Colinvale Court
RQIA ID: 1074
Glen Road
Belfast
BT11 8BU

Inspector: Heather Sleator
Inspection ID: IN024099

Tel: 028 9060 4314
Email: manager.colinvale@outlook.com

Unannounced Care Inspection
of
Colinvale Court

15 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 15 February 2016 from 09.45 to 16.30.

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.

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 enforcement compliance inspection of 16 December 2015. However, conditions had previously been imposed on the registration of the home on 17 November 2015 as part of RQIA's enforcement procedures. The conditions in place were:

1. There will be no new admissions to the home until RQIA is satisfied that there are robust governance and management arrangements in place, and there is compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes April 2015.

2. In the absence of a registered manager, the registered person must ensure that a nurse manager with sole responsibility for Colinvale Court is working in the home. The nurse manager must take control of the delivery of care to patients and the day to day management of the home.

3. The registered person must ensure that Regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes April 2015.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of this inspection and the sustained improvement in the areas inspected, the conditions imposed on the registration of the home on 17 November 2015 were removed. A new certificate of registration to reflect this has been issued to the registered persons.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Vincy Vincent, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust Mr Raymond Murphy	**Manager:** Vincy Vincent, registration pending
Person in Charge of the Home at the Time of Inspection: Vincy Vincent	**Date Manager Registered:** Registration pending, awaiting submission of all required documentation before the registration process can be completed.
Categories of Care: NH-DE	**Number of Registered Places:** 50
Number of Patients Accommodated on Day of Inspection: 25	**Weekly Tariff at Time of Inspection:** £604 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, five care staff, two registered nurses and seven ancillary staff members.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- staff duty rota
- quality assurance audits in respect of nursing care records, infection prevention and control and the management of complaints
- policies for communication and end of life care
- 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

Enforcement compliance inspections were undertaken on:

- 1 October 2015
- 16 October 2015
- 17 November 2015
- 16 December 2015

These inspections did not generate quality improvement plans.

The previous inspection of the home, prior to the enforcement compliance inspections stated above, was an unannounced care inspection dated 7 September 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Care Inspection dated 7 September 2015

Previous Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 4.3 **Stated:** First time	**Carried forward from previous inspection** Patients' life story information should be developed and readily available to enable staff to engage with patients' in a meaningful way. Staff should action the decisions made with families and health care professionals to develop life story books.	**Met**
	Action taken as confirmed during the inspection: Life story information was observed in patients' bedrooms and in the care records selected for review during the inspection.	

Recommendation 2 **Ref:** Standard 4.1 **Stated:** First time	**Carried forward from previous inspection** Staff should follow agreed strategies to support patients who display distressed reactions. When recording in respect of distressed reactions, staff should accurately describe the behaviour, staff interventions, if any, and the patient's response to care interventions. Staff should not generalise displayed behaviours when recording, for example, stating 'in bad form'.	**Met**
	Action taken as confirmed during the inspection: The review of patient care records confirmed that nursing staff were recording factually and accurately. Recording was not generalised and gave specific information regarding the wellbeing of patients.	
Recommendation 3 **Ref:** Standard 4.1 **Stated:** First time	**Carried forward from previous inspection** A detailed plan of care should be generated from a comprehensive, holistic assessment from the time of admission and completed within five days of admission to the home.	**Met**
	Action taken as confirmed during the inspection: The review of five care records evidenced that the assessment and care planning process had been completed in accordance with the Care Standards for Nursing Homes 2015.	
Recommendation 4 **Ref:** Standard 4.9 **Stated:** First time	**Carried forward from previous inspection** Staff should be explicit when recording the personal care afforded to patients, at any given time. Care records, including personal care charts, should evidence the actual care given.	**Met**
	Action taken as confirmed during the inspection: The personal care afforded to patients had previously been subsumed into enforcement action. The enforcement compliance inspections, as detailed in section 5.1 of this report, confirmed compliance had been attained. Staff maintain personal care charts for patients on a daily basis. Patients were well groomed and presented at the time of the inspection.	

