



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Bethany Care Home**

**6 July 2015**

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

An unannounced care inspection took place on 6 July 2015 from 09:50 to 15:35 hours.

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 2 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Mr Justin Bradley, interim assessment bed co-ordinator, and Ms M McIntyre as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered Manager:</b> Miss Jennifer Forbes
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Justin Bradley	<b>Date Manager Registered:</b> 20 January 2012
<b>Categories of Care:</b> NH- I, PH, PH(E) and TI	<b>Number of Registered Places:</b> 40
<b>Number of Patients Accommodated on Day of Inspection:</b> 37	<b>Weekly Tariff at Time of Inspection:</b> £593 - £667

## 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 Mr Bradley and Ms McIntyre
- discussion with patients
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 January 2015
- the registration status of the home
- any communication/information received by RQIA regarding the home since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection, the inspector met with 10 patients, eight care assistants, two registered nurses and five ancillary staff. Questionnaires were also left for staff not on duty during the inspection and for relatives/visitors.

The following records were examined during the inspection:

- three patient care records including care charts
- staff training in 2015
- three staff induction records
- competency and capability assessments for three registered nurses designated as being in charge of the home in the absence of the registered manager
- policies and procedures regarding communication, death and dying, palliative and end of life care
- a record of compliments received by the home from relatives and patients.

## 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 2 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
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>Any registered nurse who takes charge of the home in the absence of the manager must know the procedures to be followed in the event of the fire alarm sounding. In particular the location of the fire panel and how to interpret it.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the returned QIP and records pertaining to supervision, competency and capability assessments evidenced that this requirement had been met.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p>	<p>Reasonable precautions, such as ensuring fire doors are not propped/wedged open or restricted from closing (by equipment), when the fire alarm sounds should be part of the routine checks carried out in relation to the fire safety precautions and prevention measures.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records, including staff supervision/training records, discussion with staff and observation of practices evidenced that this requirement had been met.</p>	

<p><b>Requirement 3</b></p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p>	<p>The practice of wedging open the kitchen door must be review and where possible eliminated.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation and discussion with staff confirmed that this requirement had been met.</p>	<p><b>Met</b></p>
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p>	<p>Staff must complete all sections detailed on the repositioning record, for example, the condition of the pressure relieving mattress.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with management, review of supervision records and review of staff meetings minutes evidenced that the registered manager had addressed this matter with staff and was proactively managing record keeping in general. RQIA are satisfied that this recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended the daily routine is reviewed in respect of the length of time patients wait at the dining table prior to meals being served.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with management, observation of practices prior to and during the lunchtime meal and discussion with patients evidenced that this recommendation had been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 25.2</p> <p>Stated: First time</p>	<p>The registered manager should review how staff manage calls for assistance during the handover report and especially if the report does not finish on time.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of practice, discussion with staff and review of supervision records and the minutes of the staff meeting held following the inspection confirmed that this recommendation had been met.</p>	<p><b>Met</b></p>

<b>Recommendation 4</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> First time	Staff should accurately and consistently record bowel patterns to enable registered nurses to assess needs and to take appropriate action as required. <hr/> <b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff confirmed that this recommendation had been addressed.	<b>Met</b>
<b>Recommendation 5</b> <b>Ref:</b> Standard 34 <b>Stated:</b> First time	The registered manager should review adherence to infection prevention and control measure, particularly in relation to the prompt removal of clinical waste. <hr/> <b>Action taken as confirmed during the inspection:</b> Observation of practice and review of records confirmed that this recommendation had been met.	<b>Met</b>

## 5.2 Standard 19 - Communicating Effectively

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

A policy and procedure was available on communicating effectively. Management confirmed that policies and procedures relating to the inspection themes had been reviewed and revised. Draft copies were available in the home and the approved copy would be disseminated when received.

Discussion with nursing and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. However, there was no awareness of the regional guidance on breaking bad news or of the regional guideline for end of life palliative care and end of life care in nursing and residential homes GAIN (Nov 2013). A recommendation is made.

Training records evidenced that some staff had completed training in relation to communicating effectively with patients and their families/representatives. The registered manager confirmed that training attendance was kept under review.

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

Review of a sample of care records evidenced that patient individual needs and wishes regarding the end of life care were considered. Recording within records included reference to the patient's specific communication such as, when a patient required spectacles or a hearing aid or if a patient would have difficulty understanding.

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

Care and nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives; and in particular when 'breaking bad news'. Staff were aware of the assessed communication needs of the patients and adapted their communication methods accordingly. In relation to answering questions about illness, death and dying responses from staff varied and the level of knowledge and skill demonstrated was dependent on the staff member's experience; for example some of the care staff spoken with said they would refer the patient or relatives to the registered nurse immediately, while others said they would feel confident to reassure the patient or relative before referring them to the registered nurse.

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

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of occasions when patients were assisted by nursing and care staff in a professional and compassionate manner which ensured the patients' dignity was maintained. There was evidence of good relationships between patients and staff.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Bethany Care home. Patients confirmed that staff were polite, caring and courteous and that they felt safe in the home.

Three relatives/representatives returned questionnaires which indicated that relatives/representatives was either 'satisfied' or 'most satisfied' with communication between them and the staff; that they were listened to and that they could talk to the staff if they had any concerns.

### **Areas for Improvement**

A recommendation is made regarding staff knowledge and awareness of guidance documents that underpin practice.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.3 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. As stated in 6.2 management confirmed that these had been reviewed and revised and would be disseminated once approved.

A care manual for staff based on the inspection theme/s had also been developed and would be available within the home soon.

Training, induction and competency and capability records evidenced that staff were provided with awareness and training in the management of death, dying and bereavement. Staff

spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support patients and relatives during this time. As stated in section 6.2 a recommendation has been made in regard to the staffs' knowledge of regional guidance and standards that underpin the delivery of this care.

