The Regulation and Quality Improvement Authority

Madelayne Court
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Inspector: Aveen Donnelly
Inspection ID: 21828

Unannounced Care Inspection of Madelayne Court

15 April 2015

1. Summary of Inspection

An unannounced care inspection took place on 15 April 2015 from 10.35 to 16.35.

This inspection was underpinned by **Standard 19 - Communicating Sensitively; Standard 20 - Dying and Death; and Standard 33 - 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 issues 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.

For the purposes of this report, the term 'patients' will be used to describe those living in Madelayne Court which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last 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 29 April 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	7

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager and the regional care director as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Nadarajah (Logan) Logeswaren	**Registered Manager:** Elaine Allen
Person in Charge of the Home at the Time of Inspection: Elaine Allen	**Date Registered:** Registration pending
Categories of Care: NH-TI, RC-I, NH-DE, NH- I, NH-MP(E), NH-PH(E)	**Number of Registered Places:** 64
Number of Patients Accommodated on Day of Inspection: 59	**Weekly Tariff at Time of Inspection:** £505 - £628

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 have been met:

Standard 19: Communicating Sensitively
Standard 20: Dying and Death
Standard 32: Palliative and End of Life Care

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 five patients, three care staff, two nursing staff and two patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- seven patient care records
- staff training records
- policies for death and dying; and palliative and end of life care
- policies on communicating effectively were unavailable.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 9 December 2014. The completed QIP was returned and approved by the pharmacy inspector.

Areas to be addressed were followed up by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection on 29 April 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref.** Standard 20.1 **Stated:** Second time	The registered manager should ensure that where a DNR directive has been established, the directive contains the signature of the GP, the patient/resident and/or their representative.	**Met**
	Action taken as confirmed during the inspection: A review of care records confirmed that DNR directives contained the signature of the GP, patient or their representative.	

Recommendation 2 **Ref**: Standard 13.1 **Stated:** First time	The nurse manager must ensure that the programme of activities and events provides positive outcomes for patients/residents and is based on the identified needs and interests of patients/residents including their spiritual needs.	**Partially Met**
	Action taken as confirmed during the inspection: Since the previous care inspection, an activities coordinator had been appointed, however there was no staff member assigned to provide activities whilst the activities coordinator was on leave. Therefore this element could not be validated. This was discussed with the registered manager, who agreed to address this. Following the inspection, the registered manager confirmed to RQIA that a temporary appointment had been made, to ensure that activities were provided on a continuous basis. This recommendation has been stated for the second time.	
Recommendation 3 **Ref: Standard 8.1** **Stated: First time**	It is recommended that the MUST screening tool is used to identify patients/residents who are at risk of malnutrition	**Not Met**
	Action taken as confirmed during the inspection: Patients' weights had been monitored appropriately and regular audits carried out by the registered manager. However, a review of 22 patient records on the Dunseveric suite identified that MUST scores had not been completed in 2 months. This was discussed with the registered manager who provided assurances that an existing template would be amended, to ensure that MUST scores are completed. This recommendation has not been met and has been stated for the second time.	

Recommendation 4 **Ref: Standard 25.13** **Stated: First time**	It is recommended that the Annual Quality Report is made available for patients/residents and relatives to view if they wish.	**Partially Met**
	Action taken as confirmed during the inspection: An Annual Quality Audit report completed in December 2013 was available, however there was no Quality Audit completed for 2014. This recommendation has been partially met and has been stated for the second time.	

5.3 Standard 19 - Communicating Effectively

Is Care Compassionate? (Quality of Care)

Discussion with three staff and the manager indicated a good level of knowledge regarding the necessary skills for communicating sensitively. Staff were able to provide examples of current practice; and provided an overview of how they delivered bad news sensitively. Staff referred to privacy, support from family members, environmental factors, use of tone and consideration needed for those with sensory impairments.