Recommendation 5 **Ref:** Standard 12.20 **Stated:** Second time	Dining arrangements in the two units currently in use, Beech and Oak, should be reviewed to ensure patients have the opportunity to sit at the dining table, if they wish to. The number of patients per lounge/dining room should be reviewed to ensure the area has the capacity to accommodate 15 plus patients.	**Met**
	Action taken as confirmed during the inspection: Patients dining experience had previously been subsumed into enforcement action. The enforcement compliance inspections, as detailed in section 5.1 of this report, confirmed compliance had been attained. The observation of the midday meal confirmed that a review of dining arrangements had taken place. Two dining rooms had been designated which afforded greater opportunity for patients to be seated at dining tables for meals. One dining room had been designated for patients who required the assistance of staff with their meals. Staff were able to afford each patient individual time and attention in a relaxed manner.	

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 record had been maintained which staff had signed and dated, to confirm they had read the policy documentation.

A sampling of staff training records did not evidence that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training should include the procedure for breaking bad news as relevant to staff roles and responsibilities. The manager stated a new ‘e learning’ training system has been purchased and gave assurances that staff would complete a module on palliative and end of life care. A recommendation is made. Further information is stated in section 5.4.

Is Care Effective? (Quality of Management)

The care records selected for review did not reflect patient individual needs and wishes regarding the end of life care. This was discussed with the manager who stated that she will meet with nursing staff and inform them of the need to discuss the end of life wishes of patients in future. This information will be recorded in individuals care records. A recommendation is made.

There was no evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs. This was discussed with the manager who stated that letters had been sent to relatives asking them to meet with nursing staff to discuss care planning. There has been a poor response to the requests. Discussion took place with the manager regarding alternative ways to involve relatives in the planning of care. A recommendation is made.

Care staff were consulted with and they discussed their ability to communicate sensitively with patients and/or representatives. When the need for the 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.

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 bad news to be delivered more sensitively and with greater empathy when required.

Areas for Improvement

It is recommended that staff undertake training in communicating effectively. This training may be incorporated into palliative and end of life care training. Reference section 5.4 and recommendation 1 of the quality improvement plan.

It is recommended that care records evidence that patients and/or representatives have been consulted regarding the planning of care.

It is recommended that nursing care records reflect, as far as possible, that end of life wishes have been discussed with the patient or their representative.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

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. A record had been maintained which staff had signed and dated, to confirm they had read the policy documentation.

Training records evidenced that six registered nurses had completed the 'e learning' module in respect of palliative and end of life care between April and August 2015. The manager also stated that one registered nurse had attended training regarding palliative and end of life care arranged by the local Trust in January 2016. The manager was advised that training should be made available for those staff who had not yet undertaken it. A recommendation is made.

Discussion with nursing staff confirmed that whilst there were no patients in need of specialist palliative care services at present, staff were aware of and had in the past referred patients. Staff stated the advice and support given by the palliative care team was very good.

Discussion with the manager, 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 staff confirmed their knowledge of the protocol.

There was no specialist equipment in use in the home at the time of the inspection.

A palliative care link nurse had not been identified. This was discussed with the manager who agreed that when nursing staff had completed the training delivered by the Trust, a link nurse would be identified.

Is Care Effective? (Quality of Management)

The manager stated there were no patients in receipt of palliative or end of life care and that there had been no recent referrals to the specialist palliative care team. Therefore, care records were reviewed to assess the level of compliance with the nursing process. Evidence was present that the assessment and planning of care was completed in a timely manner. Care planning evidenced a holistic approach and care plans evidenced regular evaluation and review.

The care records of two patients with 'Do Not Attempt Cardiopulmonary Resuscitation' notices were reviewed. Evidence was present of the involvement of the patients' general practitioners and next of kin. Care records evidenced the regular review of the patients' health and wellbeing in accordance with regional guidelines.

