Ardlough
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Drumahoe
Londonderry
BT47 5SW

Inspector: Aveen Donnelly
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Unannounced Care Inspection of Ardlough

23 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 23 July 2015 from 09.00 to 15.15 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.

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 9 February 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record was communicated in correspondence to Ardlough, following the inspection, regarding the fire risk assessment for two identified patients, who do not comply with Four Season's smoking policy. This action is 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
Total number of requirements and recommendations made at this inspection	1	3

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the 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: Dr Maureen Claire Royston	Registered Manager: Anne Martina Mullan
Person in Charge of the Home at the Time of Inspection: Martina Mullan	**Date Manager Registered:** 13 February 2014
Categories of Care: NH-DE, NH-MP, NH-MP(E)	**Number of Registered Places:** 44
Number of Patients Accommodated on Day of Inspection: 43	**Weekly Tariff at Time of Inspection:** £593 to £604.50

3. Inspection Focus

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

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- 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 four patients, five care staff, three nursing staff and four patient's visitors/representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 22 June 2015. The completed QIP was returned and approved by the estates inspector.

Review of Requirements and Recommendations from the last Care Inspection on 09 February 2015.

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 5.3 **Stated:** Second time	It is recommended that written evidence is maintained in patients care records to indicate that discussions had taken place between the nurse/patient/ and or their representative in regard to agreeing and planning nursing interventions. **Ref: 19.1**	**Met**
	Action taken as confirmed during the inspection: A review of five care records confirmed that discussions had taken place between the nurse and patients and/or their representative, in regard to agreeing and planning nursing interventions.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

The policies and procedures on the management of palliative and end of life care and death and dying were under review. However, a review of the draft policy confirmed that the document currently reflected best practice guidance such as the regional guidelines on Breaking Bad News. Discussion with four staff confirmed that they were knowledgeable regarding this policy and procedure.

A review of 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. A review of staff competency assessments for two registered nurses, who had responsibility for being in charge of the home, confirmed that communication was included.

Is Care Effective? (Quality of Management)

Two care records of patients that were recently deceased were reviewed. The care records reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs.

The two 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 records 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 consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. One newly qualified nurse stated that she would be supported by the home manager or more experienced nurses if required.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and/or their representatives. Staff spoken with were knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and/or their representatives.

Staff were observed to be responding to patients in a dignified manner. These observations included staff assisting patients with meals and assisting patients with personal care. There was a calm atmosphere in the home throughout the inspection.

Care staff consulted stated that the registered nursing staff were responsible for breaking bad news. Registered nursing staff consulted with, provided examples of how they would break bad news if required.

A review of compliments records evidenced that families appreciated the care, compassion and respect shown to the person receiving care and to their families.

Areas for Improvement

There were no requirements or recommendations made regarding the staff's ability to communicate sensitively.

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

Standard 19 - Communicating Effectively has been fully met.

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)

The policies and procedures on the management of palliative and end of life care and death and dying were under review. However, a review of the draft policy confirmed that the current document reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013; it also 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.

All staff had either completed or were in the process of completing an e-learning module on palliative and end of life care.

Discussion with two nursing staff and a review of two care records confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services
- 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.

There was no specialist equipment in use in the home on the day of inspection. The training needs of registered nurses, was discussed with the registered manager who confirmed that eight nurses had attended syringe driver training. Assurances were provided that update training would be accessed through the local Healthcare Trust, if required.

One registered nurse was identified as the palliative care link nurse assigned to the home.

Is Care Effective? (Quality of Management)

A review of two 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, cultural and religious preferences were also considered. 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 three registered nurses and a review of two 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. Staff consulted with described how support for relatives was provided during their loved one's last days and into bereavement.

A review of notifications of death to RQIA during the previous inspection year confirmed that all deaths were reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with two registered nursing staff and a review of two care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All registered nursing staff consulted with demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff consulted confirmed that catering/snack arrangements were provided to family members/friends during this time.

From discussion with the registered manager, eight 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 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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and confirmed that they would ensure that one staff member always represented the home at a patient's funeral. One staff member described how they were honoured to be a pall bearer at a patient's funeral.

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 1:1 counselling and more experienced staff acknowledged that new staff can find caring for a patient, who is nearing end of life, very difficult.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included leaflets from the Health and Social Care Bereavement Network.

Areas for Improvement

It is recommended that the policies relating to death and dying; palliative and end of life care; and communication are made available to staff, when finalised.

