Beechvale Nursing Home
RQIA ID: 1059
35 Beechvale Road
Killinchy
BT23 6PH

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Unannounced Care Inspection
of
Beechvale Nursing Home

4 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 4 November 2015 from 10.15 to 18.30.

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 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.

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 12 February 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	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with Anne Donnelly, 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: Beechvale Nursing Home Limited Richard Porter	**Registered Manager:** Anne Donnelly
Person in Charge of the Home at the Time of Inspection: Anne Donnelly	**Date Manager Registered:** 31 March 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 29
Number of Patients Accommodated on Day of Inspection: 25	**Weekly Tariff at Time of Inspection:** £593 - £634 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 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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

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, three registered nurses and ancillary staff.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- complaints records
- compliments record
- policies for dying and death 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 12 February 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 20 (1) (a) **Stated:** Second time	The registered persons should review staffing arrangements in terms of the deployment and skill mix of staff in the home throughout the day and take into account the needs and dependency of patients.	**Met**
	Action taken as confirmed during the inspection: Staffing arrangements had been reviewed by management and additional nursing hours provided. A second registered nurse had been rostered from 08:00 to 20:00 hours per day. The manager monitors the dependency levels of patients regularly and staffing levels reflect patient need. However, a review of care routines and the deployment of staff throughout the day would be of benefit to ensure care is effective.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 19.1 **Stated:** First time	Care records should evidence: - the type of continence product in use and the level of assistance and support required.	**Partially Met**
	Action taken as confirmed during the inspection: The review of three patients' care records regarding continence management did not evidence a consistent approach to the assessment of need and planning of care as care records did not evidence the type of continence product to be used and the level of support required by each patient.	

Recommendation 2 **Ref**: Standard 19.2 **Stated:** First time	The registered manager should ensure policy documentation in relation to urinary and faecal continence is updated and reflect best practice guidelines. 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: The required documentation was available in a reference file for staff to access. Staff were aware the information was present.	
Recommendation 3 **Ref**: Standard 19.4 **Stated:** First time	Regular audits of the management of incontinence should be undertaken and the findings acted upon to enhance good standards of care.	**Met**
	Action taken as confirmed during the inspection: The manager completes an audit of the management of continence. Where shortfalls were identified action to address the shortfall had been taken. However, the audit should also confirm the type of product used and level of support required by patients' has been identified.	

Recommendation 4 **Ref**: Standard 25.12 **Stated:** First time	It is recommended that the progress made in relation to any requirement or recommendation made through an inspection of the home should be reviewed during the Regulation 29 visit and evidenced in the report.	**Met**
	Action taken as confirmed during the inspection: The monthly monitoring reports (regulation 29 reports) from July 2015 to September 2015 were viewed. The reports included the requirements and recommendations of the previous inspection report/s. However, it would be of greater benefit if a statement was made as to whether the requirements and/or recommendations had been addressed. If not addressed a further statement should identify the work outstanding to achieve compliance.	
Recommendation 5 **Ref**: Standard 25.11 **Stated:** Third time	It is recommended working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures, and action is taken when necessary. Particular reference is to be given to the commencement of audits in relation to infection prevention and control and care records. Where a shortfall is identified through the auditing process the action taken to address the shortfall should be in evidence.	**Met**
	Action taken as confirmed during the inspection: The manager had established a system of quality auditing of the services provided by the home. Audits reviewed included audits of patients' care records and infection prevention and control measures. Where a shortfall had been identified through the auditing process the action taken to address the shortfall was evidenced.	

Recommendation 6 **Ref**: Standard 30.4 **Stated:** First time	It is recommended the competency and capability assessment for nurses in charge of the home, in the absence of the registered manager is revised and updated. The assessment schedule should accurately reflect the responsibilities of being in charge of the home. The assessment should include comprehensive sections on safeguarding vulnerable adults and wound management.	**Met**
	Action taken as confirmed during the inspection: The manager had introduced a revised competency and capability assessment. The revised template was comprehensive and reflected the responsibilities of a nurse in charge of the home in the absence of the manager. The competency and capability assessments had been validated by the manager.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Some, but not all care records, reflected patient individual needs and wishes regarding the end of life care. Information was present where advance care planning and/or do not attempt resuscitation discussions (DNAR) had taken place. There was evidence of a multidisciplinary approach regarding DNAR consultations. Recording within records included reference to the patient's specific communication needs and any perceived barriers such as, cognitive ability, learning disability or sensory impairment.

