



The Regulation and
Quality Improvement
Authority

Inspector: Linda Thompson
Inspection ID: IN021779

Edgewater Lodge
Orlock and Seaview Suites
RQIA ID: 1080
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**Unannounced Care Inspection
of
Edgewater Lodge
Orlock and Seaview Suites**

11 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 11 May 2015 from 13.00 to 16.30 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.

For the purposes of this report, the term 'patients' will be used to describe those living in Edgewater Lodge, Seaview Suite which provides residential care.

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 21 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or 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	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Tiago Moreiro home manager and Rosaline Morrison representing Mary Moore regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care / Maureen Claire Royston	Registered Manager: See comment below
Person in Charge of the Home at the Time of Inspection: Tiago Moreiro	Date Manager Registered: Tiago Moreiro application not yet submitted
Categories of Care: Orlock Suite NH-DE Seaview Suite RH-DE	Number of Registered Places: 38
Number of Patients Accommodated on Day of Inspection: 36	Weekly Tariff at Time of Inspection: Nursing care - £593 Residential care - £491

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 25 patients either individually or in small groups. Discussion was also undertaken with six care staff, two nursing staff and three patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

5.0 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 21 October 2014. The completed QIP was returned and actions taken by the registered persons were approved by the care inspector.

Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements	Validation of Compliance
Requirement 1 Ref: Regulation 13(4)(b) Stated: First time	<p>The home manager must ensure that food thickeners are correctly recognised as prescribed items and therefore only administered to the patient for who they are prescribed.</p> <p>Communal use of food thickeners must cease immediately.</p> <p>Action taken as confirmed during the inspection: It is confirmed that food thickeners are used only for those patients for whom they are prescribed.</p>

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.3 Stated: First time	<p>It is recommended that the home manager review the management of bowel function of the identified patient in Orlock suite.</p> <p>Bowel management should be reviewed to ensure that;</p> <ul style="list-style-type: none"> • action is taken as required to prevent constipation rather than waiting to treat and manage constipation that has already occurred. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspection has confirmed that bowel management in the home is proactively managed as required.</p>	
Recommendation 2 Ref: Standard 8.2 Stated: First time	<p>It is recommended that staff in Seaview Suite ensure that the MUST assessment is updated monthly as required.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Confirmation was obtained to validate that MUST is updated at least monthly for all patients.</p>	
Recommendation 3 Ref: Standard 6.2 Stated: First time	<p>It is recommended that staff in Seaview Suite ensure that all entries in daily progress records appropriately reflect the time that the entry was made.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspection has validated that all care records examined are appropriately illustrating the time of entries.</p>	

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. However the guidance failed to reflect regional guidelines on Breaking Bad News. The home manager was referred to the Care Standards for Nursing Homes April 2015 for details on how to access regional guidance. Discussion with a number of care staff confirmed that they would appreciate training regarding this regional guidance.

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

Is Care Effective? (Quality of Management)

Three care records evidenced that patient individual needs and wishes in respect of aspects of daily living were appropriately recorded. There was however limited acknowledgements that end of life issues are considered with the exception of Do Not Attempt Resuscitation (DNAR) directives.

Recording within care records did include reference to the patient's specific communication needs.

The registered manager did however agree that the barrier to communication in this area rests with staff and their concerns regarding the sensitivity of the issue. It was further agreed that training on breaking bad news and communication around end of life care would be very beneficial for all grades of staff.

A review of three care records evidenced that the breaking of bad news was not discussed with patients and/or their representatives other than in respect of a DNAR directive.

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

Two registered nursing staff discussed how bad news would be shared with patients or their representatives using techniques which included sitting down by the patient, using a calm voice, speaking clearly yet reassuringly, holding hands, allowing privacy, allowing the patient to question, and trying to display as much empathy as possible.

Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff and failed initially to recognise that they would do this on a regular basis and that it does not necessarily mean informing a patient that a loved one has died. Further staff training will allow for greater understanding and development of these skills

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients the inspector can confirm that communication is well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 25 patients. In general the patients all stated that they were very happy with the quality of care delivered and with life in Edgewater Lodge. They confirmed that staff are polite and courteous and that they felt safe in the home. Three patient's representatives discussed care delivery with the inspector and also confirmed that they were very happy with standards maintained in the home.

A number of compliment cards were displayed from past family members.

Areas for Improvement

The registered persons must review and expand the communication policy and procedure to ensure that it references regional guidance on breaking bad news. Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home. Improvements in recording communication outcomes into care records must be made.

Number of Requirements:	0	Number of Recommendations:	2
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5.2 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 are held together in the home's palliative care manual. These documents are currently under review by Four Seasons Healthcare and are not as yet reflecting best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

The home manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013.

Training records for staff were examined and it was confirmed that almost 50% of staff have been trained over the past 4 years in palliative and end of life care. It is positive to note such high numbers and it is recommended that this valuable training be made available to all grades of staff in the home in keeping with their roles and responsibilities.

The home manager discussed Edgewater Lodge's involvement in a research project in conjunction with Queens University Belfast. This project refers to 'promoting informed decision making', specifically advanced care planning. Whilst the project is at a very early stage this involvement is excellent for the home and will be very worthwhile for patients, their representatives and staff.

The home manager also discussed the sourcing of bereavement training from local funeral directors. This training would be of value for all grades of staff.

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

The home maintains a palliative care link nurse. The link nurse attends the regular palliative group meetings and feeds back information to colleagues in the home.

Discussion with the home manager, six care staff, two registered nursing staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

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

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that staff are trained in the use of this specialised equipment.