The complaints records were reviewed and there were no complaints with regards to the theme inspected. There were a number of compliments recorded that indicated high satisfaction with the level of care provided to a patient who was dying and their representatives.

Is Care Safe? (Quality of Life)

The home did not have a policy and procedure in place on communicating effectively and there were no best practice guidelines available on breaking bad news, to support staff in this area.

A sampling of the training records evidenced that staff had not completed training in relation to communicating sensitively with patients and their families/representatives. Considering that the home is registered to provide care for patients who are terminally ill, the need for training in this area was discussed with the registered manager.

Discussion with staff revealed that patient's consent would be obtained regarding the sharing of bad news with others.

Is Care Effective? (Quality of Management)

A review of four care records identified that in three cases patient individual needs and wishes regarding end of life care were not addressed and there was no evidence that family members were involved in the assessment, planning and evaluation of care. There was no evidence indicating that patients and/or their representatives consent had been obtained regarding the sharing of information with relevant health care professionals; however all staff consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news, including the importance of obtaining consent prior to sharing information with relevant health care professionals.

Areas for Improvement

Care plans should be further developed to ensure that patients' communication needs are addressed and patients' representatives should be involved in the assessment, planning and evaluation of care.

Training should be provided in communicating effectively with patients to develop their understanding through every interaction with patients.

The policy and procedure for delivering bad news to patients and their families should be developed in line with best practice, such as DHSSPSNI (2003) *Breaking Bad News.*

Number of Requirements:	**0**	**Number Recommendations:**	**3**

5.4 Standard 20 - Death and Dying

Is Care Compassionate? (Quality of Care)

Discussion with three staff evidenced that patients and/or their representatives had been consulted in respect of their cultural and/or spiritual preferences regarding death and dying, however this communication was not reflected in the patients care plans.

All nursing staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

From discussion with the registered manager and three staff and a review of the compliments record there was evidence that arrangements in the home were sufficient to accommodate and/or support relatives during this time. There was evidence within the 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 death and dying of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and were provided with bereavement support, if required.

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 discussions in group formats or in 1:1 counselling sessions with the manager if required.

Is Care Safe? (Quality of Life)

Policies and procedures regarding end of life care and bereavement were available, however they did not reflect best practice guidance in the management of death and the dying patient and did not include guidance on the management of the deceased person's belongings and personal effects. The bereavement policy had not been reviewed since 1 May 2009.

Training records evidenced that staff were not trained in death, dying and bereavement.

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

Discussion with the registered manager, three staff and review of four 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.

Is Care Effective? (Quality of Management)

A sampling of four care records evidenced that death and dying arrangements were not discussed with the patient and/or their representatives as appropriate, nor were patient's wishes, social, cultural and religious preferences considered.

Discussion with the manager and three staff evidenced that environmental factors had been considered, however this was not reflected in the patients care records.

Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

Review of notifications of death to RQIA during previous inspection year, were appropriately maintained.

Areas for Improvement

Care plans, as discussed previously need to fully reflect consultation with patients and/or their representatives in respect of their cultural and/or spiritual preferences regarding death and dying,

Staff should receive training in death, dying and bereavement.

The policy on death, dying and bereavement should be developed in accordance with guidance, such as DHSSPSNI (2010) Living Matters: Dying Matters. The policy should also include the procedure for handling patients' belongings following a death.

Number of Requirements:	**0**	**Number of Recommendations:**	**See Above**

5.5 Standard 32 - Palliative and End of Life Care

Is Care Compassionate? (Quality of Care)

Staff were aware of a bereavement pack which was available as support tool for staff; however the support services listed in this document were not Northern Ireland based and as such were not fit for purpose.

Arrangements were in place for when a patient was dying. These included the home facilitating, as far as possible and in accordance with the person's wishes for family/friends to spend as much time as they wish with the person. Staff described the arrangements provided for accommodation and meal provision for family members wishing to stay overnight. Discussion with staff identified that appropriate provision would be made in the event that patients did not have a family/friend available, to ensure that a staff member would be present when nearing end of life.