A review of staff training records evidenced that 13 staff had completed training in respect of palliative/end of life care with a further 16 staff to complete this training by the end of July 2015. Additional sessions had also been scheduled for August 2015.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with management and staff; and a review of 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.

One registered nurse spoken with confirmed that they had agreed to be the palliative care link nurse for home. Training had been scheduled for this nurse who would then disseminate learning to staff in the home.

As stated in section 5.2 staff were aware of how to deliver care in relation to palliative care and end of life through experiential learning and role modelling more experienced staff. However, staff were unaware of the regional guidance and standards which underpin the delivery of this care. A recommendation has been made.

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

A review of care records 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.

Management had made reasonable arrangements for relatives/representatives to be with patients who were been ill or dying. Staff spoken with confirmed that they would also provide practical and emotional support to relatives during this time. For example, listening sympathising, providing a calm quiet environment, tea, coffee and meals.

Relatives/representative who returned questionnaires indicated that they were 'satisfied' with the standard of care delivered to their loved ones and that staff treated their loved one with dignity and respect. Were indicated relatives confirmed that pain relief required by their loved ones was managed appropriately.

A review of notifications to RQIA evidenced that the home notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.



## 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. Staff consulted demonstrated an awareness of patients' expressed wishes and needs.

Arrangements were in place to facilitate, as far as possible, and in accordance with the patient's wishes, for family/friends to spend as much time as they wished with the patient. For example relative/friends could stay overnight with patients and catering staff would provide snacks and meals as required.

There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient. Comments included:

*'sincere thanks for your patience and kindness'*

*'I truly appreciated what you all did for ... and I personally will also very much miss seeing you all at the home'*

*'I want to write and thank you and all the staff for the loving kindness shown to ...and the support for me and the family'*

*'my appreciation for the wonderful care and support provided by you and your dedicated staff'*

*'I write to draw attention to the 'stellar' effort...by staff'.*

Discussion and 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 confirmed that they were given an opportunity to pay their respects after a patient's death. This included staff attending funerals and reminiscence during handovers.

### Areas for Improvement

A recommendation has been made regarding staff knowledge and awareness of guidance documents that underpin practice.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>*1</b>
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\*Please note a recommendation relating to policies and procedures has already been stated in section 5.2.

## 5.4 Additional Areas Examined

### 5.4.1 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms. The home was found to be warm, well decorated and clean throughout.

A number of concerns identified were raised with management during feedback as follows;

- a number of bedrooms were observed to have wash hand basins with wooden surrounds which had wood worn and/or exposed. These surrounds could not be effectively cleaned in keeping with infection control measures. Management confirmed that this had been raised with senior management as requiring to be addressed. A recommendation is made that the replacement/repair of wash had basin surrounds is agreed within a reasonable timeframe to ensure adherence to infection control measures;
- a number of black bags were observed in the 'cleaner's store' on the lower ground floor which inhibited access to the store. However, these bags were removed for disposal during the course of the inspection;
- the shower head in the assisted bath, on the ground floor, was missing – management were already aware of this issue; and
- equipment such as, wheelchairs, and specialist seating were stored in bathrooms. Management were aware of this issue and had asked that staff remove these items to the equipment store on the lower ground floor.

#### 5.4.2 Records management

Patient charts regarding personal hygiene, repositioning, and food and fluid intake were retained in a filing cabinet on the first floor. However, it was observed that patient's care charts were placed, in a file, on the handrails outside bedrooms on the ground floor. It was concerning that any one passing through the corridor could have access to the content of these charts. This was discussed with management during feedback. A recommendation is made that consideration is given to how confidential patient information is retained to support and uphold patients' right to privacy and dignity at all times.

The inspector reviewed a random selection of care charts which evidenced that care charts were not recorded contemporaneously and did not consistently reflect the care prescribed within the associated care plans. Observations of patients did confirm that personal care and repositioning had been delivered but the records viewed did not support this. For example, one patient's repositioning charts viewed at 10:45 hours indicated a gap of approximately 15 hours when no care delivery had been recorded.

Discussion with management, review of supervision records, training records from 3 July 2015 and review of staff meetings minutes evidenced that the registered manager had identified this issue and was addressing it with staff. RQIA were satisfied on this occasion that the registered manager was proactively managing record keeping but RQIA will continue to monitor the quality of record keeping during subsequent inspections.

#### Areas for Improvement

Two recommendations are made in relation to the environment and confidentiality of patient records.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Justin Bradley and Ms M McIntyre 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](mailto: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			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 August 2015.	The registered person should ensure that staff are made aware of regional guidance and standards that underpin the delivery of care in relation to communicating effectively; death and dying and palliative/end of life care.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Palliative care training will commence for staff on 21/8/15. The home manager attended training on 22/7/15.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 44.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 December 2015.	The registered person should ensure that the replacement/repair of wash hand basin surrounds is agreed within a reasonable timeframe to ensure adherence to infection control measures		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A quote for the replacement of wash hand basin surrounds has been obtained and agreed and consultation with the workmen is taking place to confirm a date for commencement of the works.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 6.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 July 2015	The registered person should consider how confidential patient information is retained to support and uphold patients' right to privacy and dignity at all times.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A shelf has been erected in the photocopier room and a lock has been put on the door. The confidential information is now retained in this locked room to support and uphold patients right to privacy and dignity at all times.		
<b>Registered Manager Completing QIP</b>	Jenny Forbes	<b>Date Completed</b>	07/08/15
<b>Registered Person Approving QIP</b>	Dr M Claire Royston	<b>Date Approved</b>	14/08/2015
<b>RQIA Inspector Assessing Response</b>	Lyn Buckley	<b>Date Approved</b>	27/08/15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**