



The Regulation and  
Quality Improvement  
Authority

**Bangor – McKeown Suite**  
RQIA ID: 1054  
27a Manor Avenue  
Bangor  
BT20 3NG

**Inspector: Linda Thompson**  
**Inspection ID: IN021759**

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**Unannounced Care Inspection  
of  
Bangor Care Home – McKeown Suite  
7 July 2015**

**The Regulation and Quality Improvement Authority**  
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## 1. Summary of Inspection

An unannounced care inspection took place on 7 July 2015 from 09.30 to 11.30.

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 31 August 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. Remove if using statements above

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	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

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care/ Dr Maureen Claire Royston	<b>Registered Manager:</b> Donna Mawhinney
<b>Person in Charge of the Home at the Time of Inspection:</b> Donna Mawhinney	<b>Date Manager Registered:</b> 30 December 2014
<b>Categories of Care:</b> NH-DE	<b>Number of Registered Places:</b> 30
<b>Number of Patients Accommodated on Day of Inspection:</b> 29	<b>Weekly Tariff at Time of Inspection:</b> £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 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

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

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 10 patients either individually or in small groups. Discussion was also undertaken with four care staff, one nursing staff and one ancillary staff. No patient representatives were available during the inspection visit.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- records of accident/notifiable events
- 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.

### 5. 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 14 October 2014. The completed QIP was returned and approved by the estates inspector.

## 5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 12(1) <b>Stated:</b> First time	<p>The registered person must ensure that suitable light weight china crockery is made available to meet the needs of the patients. All due consideration to patients' rights of dignity and respect must be afforded and the use of plastic crockery should be withdrawn. Plastic crockery should only be used in exceptional circumstances and only following appropriate risk assessment.</p> <p><b>Action taken as confirmed during the inspection:</b>            It was confirmed that suitable lightweight crockery was available for patient use.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 18(2)(j) <b>Stated:</b> First time	<p>The registered person must review and eliminate the malodour of the carpet in the identified patient's bedroom.</p> <p><b>Action taken as confirmed during the inspection:</b>            It was confirmed that the carpet in the identified room was replaced. There were no malodours evidenced throughout the home.</p>	<b>Met</b>

## 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'.

A sampling of communication training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives.

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

An examination of three 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 records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

One registered nurse consulted, demonstrated their ability to communicate sensitively with patients when breaking bad news. They advised that in the past they 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 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 McKeown Suite. They confirmed that staff were polite and courteous and that they felt safe in the home.

A number of compliment cards were displayed from past family members. Comments from these cards are illustrated in section 5.4 below.

### **Areas for Improvement**

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

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **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. The registered manager and the registered nursing team were aware of the Gain Palliative Care Guidelines November 2013 a copy of which was available in the home.

Training records evidenced that 86% of all staff were trained in the management of end of life care and bereavement. This training was provided on the home's e learning system and also by the palliative care nurse from the South Eastern Health and Social Care Trust (SEHSCT) on a number of occasions in recent months. The home is commended for achieving this high percentage of staff trained.

Discussion with the registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

The home maintains one registered nurse as a palliative care link nurse. The link nurse attends the regular palliative care group meetings and minutes were available for reference in the home.

Discussion with the registered manager, six staff and a review of three 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 two registered nursing staff 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 also confirmed that all registered nursing staff are trained in the use of this specialised equipment.

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

Three care records for patients who were receiving palliative care were examined. All records evidenced that patients' needs for palliative or end of life care were assessed and reviewed on an ongoing basis. This included a review of 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. Care plans were appropriately updated as required.

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. A dedicated palliative care room with a bed, sofa and shower facilities is maintained. 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 a number of recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones.

From discussion with staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Some comments from recent compliment cards are detailed below;

'I just want to say thank you to each and every one of the staff for taking care of mum, your care and kindness was second to none'

'Thank you for everything you have done for my nan. It has meant the world to me and I cannot thank you enough. You will all be missed every day'

'With lots of thanks to all in McKeown Suite for your unending devoted love and care when nursing my father.'

'I want to thank you for caring so well for dad over the past number of years.'

'I would like to thank you all for the way you cared for my mum and for the way you always kept me informed. You made her last few months and days as good as they could be and I was continually impressed by your professionalism, compassion, friendliness and gentle humour.'

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. The home is commended for their management of end of life care.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Consultation with patients, their representatives, staff and professional visitors**

Part of the methodology in collecting data for the inspection process included speaking with staff, patients and patient's relatives asking them to give their own personal views on their impression of McKeown Suite. Questionnaires were also given out for completion to aid data collection.

Overall feedback from the staff, patients and the relative involved confirmed that safe, effective and compassionate care was being delivered in the home.

A few patient comments are detailed below:-

'The food is very good and we always have enough to eat'

'The staff are good and are very nice to me'

'I am safe here and my room is lovely'

'I sleep very well at night and can lie late in the morning'

No relatives were available to discuss care delivery during the inspection visit.

The general feeling from the staff questionnaires and conversations indicated that they took pride in delivering safe, effective and compassionate care.

A few staff comments are detailed below:-

'We work very hard in McKeown Suite to make sure that the residents are well cared for and have a good quality of life'

'I love working here as I feel we deliver very good care'

I love being part of the team in McKeown Suite'

'We treat patients with dignity and respect and I feel we are sensitive to their needs especially with any dying resident and their families'.

### **5.5.2 Dementia Care Achievements**

It is worthy to note that the McKeown Suite has retained their gold PEARL (Positively Enhancing and Enriching Residents Lives) award for the third time in a row. This is a Four Seasons Healthcare award and is only achieved after a great deal of hard work from a very dedicated team. Very few homes in Northern Ireland have managed to achieve the gold award and McKeown Suite is understood by the inspector to be the only home to have retained this level on three assessments which stretches over a 6 year period. The home is commended for retaining this level of achievement.

McKeown Suite have also achieved 'runner up' in the 'staff team of the year' award. This award was run by the Dementia Services Development Centre in conjunction with Stirling University.

The staff of McKeown Suite are understandably very proud of achieving both awards and are to be congratulated for their professionalism and dedication to the patients in the unit.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	DONNA MAWHINNEY	<b>Date Completed</b>	24/08/15
<b>Registered Person</b>	Dr M Claire Royston	<b>Date Approved</b>	28/08/2015
<b>RQIA Inspector Assessing Response</b>	Dermot Walsh	<b>Date Approved</b>	28/08/2015

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

*\*Please complete in full and returned to RQIA nursing.team@rqia.org.uk \**