



The Regulation and  
Quality Improvement  
Authority

Daleview House  
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**Unannounced Care Inspection  
of  
Daleview House**

**19 June 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 19 June 2015 from 10.15 to 17.00.

This inspection was underpinned by Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 14 April 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding infection prevention and control issues and the control of substance hazardous to health regulations (COSHH) was issued to the registered manager at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Marcella McCorkell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Apex Housing Association/Gerald Kelly	<b>Registered Manager:</b> Mrs Marcella McCorkell
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Marcella McCorkell	<b>Date Manager Registered:</b> 31 December 2008
<b>Categories of Care:</b> NH-I	<b>Number of Registered Places:</b> 25
<b>Number of Patients Accommodated on Day of Inspection:</b> 23	<b>Weekly Tariff at Time of Inspection:</b> £618.00

## 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 inspection
- the returned Quality Improvement Plan (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, the inspector met with 11 patients, two care staff, four nursing staff, four ancillary staff and two patients' representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- the staff duty rota
- three patient care records
- two repositioning charts

- staff training records
- staff induction records
- records of competency and capability of registered nurses
- best practice guidance for communication and palliative care
- complaints/compliments records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 21 April 2015. The completed QIP was returned and approved by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 15 (2) (a) (b) Stated: First time	The registered person shall ensure that the assessment of the patient's needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstance in any case not less than annually. <b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that the assessment of needs had been reviewed at regular intervals and when necessary.	<b>Met</b>
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 5.3 Stated: First time	It is recommended that patients repositioning charts are recorded appropriately. <b>Action taken as confirmed during the inspection:</b> A review of two patients' repositioning charts evidenced that records were accurately completed.	<b>Met</b>
<b>Recommendation 2</b> Ref: Standard 13.2 Stated: First time	It is recommended that patients' activity assessments are reviewed and updated. <b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that activity assessments had been reviewed and updated.	<b>Met</b>

### **5.3 Standard 19 - Communicating Effectively**

#### **Is Care Safe? (Quality of Life)**

A policy and procedure was available on 'communication'. However, the policy needs to be developed to include current best practice and the regional guidelines on Breaking Bad News. A recommendation has been made.

Discussion with three registered nurses confirmed that they were knowledgeable regarding the use of communication and how to break bad news.

No formal training on communication skills including breaking bad news had been provided for staff. Discussion with the registered manager confirmed that communication training will be incorporated in the training schedule. A recommendation has been made.

#### **Is Care Effective? (Quality of Management)**

Three care records reflected patients' individual needs and wishes regarding the end of life care. However, the care plans to manage the end of life were generic care plans and did not include the patient's specific communication needs, religious or cultural needs or specific family wishes in respect of their end of life and after death care. A recommendation has been made.

A review of three care records evidenced that the breaking of bad news was not always discussed with patients and/or their representatives.

Three registered nurses consulted discussed their ability to communicate sensitively with patients and/or representatives when breaking bad news. However, one member of care staff felt that they would benefit from further training in this area. This was discussed with the registered manager during feedback.

#### **Is Care Compassionate? (Quality of Care)**

Discussion with one registered nurse demonstrated how they were able to deliver bad news sensitively to a patient who had dementia living in the home. The member of staff was aware of the barriers to communication and the importance of using effective methods of verbal and non verbal communication.

Consultation with 11 patients and two patients' representatives confirmed that staff treated the patients with respect and dignity.

Nursing staff and care staff were observed responding to patients in a dignified manner. It was evident that staff had developed strong and supportive relationships with patients and their representatives. Staff were observed explaining, reassuring and offering assistance to patients in a calm and unhurried manner. There was a quiet and peaceful atmosphere in the home throughout the inspection visit.

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

## Areas for Improvement

Three recommendations were made in relation to policy review/development; care planning and staff training.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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### 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

#### Is Care Safe? (Quality of Life)

A policy and procedure to guide and direct staff on the management of palliative and end of life care had not been developed. The Gain Palliative Care Guidelines, November 2013 were available in the home. The registered manager and nursing staff were aware of the Gain Guidelines however further development of an appropriate policy incorporating the guidelines will enhance the staff knowledge. A recommendation has been made in relation to policies and procedure previously; refer to section 5.3.

Discussion with the registered manager and a review of the training planner confirmed that training in respect of palliative and end of life care had not yet been delivered but had been planned to be delivered within the next few months.

Palliative link nurses have been identified within the home.

Discussion with 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 confirmed 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. Staff were able to access specialist equipment or drugs when needed with the support of the specialist palliative care services.

#### 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. However, as discussed previously in section 5.3, there was no evidence that the patient's wishes and their social, cultural and religious preferences were recorded in the care plan.

A 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 three nursing staff 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.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been accurately completed.

### **Is Care Compassionate? (Quality of Care)**

Discussion with nursing staff demonstrated an awareness of patient's expressed wishes, needs and preferences regarding end of life care.

