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Unannounced Care Inspection of Deanfield

29 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 29 September 2015 from 09.30 to 14.30.

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 30 July 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	3	4

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: Loughview Homes Ltd.	Registered Manager: Joy McLaughlin
Person in Charge of the Home at the Time of Inspection: Joy McLaughlin	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-I	**Number of Registered Places:** 29
Number of Patients Accommodated on Day of Inspection: 27	**Weekly Tariff at Time of Inspection:** £593

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; and
- 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 seven patients, three care staff, one registered nurse and one patient's visitors/representatives.

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
- 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 Deanfield was an unannounced pharmacy inspection dated 2 June 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care inspection on 30 July 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 12(4)(a) **Stated:** First time	The registered person shall ensure that food and fluids are provided in adequate quantities and at appropriate intervals.	**Met**
	Action taken as confirmed during the inspection: This requirement referred specifically to fluid intake records that had not been fully completed and/or totalled. A review of two patients' fluid intake records evidence that they had been completed and totalled. This requirement has been met. However, a new recommendation was made regarding the monitoring of patients' fluid intake. Refer to inspector comments in section 5.5.	
Requirement 2 **Ref**: Regulation 27(2)(b) **Stated:** First time	The registered person shall ensure that the identified bedroom floor coverings are replaced.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the floor covering was replaced in the identified bedroom and that there were plans in place to replace other floor coverings throughout the home, as required.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 5.3 **Stated:** First time	It is recommended that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients care plans on pressure area care and prevention.	**Met**
	Action taken as confirmed during the inspection: A review of two patients' care records evidenced that patients' pressure relieving equipment was included in the care plans on pressure area care and prevention.	
Recommendation 2 **Ref**: Standard 5.2 **Stated:** Second time	It is recommended that a pain assessment be maintained in patients' care records (if applicable)	**Not Met**
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that pain assessments were in place. However, two out of three pain assessments were not consistently completed. This was discussed with the registered manager during feedback, who provided assurances that this would be addressed. Advice was also given regarding the detail for improvement required in the care file auditing form that was in place. Given that this was recommended on two previous occasions, a requirement has now been made.	
Recommendation 3 **Ref**: Standard 6.2 **Stated:** First time	It is recommended that all entries in care records are dated, timed and signed with the signature accompanied by the name and designation of the signatory.	**Met**
	Action taken as confirmed during the inspection: A review of five patient care records evidenced that all entries were recorded in line with professional recording guidelines on records and record keeping.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was available on breaking bad news was available, which reflected best practice, including current regional guidelines. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure. However, the policy did not include the procedure for breaking bad news in the event of a sudden or unexpected death. A recommendation was made.

The policy stated that “training in communication with dying patients and their relatives was provided by the hospice nurse”. Discussion with the registered manager evidenced that plans were in place to provide training, which would include the procedure for breaking bad news, as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Discussion with the registered manager and one registered nurse demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and examples were provided of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient’s condition.

Care staff considered the breaking of bad news to be, primarily, the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion with seven patients individually and with the majority of patients generally evidenced that patients were content living in the home. 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.

Staff recognised the need to develop strong, supportive relationships with patients and relatives. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

A review of patient daily progress notes evidenced that patients’ representatives were kept informed of any changes to their relative’s condition and of the outcome of visits and reviews by healthcare professionals.

There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care.

Areas for Improvement

The policy on communicating effectively should be further developed in line with current best practice, such as DHSSPSNI (2003) Breaking Bad News and should include the procedure for breaking bad news in the event of a sudden or unexpected death.

Number of Requirements:	**0**	**Number of Recommendations**: *1 recommendation made is stated under Standard 32 below	***1**

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)

Policies and procedures on the management of end of life care and the care of the dying patient 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. However, the policies did not include the procedure for managing shared rooms when one occupant was dying, the procedure for making referrals to palliative specialist services or the specific cultural and spiritual preferences regarding end of life care. A recommendation was made.

There was no formal protocol for timely access to any specialist equipment or drugs in place. However, discussion with the registered manager and one registered nurse confirmed their knowledge of local arrangements for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines, November 2013.