A review of three care records evidenced in one of the three care records reviewed that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate. A more consistent approach should be in evidence.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised, care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate 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, and speaking to patients with a cognitive or sensory impairment. There was a calm atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from admission to 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.

Areas for Improvement

Care records should evidence a consistent approach by nursing staff in the discussion of breaking bad news and/or end of life wishes with the patient and/or the patient's representative.

Number of Requirements:	**0**	**Number of Recommendations**:	**1**

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 palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Training records evidenced that staff were trained in the management of death, dying and bereavement and included the following:

Palliative care and end of life symptoms – 3 registered nurses attended training in April 2015
Bereavement care – 5 registered nurses attended training in September 2015
End of life care – 4 registered nurses and 4 care assistants attended training in October 2015

The review of staff induction training records confirmed that end of life care was included and validated by the registered manager on completion of training.

A review of the competency and capability assessments for registered nurses did not evidence that end of life care was included. However, there was a section within the assessment entitled 'other competencies'. The registered manager agreed to ensure end of life care was included within this section. The assessments had been validated by the registered manager.

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

Discussion with 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.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with staff confirmed their knowledge of the procedure to follow.

Specialist equipment, for example syringe driver was in not use in the home at the time of inspection.

There was an identified link nurse for palliative care in the home. The nurse had completed specialist training and had attended a number of palliative link nurse meeting within the local HSC Trust area.

Is Care Effective? (Quality of Management)

A review of a care record of a patient who had recently passed away evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Patients' representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

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 regarding end of life care.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person.

A review of the compliments record evidenced 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.

Comments included:
"You kept my father very comfortable and he was very content."
"Thank you for the care and attention you gave to my Dad, ensuring that he was comfortable at the end of his life, it's a great job that you do."
"Keep up the good work; you're doing a great job."

A review of the complaints records evidenced that no concerns were 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.

From discussion with staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included bereavement support; and staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives on notice boards in the home.

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

5.5 Additional Areas Examined

5.5.1. Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and patient's representatives.

Questionnaires given to	Number given	Number completed and returned
Patients	**5**	**4**
Staff	**10**	**9**
Patient's Representatives	**5**	**1**

Patients' Views

Patients' confirmed that staff treated them with dignity and respect, that they were confident staff had time to talk to and listen to them and that their relatives and friends were made welcome by staff. One patient commented that they did not feel they were as independent as they would like to be, that they were not satisfied they had access to religious support and that they were not satisfied that their pain was well controlled. The registered manager must review these comments and address the issues that have been raised, as far as possible.

Staff Views

Staff were satisfied that the care provided was based on the individual needs and wishes of patients and that the nursing and care afforded to patients was very good

Comments included:
“Care staff and residents have good relationships.”
“Care staff morale is good.”
“I feel palliative care is something we do very well in Beechvale, supporting both the resident and family.”

Areas of dissatisfaction were expressed and included:

“If you have been off duty and a resident dies you will not be informed or told when you come back on duty. I send my own card to the family.”
“Very unsatisfied about some aspects of my job, nurses are not doing enough hands on care, the morale between nurses and care staff is not good.”
“I feel with more staff/better routines that the patients within this setting would receive a better standard of care, more person centred and specified care could be achieved.”

The registered manager must review these comments and address the issues that have been raised, as far as possible.

Patient’s Representative Views

Representatives were satisfied that the quality of care in the home was good, staff treated patients with dignity and respect and that nursing staff listened and were knowledgeable about meeting the needs of their relative.

5.5.2. Care Practice

Moring Routines

In discussion, staff expressed their dissatisfaction with routines in the home, stating they felt there wasn’t enough time to care for patients and that they were not supported by nursing staff.

