

**Unannounced Care Inspection
of
Ballymaconnell**

17 April 2015

1. Summary of Inspection

An unannounced care inspection took place on 17 April 2015 from 10.01 to 15.00. 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 was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though 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 section, 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 of 12 February 2015.

1.2 Urgent Actions/Enforcement Resulting from this Inspection

An urgent action record regarding infection prevention and control was issued to the registered manager at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients.

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	3

The details of the QIP within this report were discussed with Ms Elizabeth Doak, 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:	Registered Manager:
Chester Homes Ltd/Robert Desmond Wilson	Elizabeth Doak
Person in Charge of the Home at the Time of Inspection:	Date Manager Registered:
Elizabeth Doak	8 July 2013
Categories of Care:	Number of Registered Places:
NH-I, NH-PH, NH-PH(E), NH-TI	26
Number of Patients Accommodated on Day of Inspection:	Weekly Tariff at Time of Inspection:
19	£593

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 have been met:

Standard 19: Communicating Effectively

Standard 20: Death and Dying

Standard 32: Palliative and End of Life Care

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, one nursing staff and one ancillary staff member. There were no visiting professionals or patient's visitors/representatives available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- three patient care records

- accident/notifiable events records
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying and palliative and end of life care were unavailable.

5.0 The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 16 April 2015. Whilst there were no major concerns identified during this inspection a number of issues such as fire training and fire drills, repair of fire doors and some servicing issues require action. The report of the estates inspection will be issued in due course and compliance with requirements or recommendations raised will be examined by the estates inspector when the QIP is returned.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2)	The registered person shall ensure that the assessment of the patient's needs is (a) kept under review ; and (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually. <ul style="list-style-type: none"> • pain assessments must be utilised for any patient prescribed regular or occasional analgesia 	Met
	Action taken as confirmed during the inspection: The inspector confirmed from examination of patient's care records that pain assessments are used for any patient requiring occasional or regular analgesia.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 13 (7)	<p>In accordance with best practice in infection prevention and control, items such as, wipes, pads, toiletries, commode lids, bags, gloves, toiletries and urinals stored in bathrooms on cistern lids, bid lids, floors and shelves must be removed.</p> <p>A damaged floor in a specified bedroom should be repaired or replaced to enable effective cleaning.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that in general communal bathrooms were well maintained.</p> <p>The damaged floor was evidenced to have been replaced</p>	
Requirement 3 Ref: Regulation 14 (2) (c)	<p>Cleaning chemicals presenting a health and safety risk to patients should be removed from bathroom shelves and stored securely.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that cleaning chemicals were stored in an appropriate manner as required.</p>	
Requirement 4 Ref: Regulation 13 (4)	<p>The registered manager must ensure that all prescribed fluid thickening agents are individually labelled and administered only to the patient for whom they were prescribed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed from observations in patient's rooms that prescribed fluid thickening agents are individually labelled and administered only to the patient for whom they were prescribed.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.4	Patients' care plans should be reviewed and updated at least monthly.	Met
	Action taken as confirmed during the inspection: The inspector confirmed from examination of patient care records that care plans are reviewed and updated at least monthly.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was not available on 'communicating effectively'. Discussion with six staff including the registered manager confirmed that whilst communication skills are developed and verbally referenced throughout the induction process, a formal policy and procedure has yet to be developed. In developing this policy the registered persons must ensure that it references current best practice, including regional guidelines on Breaking Bad News.

No formal training on communication skills including breaking bad news has been provided for staff.

Is Care Effective? (Quality of Management)

Two care records examined reflected patient individual needs and wishes regarding end of life care. Whilst this referenced resuscitation issues there was no consideration of fundamental choices such as religious or cultural needs or specific family wishes etc. Staff did appear knowledgeable regarding the patient's wishes however this was not recorded in care plan records.

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

Six care staff and one registered nurse were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised three of the care staff felt that they would benefit from further training in this area.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how staff communicates with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, speaking to frail, ill patients. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspection consulted with 12 patients individually. All patients confirmed that staff treated them with respect and dignity at all times. No patient representatives were available during the inspection visit.