Training records evidenced that the registered manager attended a four day course on regional palliative and end of life care in 2013. There were two palliative care link nurses appointed to the home, including the registered manager and discussion with staff confirmed that other staff members were encouraged to attend the palliative link nurse update meetings. One registered nurse had recently attained a European Certificate in essential palliative care and discussion evidenced that any learning had been shared with other staff members.

Discussion with the manager and one registered nurse, and a review of four 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

There was no specialist equipment, in use in the home on the day of inspection. All staff had received training in the use of syringe drivers and the registered manager was aware that update training in the use of syringe drivers would be accessed through the local healthcare trust nurse.

Is Care Effective? (Quality of Management)

A review of two patient care records, one of whom was recently deceased, 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 and symptom management.

The policy on end of life care stated that "care plans are put in place and family are involved in this". However, there was no evidence in two care records reviewed, that discussion between the patient, their representatives and staff in respect of death and dying arrangements had taken place. There were no care plans regarding end of life care and a review of the records also did not evidence that patient's wishes and their social, cultural and religious preferences were considered. A recommendation was made.

Discussion with the manager and 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. Through discussion there was evidence that staff had managed shared rooms sensitively, when one occupant was receiving end of life care.

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

Is Care Compassionate? (Quality of Care)

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 described how catering/snack arrangements would be provided for relatives, when their loved one was receiving end of life care.

As discussed previously, the staff consulted felt very strongly that their role was to empathise and to support patients and their representatives following sensitive or distressing news. One staff member described how a nurse and a carer sat with a patient who was dying and softy sang to the patient and held their hand, whilst waiting for the patient's family members to arrive. The staff described how they would try to be there for relatives and would cry with them, when a patient died. Several of the staff consulted described how they missed the relatives as much as the patients when they died. There was great compassion shown in the staff's attitude towards death and bereavement and this is highly commended.

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. There was also evidence within the compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

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

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 more experienced staff providing emotional support to those staff, who were new to the caring role and reflecting on the patients' time spent living in the home.

Information regarding support services was available and accessible for staff, patients and their relatives. Advice was given regarding additional information leaflets that are available.

Areas for Improvement

The policies on end of life care and the care of a dying patient should be further developed in line with current regional guidance, such as GAIN (2013) Palliative Care Guidelines and should include the procedure for managing shared rooms and the local arrangements that are in place for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required.

End of life arrangements for patients should be discussed and documented as appropriate, and include patients' wishes in relation to their religious, spiritual and cultural needs.

Number of Requirements:	0	Number of Recommendations:	2

5.5 Additional Areas Examined

Management of dehydration

As discussed in section 5.2, two patient's fluid intake records were reviewed. Shortfalls in fluid intake were identified on three days and despite the total fluid intakes having been totalled, there was no evidence that the fluid intakes had been validated by a registered nurse and appropriate action taken. This was evidenced on five days, when the patients had not reached their recommended fluid target and corresponding entries in the daily evaluation notes indicated that the patients' intake had been good. This was discussed with the registered manager. A recommendation was made.

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	7	6
Patients	5	5
Patients representatives	5	1

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

Staff

'The home here is very friendly and person-centred'.
'Management are extremely approachable and accommodating of staffs' needs. Carers take a genuine interest in (the residents) wellbeing'.
'We love laughing and joking with the residents. Visitors and family always comment on the atmosphere'.
'We all work as part of a team. Staff are always positive'.
'We treat the residents like family'.

Patients

'I am very happy. The nursing manager is very good'.
'It is just perfect'.
'I am here over a year. I am treated very well. I am comfortable although I miss being at home'.
'I am really satisfied with the care I receive. The staff here are very, very good'
'It is a very comfortable nursing home and it is well run. If we have problems, or worries, they are sorted out'.
'The beds are very comfortable'.
'You would be hard pressed to find anything wrong with this place'.

Patients' representatives

'My (relative) is very happy with the care being delivered. The staff are providing good care'.
'I visit regularly. No concerns here'.

