Rush Hall
RQIA ID: 10916
51 Broighter Road
Limavady
BT49 9DY

Inspector: Bridget Dougan
Inspection ID: IN022020

Tel: 028 7776 9326
Email: rush.hall@fshc.co.uk

Unannounced Care Inspection
of
Rush Hall

03 June 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 03 June 2015 from 11.30 to 15.30 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 areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within 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 13 November 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**	**1**

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Mrs Jane Bell, 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: Four Seasons Health Care Mrs Maureen Royston	**Registered Manager:** Mrs Jane Bell
Person in Charge of the Home at the Time of Inspection: Mrs Jane Bell	**Date Manager Registered:** 24 March 2014
Categories of Care: NH-DE, NH-I	**Number of Registered Places:** 66
Number of Patients Accommodated on Day of Inspection: 54	**Weekly Tariff at Time of Inspection:** £623

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)

3. 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
- previous care inspection report.

During the inspection, the inspector met with 20 patients, two nursing and four care staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- policies for communication, death and dying, and palliative and end of life care
- complaints and compliments records

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 16/12/14. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 19.1 **Stated:** First time	The registered manager should ensure that bowel and bladder continence assessments and care plans include the type of continence products to be used. **Reference: Section 10; Criterion 19.1**	**Met**
	Action taken as confirmed during the inspection Three care records were reviewed and evidenced that bowel and bladder continence assessments and care plans include the type of continence products to be used.	
Recommendation 2 **Ref**: Standard 12.1 **Stated:** First time	The registered manager should ensure that care records contain the following information: • the target fluid intake over 24 hours has been identified in the fluid balance charts for those patients assessed as being at risk of dehydration/malnutrition • an effective reconciliation of the total fluid intake against the target fluid intake has been established and recorded in the daily progress notes • action to be taken if targets were not being achieved **Reference: Section 10; Criterion 19.1**	**Met**
	Action taken as confirmed during the inspection: Review of three care records evidenced that this recommendation had been met.	

Recommendation 3 **Ref**: Standard 28.4 **Stated:** First time	The registered manager should ensure that all registered nurses have received training and been assessed as competent in male catheterisation **Reference: Section 10; Criterion 19.4**	**Met**
	Action taken as confirmed during the inspection: Review of training records and discussion with the registered manager confirmed that five registered nurses had received training and were competent in male catheterisation	
Recommendation 4 **Ref**: Standard 19.4 **Stated:** First time	It is recommended that the registered manager should consider identifying a continence link nurse within the home. **Reference: Section 10; Criterion 19.4**	**Met**
	Action taken as confirmed during the inspection: The senior care assistants have had further training and are the identified continence link staff in the home.	

4.2 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 six staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of six 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)

Three care records reflected patients' individual needs and wishes regarding the end of life care. Reference had been made to patients' specific communication needs. Discussion with the registered manager and nursing staff evidenced that they were aware of patients religious preferences/spiritual needs, however these had not been documented in the patients end of life care plans.

A review of three 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.

There was 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.

The registered manager and two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Discussion with 20 patients individually and with a number of other patients in small groups evidenced that patients were happy living in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. No concerns were expressed by any of the patients. Comments received included:

- "We're well looked after."
- "I'm happy here."

Areas for Improvement

It is recommended that patients religious preferences/spiritual needs are documented in end of life care plans.

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

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

A review of six training records evidenced that seventeen staff had completed training in 2015 in respect of palliative/end of life care. The registered manager confirmed that further training had been planned for the remaining staff in August 2015. Ten nurses had also completed syringe driver training in May 2015.

The registered manager informed the inspector that a palliative care/end of life focus group had been set up in the home. This group meets monthly to support staff personally and professionally in this important aspect of their work.

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

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

A palliative care link person had been identified for each of the units.

Is Care Effective? (Quality of Management)

A review of three 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 and cultural preferences were also considered. As previously stated, a recommendation has been made for patients religious preferences to be included in end of life care plans. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the registered manager, two nursing staff and a review of three 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. 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 two nursing staff and a review of three care records evidenced that patients and/or their representatives had been generally consulted in respect of their cultural and spiritual preferences. However patients' spiritual/religious preferences had not been documented in respect of end of life care.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, eight staff and a review of the compliments records 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.

Discussion with the registered 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.

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

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient.

Areas for Improvement

As previously identified under standard 19 a recommendation is made that care plans document patients religious preferences/spiritual needs.

Number of Requirements:	**0**	**Number of Recommendations:** *1 recommendation made has been stated under Standard 19 above.	**1***

4.4 Additional Areas Examined

5.5.1 Consultation with patients and staff

Discussion took place with 20 patients individually and with a number of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. No concerns were brought to the attention of the inspector by any of the patients consulted. A few comments received are detailed below:

- "I like living in this home"
- "I'm happy here."
- "I feel I can still be independent and have the support of staff."

No patients' representatives were available at the time of this inspection.

The inspector met with six staff who commented positively with regard to staffing and the delivery of care. Seven questionnaires were issued to nursing, care and ancillary staff following the inspection and seven were returned. Staff indicated that they were satisfied or very satisfied that care was safe, effective and compassionate. Two staff raised an issue with regard to them being unable to attend training which was provided while they were on duty. This was discussed with the registered manager who confirmed that this issue had already been addressed. Further palliative care/end of life training had been arranged for August 2015.

Some comments received from staff are detailed below:

- "There is great teamwork. All staff are very approachable."
- "Disappointed with not being able to go to training as I was on duty when it was on."
- "it can be difficult to get a dietician to assess patients due to the long waiting list."

Three questionnaires were issued to patients' representatives and returned following the inspection. A few comments received as follows:

- "I am happy with everything. This is an excellent home"
- "Sometimes when new staff are on duty they don't keep me informed as much as the established staff"
- "staff are extremely kind and helpful"
- "staff are very approachable and listen to my concerns. My mother's quality of life has improved since she came to live in this home"

The registered manager confirmed that the communication issue raised by the patient's representative had been addressed.

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jane Bell, registered manager and Mrs Louisa Rea, regional manager, Four Seasons Health Care 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.

5.1 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.

5.2 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.

5.3 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 20.2 **Stated: First time** **To be Completed by: 30 June 2015**	The registered manager should ensure that patients religious preferences/spiritual needs are documented in end of life care plans.
	Response by Registered Person(s) Detailing the Actions Taken: Care plans to address residents religious preferences have been commenced , staff have been advised regarding completion and this will be audited by the manager for compliance

Registered Manager Completing QIP	Jane Bell	**Date Completed**	29.07.15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	29.07.15
RQIA Inspector Assessing Response	B. Dougan	**Date Approved**	19.08.15

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

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to RQIA nursing.team@rqia.org.uk *