Areas for Improvement

The registered persons must develop a communication policy and procedure. Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home. Improvements in recording communication outcomes into care records must be made. The induction programme records for all staff should be updated to reflect this essential skill and evidence necessary competencies.

Number of Requirements	1	Number Recommendations:	2
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5.4 Standard 20 - Death and Dying

Is Care Safe? (Quality of Life)

A policy and procedure on death and dying was not available in the home. This policy should be developed and should include the management of the deceased person's belongings and personal effects.

The inspector was informed that training in bereavement is provided by a local funeral undertaker.

Discussion with the registered manager and a review of a relevant care record confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager and five additional staff 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.

Is Care Effective?

A sampling of care records and discussion with two staff evidenced that death and dying arrangements were discussed with patients and/or their representatives as appropriate when a decision in regards to resuscitation is considered. There was no evidence in care records that a holistic discussion in respect of the patient's wishes and their social, cultural and religious preferences had been considered.

Staff were aware of the environmental factors to be considered when a patient was near death. These included privacy, soft lighting and a quiet / calm atmosphere.

Review of notifications of death to RQIA during previous inspection year were appropriately submitted.

Is Care Compassionate? (Quality of Care)

Discussion with the registered manager and staff confirmed that the patient and/or their representatives are consulted in respect of their cultural and spiritual preferences regarding death and dying. The discussion outcomes however were not appropriately recorded in care records. From discussion with the registered manager, one registered nurse and four care staff there was evidence that arrangements in the home were sufficient to accommodate and/or support relatives during this time. There was evidence from records of compliments received that relatives had commended the management and staff for their efforts towards the family and patients.

Discussion with the registered manager of the home and a review of complaints records evidenced that no concerns were raised in relation to the arrangements regarding the death and dying of patients in the home.

Six staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and were provided with bereavement support, if required. The registered manager advised that staff are supported to attend the funeral of patients if requested.

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 counselling support with the registered manager or through staff meetings.

Areas for Improvement

Development of appropriate policies and procedures to guide and inform staff on the management of death and the dying patient will strengthen care provision. Care records as discussed previously need to be updated to fully reflect the discussion outcomes with patients and their representatives in respect of their end of life care and after death wishes.

Number of Requirements	One included above	Number Recommendations:	1
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5.5 Standard 32 - Palliative and End of Life Care

Is Care Safe? (Quality of Life)

As discussed previously, there is currently no policy or procedure developed to guide and inform staff on the management of palliative and end of life care. The GAIN Palliative Care Guidelines November 2013 were available in the home. The registered manager was aware of the GAIN guidelines however the further development of an appropriate policy incorporating the guidelines will enhance the staff knowledge.

A review of staff training records evidenced that training has yet to be delivered in respect of palliative and end of life care. The inspector was informed that this training is planned to be delivered before the end of June 2015.

A palliative care link nurse has been identified previously however she is on extended leave at present. The registered manager advised the inspection that another registered nurse would be identified for this role in the interim.

Is Care Effective? (Quality of Management)

Whilst there were no patients identified as requiring end of life care in the home at the time of the inspection, two were identified as requiring palliative care. A review of one relevant care record evidenced that the patient's needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient's care plans. This included the management of hydration and nutrition, pain management and symptom management. The care records reviewed were current and up to date in accordance with patient's needs. A key worker/named nurse was identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's GP.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the person's wishes, for family/friends to spend as much time as they wish with the person. It was confirmed by the registered manager and a number of staff that the home offer open visiting when patients are ill or at the end of life.

All staff who met with the inspector demonstrated the importance of ensuring the cultural, spiritual and religious needs of the patient and their family are identified and met in a sensitive manner.

Areas for Improvement

Development of appropriate policies and procedures to guide and inform staff on the management of palliative care will strengthen care provision. As previously discussed care records need to be updated to fully reflect the discussion outcomes with patients and their representatives in respect of their end of life care and after death wishes.