Arrangements were in place to facilitate, as required, for family/friends to spend as much time together as they and the patient wished. The home offers a guest room with an ensuite facility for an overnight stay if required. Discussion with the cook confirmed that catering/snack arrangements would also be offered if required.

From discussion with the registered manager, three nursing 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.

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.

Three nursing staff consulted confirmed that staff were given an opportunity to pay their respects after a patient's death. The registered manager advised that staff were supported to attend the funeral of patients, if they wished, and services or gatherings have been arranged in the home for families/friends to pay their respects. This is to be commended.

Additional arrangements in place to support staff included one to one counselling with colleagues and the registered manager, staff meetings, supervision and if required access to the staff counselling support system, within Apex Housing.

Information regarding support services was available and accessible for staff, patients and their relatives. This information was displayed on the notice board and in leaflets available within the home.

### **Areas for Improvement**

Three recommendations were issued in section 5.3 in relation to, policies and procedure, staffing training and care planning. These will also include palliative care and end of life care from this section.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Infection Prevention and Control

At the time of the inspection a significant amount of soiled bed linen and clothing was observed on the floor of the laundry room. This is not in keeping with best practice guidance in relation to infection prevention and control. This was immediately brought to the attention of the laundry assistant and an urgent actions report was issued at the conclusion of the inspection. A requirement has been made.

### 5.5.2. Health and Safety

Cleaning chemicals presenting a health and safety risk to patients were observed stored in an unlocked area in the sluice. The chemicals had been decanted into spray bottles that had not been labelled correctly. This practice is not in keeping with the Control of Substances Hazardous to Health Regulations (COSHH). This was immediately brought to the attention of the domestic staff to address and an urgent actions report was issued at the conclusion of the inspection. A requirement has been made.

### 5.5.3. Questionnaires

Part of the methodology in collecting data for the inspection process included speaking with staff, patients and patient's relatives asking them to give their own personal views on their impression of Daleview House. Questionnaires were also given out for completion to staff, patients and relatives. Five staff, two relatives and one patient returned the questionnaires on the day of the inspection.

Overall feedback from the staff, patients and relatives confirmed that safe, effective and compassionate care was being delivered in Daleview House.

A few patient comments are detailed below:-

'I am happy in the home and get everything I want'  
'It is perfect here and the food is excellent'.

A number of comments were received from relatives and are detailed below;

'The medical and nursing care is out of this world'  
'It is a peaceful, calm and happy place'  
'Very caring staff'

The general feeling from the staff questionnaires and conversations during the inspection indicated that staff took pride in delivering safe, effective and compassionate care.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Marcella McCorkell, 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 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](mailto: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.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be Completed by:</b> Immediate from the date of inspection	<p>The registered person must ensure that soiled laundry is managed in accordance with infection prevention and control guidance.</p> <p>This matter was raised in the urgent action report at the conclusion of the inspection.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            To ensure soiled laundry is managed in accordance with infection prevention and control guidance three additional laundry trolleys were purchased after the inspection. Property services are reconfiguring the laundry area and replacing a washing machine with a larger capacity.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> First time  <b>To be Completed by:</b> Immediate from the date of inspection	<p>The registered person must ensure that any chemicals used within the home are labelled correctly and stored securely in accordance with COSHH regulations.</p> <p>This matter was raised in the urgent action report at the conclusion of the inspection.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Chemicals used within the home are labelled correctly and stored securely in accordance with COSHH regulations.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36  <b>Stated:</b> First time  <b>To be Completed by:</b> 14 August 2015	<p>The registered person should ensure that a policy and procedure is maintained to reflect current regional guidelines for each of the following areas:</p> <ol style="list-style-type: none"> <li>1.Palliative and end of life care</li> <li>2.Death and Dying</li> <li>3.Communication to include breaking bad news</li> </ol> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            A policy is currently in draft format and will be radified with other nurse managers at a meeting on 27/08/15</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be Completed by:</b> 14 August 2015	<p>The registered person should ensure that staff receive training in keeping with their roles and responsibilities in the following:</p> <ol style="list-style-type: none"> <li>1.Palliative and end of life care</li> <li>2.Death and Dying</li> <li>3.Communication skills including breaking bad news</li> </ol> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Training is available for staff as an e: learning module online.</p>

<b>Recommendation 3</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time <b>To be Completed by:</b> 14 August 2015	The registered person should ensure that care plans to manage palliative and end of life care are person centred, meet the assessed needs of the patients and are discussed with the patient and or their representatives.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care Plans have been reviewed to ensure that management of palliative and end of life care are person centred, meet the assessed needs of the patients and discussed with the patient and or their representatives		
<b>Registered Manager Completing QIP</b>	Marcella Mc Corkell	<b>Date Completed</b>	11/08/15
<b>Registered Person Approving QIP</b>	Muriel Sands	<b>Date Approved</b>	11/08/15
<b>RQIA Inspector Assessing Response</b>	Lyn Buckley	<b>Date Approved</b>	25/08/15

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