Number of Requirements:	0	Number of Recommendations:	1

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

5.5 Additional Areas Examined

Care Records

A review of three care records identified that assessments and care plans were generally well maintained. However, there were no assessments or care plans in place for one identified patient within five days of their admission. This was discussed with the registered manager, who ensured that all assessments and care plans were completed before the end of the inspection. A recommendation is made to ensure that the induction of newly appointed registered nurses is further developed, to include reference to patients' assessments and care plans, needing to be completed within five days of admission to the home. Specific reference should be given to the prioritisation of the assessments and care plans that need to be completed within this timeframe.

Care records reviewed identified that one patient who required the use of a lap belt did not have the consent form signed. Another patient's consent form for use of restraint was out of date. A review of repositioning records identified that the release and repositioning of lap belts were recorded appropriately. This was discussed with the registered manager. Following the inspection, the registered manager confirmed that, the consent form had been signed by the patient's representative. A recommendation is made to address this.

Staffing

Staffing arrangements were reviewed and were deemed to be appropriate to meet patient needs.

Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	10	9
Patients	5	4
Patients representatives	2	2

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

Staff

'When we went to a patient's funeral, it showed us (the staff) that we were the patient's family'
'We provided a guard of honour for the last patient who died here. It was such an honour'
'Care given to the dying patient is second to none here'
'Support form colleagues is high in circumstances that can be upsetting'
'We are advocates for those who have no family. We go the extra mile for those in our care'
'All staff are dedicated and hard-working'

'Having a great team helps us provide the best care'
'Staff work well together and put the patients' needs ahead of their own'
'When I was asked to be a pall bearer at one of our patient's funerals, it was so humbling'

Patients

'Staff are very friendly and always make me feel like part of the family'
'All staff provide good care and treat me with respect'
'The care is excellent'

Patients' representatives
'I feel nursing and care staff excel in area of communication'

Environment

We observed cigarette debris on the ground in the courtyard. This was discussed with the registered manager and the maintenance person, who had the responsibility of clearing this on a daily basis. Concerns were identified regarding two patients who did not adhere to the Four Season's smoking policy and were known to smoke in their bedrooms. Following the inspection, an urgent action record was communicated in correspondence to Ardlough, regarding the fire risk assessment for two identified patients. A requirement is made to address this. A copy of the fire risk assessment must be submitted to RQIA, with the returned QIP.

6. Quality Improvement Plan

The issue(s) 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 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Statutory Requirements</td></tr>
<tr><td rowspan="2">Requirement 1

Ref: Regulation 27 (4) (a)

Stated: First time

To be Completed by:
21 September 2015</td><td>The fire risk assessment must be updated to include the measures to be implemented for two identified patients, who do not comply with the home's No Smoking policy.

An Urgent action record was communicated in correspondence to Ardlough following the inspection.

A copy of the fire risk assessment must be returned with the returned QIP.</td></tr>
<tr><td>Response by Registered Person(s) Detailing the Actions Taken:
The fire risk assessments for the two residents has been updated and implemented. See attachments.</td></tr>
<tr><td colspan="2">Recommendations</td></tr>
<tr><td rowspan="2">Recommendation 1

Ref: Standard 32.1

Stated: First time

To be Completed by:
21 September 2015</td><td>A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care.</td></tr>
<tr><td>Response by Registered Person(s) Detailing the Actions Taken:
When new policies are issued by the organisation staff are given a copy which they sign when read and understood. This file is located within the Home Manager's office and includes staff signatures.</td></tr>
<tr><td rowspan="2">Recommendation 2

Ref: Standard 39.1

Stated: First time

To be Completed by:
21 September 2015</td><td>It is recommended that the induction of newly appointed registered nurses is further developed, to include reference to patients' assessments and care plans, needing to be completed within five days of admission to the home.

Specific reference should be given to the prioritisation of the assessments and care plans that need to be completed within this timeframe.</td></tr>
<tr><td>Response by Registered Person(s) Detailing the Actions Taken:
Preceptee nurses attend four days of the preceptorship course and on day two through the Knowledge and Skills Framework newly appointed registered nurses are given clear guidelines on documentation.</td></tr>
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Recommendation 3 **Ref**: Standard 18.1 **Stated:** First time **To be Completed by:** 21 September 2015	It is recommended that regular audits of restraint and/or restrictive practices are conducted, to ensure that consent forms are monitored regularly. **Response by Registered Person(s) Detailing the Actions Taken:** Regular audits are being completed on a monthly basis to ensure that consent forms for restraint are monitored.

Registered Manager Completing QIP	Martina Mullan	**Date Completed**	15/09/2015
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	15.09.15
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	09/10/2015

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

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 service. 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.