Is Care Effective? (Quality of Management)

Whilst there were no patients in the home at the time of the inspection considered to be at end of life, the inspector was able to examine the care records of a recently deceased patient. These records demonstrated a well-developed end of life care plan which addressed all areas such as the patient's religious wishes, the management of pain and the management of hydration. The patient was supported by staff throughout this period and this was especially important as family lived outside of the province and were therefore unable to be with their loved one to provide reassurance and comfort at the time of death. The patient died peacefully with staff in attendance.

A high number of patients are recognised as requiring palliative care at the time of the inspection. A review of three care records evidenced that patients' needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, pain management and symptom management. As discussed in section 5.1 above, further training in communication especially in 'breaking bad news' will enhance the quality of verbal and written skills of the staff team. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

Discussion with the home manager, two registered nurses, four care staff and a review of three care records evidenced that environmental factors had been considered when a patient was at the end of life. Staff informed the inspector that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support has been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan. The end of life care plan for one recently deceased patient had been appropriately maintained with attention given to the fact that family members did not live in Northern Ireland and the staff had ensured that the patient was reassured and supported fully up to the time of death.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones.

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

No concerns were raised by relatives in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the home manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the home manager and support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

Whilst staff appeared knowledgeable regarding how the home manages the end of life care of patients there is a need identified by both staff and the inspector for further formal training. This should be made available for all grades of staff. With appropriate training and support staff should be able to improve in these areas and the quality of support for patients and their families will be greatly enhanced.

Number of Requirements:	0	Number of Recommendations: *one recommendation already detailed above.	*
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5.3 Additional Areas Examined

Environmental issues

The inspector examined a number of patient bedrooms and communal areas as part of the inspection process. Both Orlock and Seaview suites were found to be generally clean and well maintained. One identified patient's bedroom however did present with a malodour under the vanity unit. This was discussed at the time with the home manager and also during feedback. Mary Moore regional manager was contacted and permission was given for the vanity unit to be replaced with immediate effect.

Patient choice and fresh fruit supplies

The inspector observed the service of breakfast, morning coffee / tea and lunch. At all three events staff were observed to treat patients with dignity and offer choices of foods etc. Staff were noted to be knowledgeable regarding the patients need for sugar in tea / coffee. However the inspector discussed the prompting of the question 'do you take sugar' with the home manager and it was agreed that particularly in the dementia setting this reminder and questioning is beneficial for patients.

Fresh fruit of pieces of apple, orange and banana were provided mid-morning. Whilst the fruit was presented as finger food concern was raised regarding the presentation of banana which had been cut into chunks with the banana skin still in place. This is not a usual way to serve this fruit and in doing so in an elderly care, dementia setting may heighten the patient's risk of choking. This concern was discussed with the home manager who took immediate action with the catering teams to ensure that banana is peeled prior to serving.

Consultation with patients, their representatives, staff and professional visitors

The inspector was able as part of the inspection process to meet with 25 patients individually and to most others in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

'The staff are all very good'

'I am happy with the food and always get enough to eat'

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below;

'The residents seem to be very happy'

'I feel the staff in Edgewater generally all work together and help each other out'

'The residents could do with more activities but we do our best to keep them in high spirits'

Three patient representatives discussed the quality of care delivery with the inspector and all agreed that they have no concerns in recommending the home and they were very happy with the standards of service provided.

Registered Manager Status

RQIA were informed on 8 July 2014 that Mr Tiago Moreiro was appointed as home manager. During the care inspection of 21 October 2014 the inspector reminded Mr Moreiro of the need to apply to become the registered manager in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

To date no such application has been received by the Authority and Mr Moreiro and Rosaline Morrison representing Mary Moore regional manager were reminded of the need to submit application. Mr Moreiro gave an assurance that the application would be completed on the day of inspection and forwarded to Four Seasons head office the following day.

The inspector looks forward to receiving the application by end of May 2015.

6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Tiago Moreiro 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 36 Stated: First time To be Completed by: 11 August 2015	<p>It is recommended that the following policy guidance is updated;</p> <ul style="list-style-type: none"> • Communication policy should include reference to the regional guidance for breaking bad news • The palliative care manual which incorporates palliative and end of life care, death and dying should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. • The palliative care manual should also be updated in respect of point 12 in the policy of death to record that records are maintained for not less than 6 years in accordance with Regulation 19(2)(4) of the Nursing Homes Regulations (Northern Ireland) 2005. <p>Ref section 5.1, 5.2</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Updated policy on Palliative Care and End of Life has already been updated and has been made available to all units and staff. These include reference to the regional guidance for breaking bad news which is also available to all members of staff and units. Palliative care manual is being updated to include reference to GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes but this guideline is already available for all staff.</p>		
Recommendation 2 Ref: Standard 39 Stated: First time To be Completed by: 11 August 2015	<p>It is recommended that the registered person ensures that all grades of staff receive training on the following;</p> <ol style="list-style-type: none"> 1. Palliative / End of life care 2. Breaking bad news communication skills <p>Ref section 5.1, 5.2</p>		
<p>Response by Registered Person(s) Detailing the Actions Taken: A rolling out training programme is in place with palliative care and end of life training sessions are scheduled for the months of August and September in a total of 9 sessions. Further training is being arranged with a funeral directory to be provided to all staff.</p>			
Registered Manager Completing QIP	Tiago Moreira	Date Completed	18/05/2015
Registered Person Approving QIP	Dr Claire Royston	Date Approved	24.07.15
RQIA Inspector Assessing Response	Sharon Loane	Date Approved	29.07.2015

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