Number of Requirements	One already identified	Number Recommendations:	1
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5.6 Additional Areas Examined

Infection prevention and control

A trolley identified by the registered manager as a 'back trolley' was observed to be stored at the time of the inspection in the ground floor bathroom/hairdressing room. The trolley is used to carry various communal toiletries, gloves, aprons, creams, linen, incontinence products is not in keeping with best practice guidelines and should cease immediately.

The bath mixer tap in the hairdressing bathroom should be repaired or replaced.

The linen cupboards throughout the home appeared disorganised and should be reviewed to ensure that all linens are stored off the ground for ease of cleaning and to ensure that appropriate linen supplies are available for staff on both the ground and first floor areas.

An urgent actions report was issued at the conclusion of the inspection to address these issues.

Questionnaires

As part of the inspection process we issued questionnaires to staff and patients.

Questionnaire's issued to	Number issued	Number returned
Staff	6	5
Patients	3	2
Patients representatives	0	0

All comments on the returned questionnaires were in general positive. Some comments received are detailed below;

Staff

'I am very happy working here. There is a strong team and the quality of care is very good'

'I feel that the entire team are very committed to delivery good care'

'I would recommend this home to anyone'.

Patients

'I feel that this is a very good home and I am happy here'

'If anything was wrong I could speak to the staff'

6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Elizabeth Doak, registered 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 The 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 will be completed by the 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 by the registered manager. 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 13(7) Stated: First Time To be Completed by: Immediate from date of inspection	<p>The registered persons must ensure that the infection prevention and control issues identified in the report are actioned as required.</p> <p>This matter was raised in the urgent action report at the conclusion of the inspection.</p> <p>Response by Registered Manager Detailing the Actions Taken: Reinstatement of the Linen cupboard within the ground floor and reorganisation of the stores have been carried out, eliminating the need for 'back trolley'.</p>
Requirement 2 Ref: Regulation 13(1) (a) Stated: First time To be Completed by: 17 June 2015	<p>The registered persons must ensure that a policy and procedure is maintained to reflect current regional guidelines for each of the following areas;</p> <ol style="list-style-type: none"> 1. Palliative and end of life care 2. Death and Dying 3. Communication to include breaking bad news <p>Response by Registered Manager Detailing the Actions Taken: Our current policy and procedures for : 1. Palliative and end of life care 2. Death and Dying 3. Communication have all been reviewed and updated to reflect best practice and current regional guidelines. A new policy has been generated regarding Breaking Bad News.</p>

Recommendations			
Recommendation 1 Ref: Standard 39 Stated: First time To be Completed by: 17 June 2015	It is recommended that staff induction records and competency and capability assessments include reference to the following; 1. Palliative and end of life care 2. Communicating effectively including breaking bad news		
	Response by Registered Manager Detailing the Actions Taken: Staff induction records and competency/capability assessments are currently being reviewed to include reference to: Palliative and end of life care, Effective communication and Breaking bad news.		
Recommendation 2 Ref: Standard 20 Stated: First time To be Completed by: 17 June 2015	It is recommended that end of life care and after death wishes are discussed and outcomes fully recorded in the patient's care records.		
	Response by Registered Manager Detailing the Actions Taken: In the majority of cases staff have and will continue to discuss and document, within client care notes, client wishes for end of life and after death care. However, not all clients are willing to discuss these issues and their wishes are respected until such time as they choose to discuss end of life care or if in the event of client having no capacity, family expressing their wishes.		
Recommendation 3 Ref: Standard 32 Stated: First time To be Completed by: 17 June 2015	It is recommended that written guidance on end of life support / bereavement support is provided for staff and patient's representatives.		
	Response by Registered Manager Detailing the Actions Taken: A notice has been generated and placed within the reception area and staff room notice boards to give guidance to client's representatives and staff on how to access end of life /bereavement support.		
Registered Manager Completing QIP		Elizabeth Doak	Date Completed 22/05/2015
Registered Person Approving QIP		Desmond Wilson Registered Provider	Date Approved 26.05.2015
RQIA Inspector Assessing Response		Linda Thompson	Date Approved 1/6/15

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