The registered manager, two nursing staff and one senior carer consulted with, demonstrated the importance of ensuring the cultural, spiritual and religious needs of the patient and their family are identified and met in a sensitive manner.

Is Care Safe? (Quality of Life)

The GAIN (2013) Palliative Care Guidelines were readily available to staff, however the policy on end of life care had not been developed in line with this best practice guidance document. A policy and procedure on end of life care was available; however it did not reflect GAIN (2013) palliative and end of life care guidelines, nor did it include the protocol for timely access to specialist equipment/medications. Discussion with staff however evidenced that they had a good understanding of the process to follow when such items were required. GAIN Palliative Care Guidelines and NICE (2004) Palliative care Guidelines were available in the home and staff were knowledgeable about where they could access these guidelines if required.

The policy on pain management was last reviewed on 1 September 2010 and included guidance on the use of the Graseby syringe drivers. The need for the policy on pain management to include procedural guidance on the use of the McKinley syringe driver was discussed with the registered manager, who agreed to address this.

There was no specialist equipment, in use in the home on the day of inspection. Considering that the home is registered to provide care for patients who are terminally ill, the training needs of staff were discussed with the registered manager who provided assurances that training in the use of syringe drivers would be accessed through the local healthcare trust nurse.

A review of training records evidenced that staff had not completed training in respect of palliative/end of life care. There was no palliative care link nurse identified.

Is Care Effective? (Quality of Management)

A review of care records evidenced that in two out of four patients' care plans, palliative or end of life care had not been addressed in the patient care plans. However, care records indicated that hydration, nutrition, pain and symptom control were managed appropriately.

The review of five patients care records did not evidence consultation with patients and/or their representatives in respect of the decision making processes, care planning and delivery of end of life care.

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.

Areas for Improvement

Care plans, as discussed previously need to fully reflect consultation with patients and/or their representatives in respect of their cultural and/or spiritual preferences regarding death and dying. Staff should receive training in palliative and end of life care.

The policy on palliative and end of life care should be should be further developed in line with current best practice guidance, such as GAIN Palliative Care regional guidelines.

The policy on pain management should be further developed to include the use of the McKinley syringe driver.

Information on support services should be further developed to include services accessible within Northern Ireland. There should be a palliative link nurse identified.

Number of Requirements:	0	Number Recommendations:	1

5.6 Additional Areas Examined

Staffing

Staffing arrangements were reviewed and deemed to be appropriate. The registered manager confirmed that there were no ongoing concerns regarding staffing levels, however one patient's representative raised concern in a returned questionnaire regarding the staffing levels on the nursing floor. See patients' representatives' comments below. This was discussed with the registered manager following the inspection, who confirmed that dependency levels would continue to be monitored and that the issue raised would be discussed at the forthcoming relatives' meeting.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaires Issued	Number Issued	Number Returned
Staff	10	7
Patients	6	6
Patients representatives	6	2

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'All residents (are) well looked after and care provided is a very high standard'
'I believe (staff) .... Are kind, patient and very caring'
'I enjoy working in the care home. I feel staff deliver a good standard of care'

Patients

'The staff here are very good to me. If they weren't, I would go to the manager'
'It is very good here'
'I have no complaints'
'I am happy with this as my home, but would like to get out on bus trips'

Patients' Representatives

'The care is very good here. It is excellent'
' My .... Loves it here. We are very happy'
'Staffing on the nursing floor is still an issue and they have little time to spend with individual residents'

