



The Regulation and
Quality Improvement
Authority

Inspector: Heather Sleator
Inspection ID: IN021683

Beverly Lodge
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**Unannounced Care Inspection
of
Beverly Lodge**

1 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 1 July 2015 from 09.45 to 17.00.

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 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 9 July 2014.

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	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Janet Davison, 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: James Cole	Registered Manager: Janet Davison
Person in Charge of the Home at the Time of Inspection: Janet Davison	Date Manager Registered: 22 April 2010
Categories of Care: NH - DE	Number of Registered Places: 44
Number of Patients Accommodated on Day of Inspection: 43	Weekly Tariff at Time of Inspection: £618 - £633 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 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 10 patients, three care staff and one registered nurse. There were no visiting professionals 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
- 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 19 January 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations	Validation of Compliance	
<p>Recommendation 1</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p>	<p>It is recommended that life story information is completed for all patients. Life story information should be readily available for staff to reference.</p> <p>Ref: Additional areas examined 10.9 care records.</p> <hr/> <p>Action taken as confirmed during the inspection: Life history information was present for the majority of patients. There had been a degree of difficulty obtaining the information for a small number of patients who had no known representatives.</p> <p>It was agreed the information would be laminated and made available in individuals' bedrooms for staffs' information.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>It is recommended that where assessed need or risk has been identified by registered nurses a corresponding care plan is written and evidences regular review, for example; seizure activity or risk of choking.</p> <p>Ref: Additional areas examined 10.9 care records.</p> <hr/> <p>Action taken as confirmed during the inspection: Care plans to meet assessed risk/need were present in the care records selected for review.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p>	<p>It is recommended the management of pain is reviewed and revised. Evidence should be present in care records of the effectiveness of analgesia.</p> <p>Ref: Additional areas examined 10.9 care records.</p> <hr/> <p>Action taken as confirmed during the inspection: The approach to pain management had been revised. Care plans to monitor the effectiveness of analgesia were present in care records.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 32.3</p> <p>Stated: First time</p>	<p>It is recommended a dementia audit of the home is completed. The audit should focus on the lounge and dining areas of the home. The focus of the audit is to ensure the environment of the home is enabling for persons with dementia.</p> <p>Ref: Additional areas examined, 10.10 the environment.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A dementia audit had been completed. However an action plan had not been developed to address any shortfalls which had been identified. A recommendation has been made.</p>		

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy/reference manual had been provided by the registered manager for staff. The manual included the regional guidelines on breaking bad news. Discussion with six 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)

Care records reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate. Evidence was present in care records of how staff had supported patients' representatives.

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 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, 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.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Beverly Lodge.

Areas for Improvement

A system should be implemented to ensure and verify staff have read and are knowledgeable of the policy documentation in respect of communicating effectively and palliative and end of life care.

Number of Requirements:	0	Number of Recommendations:	1
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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 Standard 32)

Is Care Safe? (Quality of Life)

As previously stated the registered manager had compiled a reference manual with included the management of palliative and end of life care and death and dying. 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.

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

7 staff attended bereavement training

2 registered nurses attended assessment and management of pain in end of life care

2 registered nurses attended a three day course on palliative and end of life care

5 registered nurses attended training in respect of McKinley syringe pump

Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A link nurse in respect of palliative care had been identified and has attended specialist training.

A review of the competency and capability assessments for registered nurses evidenced end of life care was included and the assessments had been validated by the registered manager. The review of staff induction training records also confirmed that end of life care was included.

Discussion with nursing 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 the manager, nursing and care 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.

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

There was no specialist equipment, for example syringe drivers is in use in the home at the time.

Is Care Effective? (Quality of Management)

A review of the care records 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. 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.

Discussion with the manager, nursing and care 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 bedrooms are single rooms' and 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 care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

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

Discussion with the manager 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 consulted confirmed that they were given an opportunity to pay their respects after a patient's death. Information on bereavement counselling was present on the relatives' notice board.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included for example, bereavement support; staff meeting and 1:1 counselling, if appropriate.

Areas for Improvement

There were no areas of improvement identified for the home in respect of palliative and end of life care at this time.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Nursing Care Records

Restrictive practice

A number of sensor mats were observed to be in use in patients' bedrooms. Discussion with staff indicated that sensor mats were used where the patient identified was at risk of falling and for safety reasons. The review of care records evidenced that the use of sensor mats was stated in the falls risk assessment. However, it was advised that the assessment should clearly demonstrate why the sensor mat was needed and that this form of restrictive practice was the least restrictive to use. A recommendation has been made.

5.5.2 The Environment

A tour of the home confirmed that there had been an investment in the home in terms of upgrading patients' bedrooms, corridors, lounge and dining areas. This had been completed with good effect. The manager informed that a dementia audit had been completed however an action plan in accordance with the findings of the audit had not been developed. Whilst the home is attractive in appearance and well maintained further attention does need to be given to enhancing the environment from a dementia perspective. Work in this area had commenced with the corridor areas being 'themed' to become a point of interest for patients. However, aspects, such as creating a warmer more domestic type appearance in the lounge areas should be given a priority. Lounge areas would benefit from soft furnishings, seating arrangements and occasional furniture and a focal area, for example, a fireplace. Attention should also be given to the appearance of dining tables and the crockery in use. Guidance should be taken from dementia publications regarding the dining experience for persons with dementia. A recommendation has been made.

5.5.3 Questionnaires

Staff

As part of the inspection process we issued questionnaires to staff. Ten questionnaires were given out and five were completed and returned.

Staff did not make any additional comments on the returned questionnaires however all areas of the questionnaire were assessed by staff as being positive. Regarding the inspection theme staff were satisfied that arrangements were in place to manage patient's pain and patients are well supported and enabled to have a dignified death.

Staff also agreed patients are afforded privacy, dignity and respect at all times and that care is based on individual needs and wishes.

Relatives

One relative spoke with us during the inspection. The relative was very supportive of the staff team, was always made welcome and was kept informed of her relative's wellbeing.

Comments included:

"staff are very kind"

"I am more than happy with the care given to my by staff"

Patients

There were no questionnaires completed by patients.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Davison, registered manager and Jim Cole, registered person 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 32.1 Stated: First time To be Completed by: 31 October 2015	A system should be implemented whereby the registered manager can verify staff have read and have knowledge of policy documentation and best practice guidance in respect of communicating effectively and palliative and end of life care. Ref: Section 5.3		
	Response by Registered Person(s) Detailing the Actions Taken: System implemented to clarify that all staff have read and have knowledge of best practice guidance in respect of communicating effectively and palliative and end of life care.		
Recommendation 2 Ref: Standard 18.6 Stated: First time To be Completed by: 31 August 2015	Care documentation should clearly identify the rational for the use of any restrictive practice. Risk assessments should identify why the particular restrictive practice is assessed as required. Ref: Section 5.5.1		
	Response by Registered Person(s) Detailing the Actions Taken: Risk assessments updated to include exact reasons why restrictive practices are assessed as required		
Recommendation 3 Ref: Standard 43.2 Stated: First time To be Completed by: 31 December 2015	An action plan, in accordance with the findings of the completed dementia audit, should be developed and actioned. Particular attention should be given to the lounge and dining areas of the home. Ref: Section 5.5.2		
	Response by Registered Person(s) Detailing the Actions Taken: Action plan implemented and to be completed by the date specified		
Registered Manager Completing QIP	Janet Davison	Date Completed	21/08/15
Registered Person Approving QIP	Jim Cole	Date Approved	21/08/15
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	24/08/15

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