

## 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 April 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 Recommendations | | Validation of Compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 21, criterion 11<br><br>**Stated:** First time | It is recommended that the specific type of continence products patients' require is included in their care plan. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of care plans evidenced that the specific type of continence products patients' required was included.<br><br>This recommendation has been met. | |

## 5.3 Standard 19 - Communicating Effectively

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

A policy and procedure was available on communicating entitled "Breaking Bad News." The policy made reference to the regional guidelines on Breaking Bad News. A copy of the DHSSPS regional guidance on breaking bad news was also available in the home

Training had not been provided on breaking bad news. However, discussion with the registered manager, registered nurses and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Staff spoken with were knowledgeable, experienced and confident in communicating with patients and their representatives.

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

Six out of the eight care records reviewed reflected patients' individual needs and wishes regarding the end of life care. Care records are further discussed in section 5.4 of this report.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered manager and four registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. The nursing sister in the Tyrone and Fermanagh suites had developed a story book for one patient to help them understand bereavement and how to communicate/express their emotions following the death of a number of close family members. This piece of work was commended by RQIA.

Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff but felt confident that, should a patient or relative choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. It was obvious from discreet observation of staff and patients that sound relationships had been developed.

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

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Patients spoken with stated that they were generally happy with the quality of care delivered and with life in the home. Patients' views are further discussed in section 5.5.1 of this report.

Patients and their representatives consulted were complimentary of staff and the care provided. Good relationships were very evident between staff and the patients and visitors.

Compliment cards and letters were retained by the home. Review of these indicated that relatives were appreciative of the care provided by the home.

**Areas for Improvement**

There were no areas for improvement identified with this standard**.**

| **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 Standard 32)**

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

Policies and procedures on the management of end of life care and death and dying were available and referenced GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A copy of this best practice guidance was also available in the home.

A policy entitled "Death and dying" was available and included the support available for staff and relatives.

Records evidenced that five registered nurses had attended training in the management of sub cutaneous fluids delivered by the local health and social care trust in April 2015. Training in the management of syringe drivers was attended by seven registered nurses in April 2015 and a further date was arranged for 5 November 2015 with registered nurses identified to attend. Support to manage syringe drivers was available from the integrated health care team of the local health and social care trust. Registered nurses had also attended palliative and end of life training in April 2014. Training for care staff arranged in September 2015 had been cancelled. The registered manager confirmed that further dates would be arranged and staff identified to attend.

Discussion with the registered nurses and care staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life and the appropriate actions to take.

The registered manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services through the local health and social care trust. Procedures for timely access to any specialist equipment or drugs were in place.

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

A sampling of care records and discussion with the registered manager and registered nurses evidenced that death and dying arrangements were part of the activities of daily living assessment completed for each patient. This physical and psychological assessment contained a section entitled "Dying." Six of the eight care records evidenced that discussion had taken place regarding end of life care with individual wishes identified. The registered manager explained that work in this area of care planning was ongoing with patients and relatives.

Discussion with staff evidenced that environmental factors, which had the potential to impact on patient privacy, had been considered. Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were provided by the staff team.

A selection of information leaflets produced by the Bereavement Network were available in the home. Titles available included "Information and guidance after the death of a relative or friend in a nursing or residential home" and "Caring at end of life: A summary of best practice guidance for health and social care."

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

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

The religious, spiritual or cultural need of the patients had been identified in care records and there was evidence of consideration of these areas in respect of end of life care. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs on a regular basis.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wished with the patient. A dedicated visitors' room, furnished with a bed settee, was available.

Staff discussed openly a number of recent deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, thirteen staff and a review of the compliments record, there was evidence of sound arrangements in the home to support relatives.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

"We cannot thank you enough for the love and care shown to our mum….We will never forget the kindness shown to mum and to us in her final days."

"Thanking you for all the care and attention shown to … It was always appreciated."

"A big thank you for looking after dad and us at all times."

Discussion with the registered manager confirmed that no concerns had been raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and to support each other following a death in the home.

**Areas for Improvement**

There were no areas for improvement identified with this theme.

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|---|---|---|---|
| **Number of Requirements:** | **0** | **Number of Recommendations:** | **0** |

## 5.5 Additional Areas Examined

### 5.5.1. Lay assessor comments

Throughout the duration of the inspector there was a lay assessor present. The lay assessor spoke with patients and conducted a tour of the home's environment. Feedback was provided by the lay assessor on their findings. Comments made during feedback were related to six patients. Four of the patients indicated that they were either satisfied or very satisfied with the care they received.

Two patients commented that they would like to see more activities. These opinions were shared with the registered manager who agreed to discuss the range of activities further with the patients. One patient made a request for a mirror in their room which the registered manager agreed to provide. All of the comments received by the lay assessor were shared with the registered manager during feedback at the conclusion of the inspection.

The representatives of two patients spoke with the lay assessor. Both were satisfied or very satisfied with the provision of care. No concerns or issues were raised.

One questionnaire, left with a relative by the lay assessor was returned following the inspection. They were satisfied or very satisfied with the care.

### 5.5.2. Staff comments

Thirteen staff spoken with commented positively with regard to staffing and the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences.

Ten questionnaires were issued to nursing, care and ancillary staff. Four were returned. Staff indicated that they were very satisfied that care was safe, effective and compassionate.

### 5.5.3. Visiting health care professional

Comments made by one visiting health care professional were all positive. They stated that they were confident that staff followed their professional advice and instructions. They were of the opinion that staff were knowledgeable of the patients' condition and sought advice and support from health care professionals in a timely and appropriate manner.

## 6. No requirements or recommendations resulted from this inspection.

| **I agree with the content of the report.** | | | |
|---|---|---|---|
| **Registered Manager** | Claire Moore | **Date Completed** | 27.11.2015 |
| **Registered Person** | Colin Nimmon | **Date Approved** | 27.11.2015 |
| **RQIA Inspector Assessing Response** | Sharon McKnight | **Date Approved** | 10-12-15 |

| Please provide any additional comments or observations you may wish to make below: |
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