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered 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, the Nursing Homes Regulations (Northern Ireland) 2005, the Residential Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Department of Health, Social Services and Public Safety's (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 will 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 by the registered manager. 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 13.1 **Stated:** Second time **To be Completed by:** **01 June 2015**	The registered manager must ensure that the programme of activities and events provides positive outcomes for patients/residents and is based on the identified needs and interests of patients/residents including their spiritual needs.
	Response by Registered Manager Detailing the Actions Taken: The current programme is under review by the Home Manager, taking into consideration the recommendations noted above the following will happen; new Lifestyle Preferences Care Plans will be put into place for all residents to assist the Activities Co-ordinator, the new care plan will promote holistic, person centred care to all residents.
Recommendation 2 **Ref**: Standard 8.1 **Stated:** Second time **To be Completed by:** **01 June 2015**	It is recommended that the MUST screening tool is used to identify patients/residents who are at risk of malnutrition
	Response by Registered Manager Detailing the Actions Taken: All residents have a MUST tool in place, which will be reviewed monthly, The Home Manager will continually review same.
Recommendation 3 **Ref**: Standard 25.13 **Stated:** Second time **To be Completed by:** **01 June 2015**	It is recommended that the Annual Quality Report is made available for patients/residents and relatives to view if they wish.
	Response by Registered Manager Detailing the Actions Taken: A new Annual Quality Report is being developed to reflect the previous year and this report will be made available for residents, relatives and staff. When the report is available the information will be communicated to key stakeholders.

Recommendation 4 **Ref**: Standard 36.2 **Stated:** First time **To be Completed by: 01 June 2015**	All policies and procedures should be reviewed to ensure that they are subject to a three yearly review: • A policy on communicating effectively should be developed in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News.* • A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines (2013)* • A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) *Living Matters: Dying Matters* and should include the procedure for dealing with patients' belongings after a death. • The policy on pain management should be further developed to include procedural guidance on the use of the McKinley syringe driver. The policies and guidance documents listed above, should be made readily available to staff.
	Response by Registered Manager Detailing the Actions Taken: All the companies policies and procedures are currently being reviewed and new policies and procedures are being developed by the Northern Ireland Regional Care Director. A new suite of palliative care and end of life care policies and procedures is in the final stages of development which adhere to Best Practice Guidelines of Northern Ireland. These will be available to all key stakeholders.
Recommendation 5 **Ref**: Standard 4.1 **Stated:** First time **To be Completed by: 01 June 2015**	It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care. Care plans should include patients' and or their representatives': • Communication needs and wishes • Cultural, spiritual and religious preferences • Environmental considerations.
	Response by Registered Manager Detailing the Actions Taken: This recommendation has been shared with all the Registered Nurses for implementation into the development of care plans to promote Best Practice. New Lifestyle Preference care plans will include religious, cultural and spiritual preferences. The implementation of these new care plans will be reviewed by the Home Manager.
Recommendation 6 **Ref**: Standard 39.4 **Stated:** First time	Training should be provided to staff, relevant to their roles in: • Communicating effectively • Death, dying and bereavement • Palliative and end of life care

To be Completed by: **01 June 2015**	**Response by Registered Manager Detailing the Actions Taken:** Palliative Care and End of Life Care training has been completed on the 15/5/15. The other 2 areas identified are currently being planned and will take place within the next 6 months for all staff. 2 staff have been nominated to complete the Level 2 Diploma in Health and Social Care training in house and the training identified above is included in this course. Training from this course will be cascaded to other staff members in house.

Recommendation 7 **Ref**: Standard 32 **Stated:** First time **To be Completed by:** **01 June 2015**	Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland. A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.
	Response by Registered Manager Detailing the Actions Taken: A new Palliative Care Framework is being launched by the Northern Ireland Regional Care Director, this included a handbook for relatives which will detail support services for relatives. A Palliative link nurse has been appointed, this person has received relative training and is responsible for cascading training to other staff.

Registered Manager Completing QIP	H Devlin	**Date Completed**	26/5/15
Registered Person Approving QIP	Logan N Logeswaran	**Date Approved**	01/06/15
RQIA Inspector Assessing Response		**Date Approved**	

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