Regulation 29 Monthly monitoring report

The regulation 29 monthly monitoring reports were not available for inspection. The registered manager confirmed that the monthly monitoring visit for August had been completed. However, all previously completed reports were in the possession of the responsible person at the registered address. It is a regulatory requirement that the monthly monitoring reports are available in the home for inspection and for others who may wish to read it. A requirement was made.

Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas were examined. In general the areas examined were found to be clean, reasonably tidy and well decorated and warm throughout.

However, in four identified bedrooms, the doors were manually held open using door wedges and/or decorative door stoppers. This practice is not in keeping with fire regulations. The registered manager confirmed that this matter would be addressed as a matter of urgency with all staff. A requirement was made.

Three commode seats were observed to be in need of repair or replacement. Assurances were provided that the identified commodes would be put out on commission and replaced with commodes that were fit for purpose. Advice was given regarding the completion of commode audits. A recommendation was made.

There were several boxes of gloves placed on the handrails along the corridors on the lower level floor. This was discussed with the registered manager who ordered appropriate storage units before the end of the inspection.

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 RQIA Office 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 any 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.

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Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref:** Regulation 15 (2) (a) **Stated:** First time **To be Completed by: 27 November 2015**	A pain assessment must be maintained in patients' care records, If applicable. **A recommendation has been made on two previous occasions.** **Ref: Section 5.2** **Response by Registered Person(s) Detailing the Actions Taken:** Discussed at RN meeting and same has been addressed.
Requirement 2 **Ref:** Regulation 29 **Stated:** First time **To be Completed by: 27 November 2015**	The registered person must ensure that a visit to the home as outlined in Regulation 29 is undertaken at least once a month. A written report of the visit must be completed and retained for inspection. The report should reflect all aspects of quality monitoring in sufficient detail as to the standard of care being provided including the actions to be taken when deficits have been identified. **Ref: Section 5.2** **Response by Registered Person(s) Detailing the Actions Taken:** Reports now in place in the home and discussed with provider.
Requirement 3 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be Completed by: 27 November 2015**	Precautions must be in place that minimise the risk of fire and protect patients, staff and visitors in the event of a fire. This refers specifically to the observed practice of fire doors being propped open. **Ref: Section 5.5** **Response by Registered Person(s) Detailing the Actions Taken:** This has been addressed with all staff + relatives. Door props removed

Recommendations	
Recommendation 1 **Ref**: Standard 36.2 **Stated:** First time **To be Completed by:** **27 November 2015**	The following policies and guidance documents should be developed and made readily available to staff: • A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) Breaking Bad News which should include the procedure for breaking bad news in the event of a sudden or unexpected death. • A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines which* should include the procedure for managing shared rooms and the local arrangements that are in place for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required. **Ref: Section 5.3 and 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: 1. Breaking bad news policy up dated and all above now added. 2. Updated to include shared rooms + access specialist care providers.
Recommendation 2 **Ref**: Standard 32.1 **Stated:** First time **To be Completed by:** **27 November 2015**	End of life arrangements for patients should be discussed and documented as appropriate, and include patients' wishes in relation to their religious, spiritual and cultural needs. **Ref section 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: End of life care plan in place + incorporates all the above.
Recommendation 3 **Ref**: Standard 4.9 **Stated:** First time **To be Completed by:** **27 November 2015**	Where a nursing assessment is made to monitor a patient's daily fluid intake, then the patients daily (24hour) fluid intake must be recorded in their daily progress record to evidence that this area of care is being properly monitored and validated by the registered nurse. **Ref: Section 5.2 and 5.5**
	Response by Registered Person(s) Detailing the Actions Taken: Addressed with all nursing + care staff Training up-dated
Recommendation 4 **Ref**: Standard 46.1 **Stated:** First time **To be Completed by:** **27 November 2015**	The registered manager should ensure that there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures and that the role and responsibility of this person is reviewed, to address the issues identified. **Ref: Section 5.5**
	Response by Registered Person(s) Detailing the Actions Taken: RN + 1 carer delegated to day to day infection control responsibilities

Registered Manager Completing QIP	Joy McLaughlin	Date Completed	16/11/15
Registered Person Approving QIP	M Curran	Date Approved	16/11/15
RQIA Inspector Assessing Response	Aileen Donnelly	Date Approved	24/11/15

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