Discussion with the manager and staff evidenced that in the past, environmental factors in respect of palliative and end of life care had been considered. Arrangements for relatives/representatives to be with patients who had been ill or dying were discussed with staff who stated that families can stay for as long as they wish during the day or night with their relative.

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

Is Care Compassionate? (Quality of Care)

As previously stated in section 5.3, the review of four out of five care records did not evidence that patients and/or their representatives had been consulted in respect of end of life care and patients' cultural and spiritual preferences had not been stated. The manager has agreed to address this area of care with nursing staff.

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. Staff stated refreshments and snacks are made available for family members. Bedroom accommodation is on a single room basis which affords privacy at this time.

From discussion with the manager, staff and a review of the 'thank you' cards on the notice board, management and staff had been complimented for the care and attention afforded in Colinvale.

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 and were given the opportunity to attend funerals.

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 bereavement support and staff meetings.

Information regarding bereavement support services and a range of other health care services was available and accessible for staff, patients and their relatives.

Areas for Improvement

It is recommended that staff undertake training in palliative and end of life care.

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

5.5 Additional Areas Examined

5.5.1. Patients Dining Experience

Previous issues about patients' dining experience had been subsumed into enforcement action. Improvements were observed and confirmed during the enforcement compliance inspections as detailed in section 5.1. It was positive to observe that improvements in the dining experience for patients had been sustained.

There are two designated dining rooms. One dining room is designated for patients who require a greater level of assistance of staff and the second dining room is designated for patients who are more independent and require supervision as opposed to assistance with eating their meal.

Dining tables were attractively set with placemats, napkins and a full range of condiments. The day's menu was displayed on each table. Catering staff change the menus on the tables each morning. Menu choice was available and included patients who required a specialised diet. Discussion with the cook confirmed that both main courses are presented in a range of options suitable for patients who need a soft or pureed diet. The cook ensures both courses are available in the range of options so as patients may choose their preference at the time. Dessert was not served until the main course was finished; plates were taken away and the dessert was then served. The midday meal was brought to the dining room in Beech in a heated trolley. The cook then plates each patient's meal after care staff inform her of patients' choice. There was a range of fluids available for patients.

Care staff were observed assisting patients with their meals. Ample time was afforded to each patient; staff sat beside patients, offered fluids at regular intervals and chatted to patients. Patients' were relaxed and there was significant improvement in the patients' dining experience. Staff recorded patients' nutritional and fluid intake following the meal. This was accurately recorded.

The mid-morning snack trolley was observed and found to offer a range of beverages including tea, milk and fresh fruit juice. Yoghurts and fresh fruit were also available on the snack trolley for those patients on specialised diets.

5.5.2. The Environment.

The home was clean and there were no malodours evident. The inspector spoke with the three domestic staff on duty and the housekeeper. Staff felt that there were sufficient staff on duty to adequately maintain a good standard of cleanliness and hygiene. The housekeeper works between Colinvale and the adjacent home, Louisville. The housekeeper monitors hygiene standards on a daily basis. The laundry is staffed seven days per week. Patients clothing is ironed and this has enhanced the appearance of patients clothing.

The flooring in one shower room was in a poor state as the floor covering was 'cracked' in places and coming away from the wall. This presented as an infection prevention and control risk and was brought to the attention of the responsible person, Raymond Murphy. Mr Murphy agreed to replace the flooring and decommission the use of the room until new flooring is laid. Confirmation was given by telephone on 11 March 2016 by Norma Gilgunn, deputy manager, that the flooring in the identified shower room had been replaced

5.5.3. Governance and Management Arrangement

Previous concerns regarding the governance and management arrangements of the home had been subsumed into enforcement action. Advice and guidance had been given to the Manager, Vincy Vincent and the Registered Person, Raymond Murphy. Improvements were observed and confirmed during the enforcement compliance inspections as detailed in section 5.1. It was positive to observe that improvements had been sustained. Further advice was given, as detailed below, to complete the two identified processes.