The following issues were raised:
- care staff have to stop assisting patients to get up and dressed at 09:00 as breakfast must start at this time
- some patients have their breakfast in bed however they are not washed and dressed until breakfast is over
- on occasions beds are not made until midday as there is no time
- night staff assist a number of patients to get washed before they go off duty

These issues were discussed with the manager. The manager advised the morning routines had recently been reviewed and revised and it was felt the new routine was working well. However, it was agreed the deployment of staff and delegation of duties would be reviewed again, in conjunction with all staff, to agree an approach which met patients’ nursing care and social needs. A recommendation has been made.

Meals and Mealtimes

The serving of the midday meal was observed. The majority of patients required the assistance of staff with their meal. As a result of this the midday meal was not finished until 13:50, the meal had commenced at approximately 12:30. There were no nursing staff observed to be assisting in the dining room or with the serving of the meal. It is the expectation that a member of nursing staff is present at mealtimes to direct staff and monitor patients' nutritional intake. Due to the number of patients requiring the assistance of staff the arrangements for mealtimes and the delegation of duties should be reviewed. A recommendation has been made.

In discussion with staff it was stated that only patients who can assist themselves receive a cup of tea/coffee mid-morning. This practice should be reviewed as all patients should be in receipt of refreshments throughout the day. Staff must also ensure patients who require a specialised diet are offered a snack, suitable to their needs, at this time. A recommendation has been made.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Anne Donnelly, 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 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	
Recommendations	
Recommendation 1 **Ref:** Standard 4.8 **Stated:** Second time **To be Completed by:** 4 January 2016	Care records should evidence: - the type of continence product in use and the level of assistance and support required.
	Response by Registered Person(s) Detailing the Actions Taken: A new computerised care records system has been introduced into the Home. There is now a consistent approach to the assessment and planning of care records to evidence the type of continence product to be used for each individualresident and the level of support required.
Recommendation 2 **Ref:** Standard 19.6 **Stated:** First time **To be Completed by:** 4 January 2016	Care records should evidence a consistent approach by nursing staff in the discussion of breaking bad news and/or end of life wishes with the patient and/or the patient's representative. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The computerised care records system has been developed to include identified end of life care wishes. Care records now evidence a consistent approach by nursing staff in discussions of breaking bad news with residents and/or the people close to them.
Recommendation 3 **Ref:** Standard 41.1 **Stated:** First time **To be Completed by:** 30 January 2016	The delegation of duties and the deployment of staff throughout the 24 hour period should be reviewed. The focus of the review should be to ensure working practices in the home effectively and safely meet the assessed nursing care, social and recreational needs of the patients. **Ref: Section 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Care routines and the depolyment of staff throughout the 24 hour period has been reviewed to ensure care is meeting the residents needs and that care delivered is safe and effective. The morning routine is being reviewed in conjuction with all staff to agree an approach which meets residents nursing and social needs. Staff issues mentioned in the Quality improvement plan have been identified and decisive action has been taken to fully address staff dissatisfatcion and improve staff morale.

Recommendation 4 **Ref:** Standard 12.11 **Stated:** First time **To be Completed by:** 4 January 2016	There should be sufficient staff available, at mealtimes, to assist patients with their meals in a timely manner. A registered nurse should be available at mealtimes to direct staff and monitor the nutritional intake of patients. **Ref: Section 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The manager monitors the dependency level of residents regularly and staffing levels reflect residents care needs. There has been a review of the care routines and deployment of staff throughout the 24hour period and a registered nurse is available at meal times to direct staff and monitor nutritional intake of residents
Recommendation 5 **Ref:** Standard 12.8 **Stated:** First time **To be Completed by:** 18 December 2015	Patients who require a specialised or therapeutic diet are offered hot and cold drinks and snacks at regular intervals throughout the day. **Ref: Section 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Nutritional screening is carried out on all residents using a validated tool to identify residents who have specific nutritional requirements. All residents are now offered hot and cold drinks and snacks at regular intervals. An extra supper has been introduced to offer the opportunity of extra nutrition especially to residents who require specialised diets. Hot and cold drinks are available throughout the day.

Registered Manager Completing QIP	Anne Donnelly	**Date Completed**	28/12/15
Registered Person Approving QIP	Richard Porter	**Date Approved**	28/12/15
RQIA Inspector Assessing Response		**Date Approved**	

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

RQIA Inspector Assessing Response	Heather Sleator	**Date Approved**	11/01/2016