The quality assurance systems in operation were discussed with the manager and deputy manager. A range of quality audits are completed on a monthly basis including the auditing of care records, infection prevention and control, the environment and cleanliness of the home and an audit of any complaint received. Audits were reviewed and identified the following:

- Complaints: the complaints record is reviewed on a monthly basis by the manager or deputy. An individual audit of each complaint is undertaken. The audit identified if the complainant was satisfied with the outcome of the investigation completed by management and if there was any learning for staff. The audits were not retained in sequence and the system was disorganised. The benefit of retaining each audit with the corresponding complaint was discussed with the manager who agreed to do so.

- Care records: the auditing of patient care records confirmed a system was in place. Where shortfalls had been identified remedial action to address the shortfalls were stated. However, evidence was not present that the manager, or designated person, had signed all of the audits to validate that action had been taken to address the shortfall.

A recommendation is made in respect of the issues identified above.

5.5.4. Staffing Arrangements

On occasions, the manager is working as the second nurse on duty. The review of the duty rota evidence that the manager and deputy manager identify the hours they work in a managerial and nursing capacity. The manager stated that she had been working increased hours as the second nurse due to nursing staff being on leave. The manager also stated it was the preferred action as opposed to agency staff so as to provide continuity of care for the patients. The manager was advised to ensure that the hours worked as the second nurse do not detract from her management role and responsibilities. The manager stated that the current increase in her nursing hours was short term and she did not feel her management responsibilities had been compromised.

Patient and Staff Views

The atmosphere within the home was calm and patients were observed as relaxed with no evidence of distress. As patients had varying degrees of communication limitations, the interaction between patients and staff was observed. There were sufficient staff on duty to meet patient need and staff were observed responding to patients in a timely and sensitive manner. There were no relatives available during the inspection to discuss their views on the care afforded by staff in Colinvale.

Staff stated there had been an improvement in the home including patient care, communication systems and the approach of management.

Comments included:
'Management take more to do with us now.'
'You can go to the managers at any time.'
'Everyone is working much better together now.'

Areas for Improvement

A recommendation is made that the issues identified in respect of quality assurance audits are addressed.

Number of Requirements:	0	Number of Recommendations:	1

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Vincy Vincent, 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.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref:** Standard 19 and 32 **Stated:** First time **To be Completed by:** 2 May 2016	It is recommended that training regarding palliative and end of life care is provided for staff. This training should include communicating effectively. **Ref: Sections 5.3 and 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: Advised all staff to do online training palliative and communication . Most of the staff have completed &on going. Arranged training for nurses conducting by nursing home suppporting team .
Recommendation 2 **Ref:** Standard 4.2 **Stated:** First time **To be Completed by:** 30 May 2016	It is recommended that nursing care records evidence that patients or their representative have been consulted regarding the planning of care. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Advised primary nurses to discuss with family & they started to doing this during care reviews.
Recommendation 3 **Ref:** Standard 20.2 **Stated:** First time **To be Completed by:** 30 May 2016	It is recommended that nursing care records reflect, as far as possible, that the end of life wishes have been discussed with patients or their representatives. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Advised primary nurses, started discussion with families & on going
Recommendation 4 **Ref:** Standard 35.6 **Stated:** First time **To be Completed by:** 2 May 2016	It is recommended that the issues identified regarding the quality assurance audits within nursing care records and the management of complaints are addressed. **Ref: Section 5.5.3**
	Response by Registered Person(s) Detailing the Actions Taken: complaint record arranged in sequence & kept more organised . Informed all primary nurses to sign audit after complete the shortfalls & manager also signing audit after action had been taken by primary nurse.

Registered Manager Completing QIP	Vincy Vincent	**Date Completed**	06/04/16
Registered Person Approving QIP	Raymond Murphy	**Date Approved**	06/04/16
RQIA Inspector Assessing Response	Heather Sleator	**Date Approved**	08/04/16

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