



The Regulation and
Quality Improvement
Authority

REGULATION AND QUALITY
20 JAN 2015
IMPROVEMENT AUTHORITY

Edgewater
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Newbuildings
Londonderry
BT47 2RL

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**Unannounced Care Inspection
of
Edgewater**

05 November 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 05 November from 09.00 to 15.00.

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 31 October 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	2

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: Edgewater Paul Steele and Michael Curran - responsible persons	Registered Manager: John Green
Person in Charge of the Home at the Time of Inspection: John Green	Date Manager Registered: 14 December 2007
Categories of Care: NH-I	Number of Registered Places: 28
Number of Patients Accommodated on Day of Inspection: 25	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
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, four care staff, one registered nurse and two patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- two 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 announced care estates inspection dated 13 January 2015. The completed QIP was returned and approved by the estates inspector on 5 March 2015. A number of items listed on the QIP of that report were addressed by the provider in the time period following that. This was confirmed by the provider via follow-up e-mail correspondence with the RQIA estates team up until 15 September 2015.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 31 January 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1)(c)(l) Stated: First time	The registered person shall ensure that registered nurses as appropriate be trained in male catheterisation. Action taken as confirmed during the inspection: Inspector confirmed that two registered nurses attended training in male catheterisation on 20 October 2014.	Met
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.3 Stated: First time	It is recommended that a continence link nurse be nominated in the home. Action taken as confirmed during the inspection: Inspector confirmed that a continence link nurse was nominated in the home.	Met

Recommendation 2	It is recommended that a policy be developed on stoma care.	Met
Ref: Standard 19.2	The NICE guidelines on faecal incontinence should also be available in the home.	
Stated: First time	Action taken as confirmed during the inspection: NICE guidelines on faecal incontinence were available. The policy on stoma care had been developed in March 2015.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News and discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A 'palliative care file' was reviewed. Discussion with the registered manager confirmed that plans were in place for this file to be used for every patient requiring palliative care. The content was reviewed and included a breaking bad news template and a consent form for sharing information. This 'palliative care file' is in the process of being validated by the local hospice service. This is good practice and is highly commended. Further detail regarding the palliative care file is outlined in section 5.4.

A sampling of staff training records evidenced that six registered nurses and 12 care staff had completed training in relation to death, dying and bereavement, which included communicating effectively with patients and their families/representatives. This training also included the procedure for breaking bad news as relevant to staff roles and responsibilities. Further detail regarding training is discussed in section 5.4. A review of the staff induction programme evidenced that the care of the dying patient and their relatives was included.

Is Care Effective? (Quality of Management)

Discussion with one registered nurse and four care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. The registered nurse demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. 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 four 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 a strong, supportive relationship 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.

Discussion with the registered manager elicited that the home had participated in the 'My Home Life' initiative which promotes quality of life and delivers positive change in care homes for older people. Through observation, there was evidence that the staff were involved in decision making around external activities, using a decision tree that featured prominently at the entrance to the home. This is to be commended.

Two patient's representative also confirmed that they 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

There were no areas identified for improvement.

Number of Requirements:	0	Number of Recommendations:	0
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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)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. All staff consulted were aware of and able to demonstrate knowledge of the guidelines. However, advice was given regarding deficits in the content of the palliative care policy and a recommendation was made in this regard.

The competency assessment for registered nurses who have the responsibility of being in charge of the home was reviewed and included a section on palliative care. There was a formal protocol for timely access to specialist equipment/drugs in place and discussion with the registered nurse confirmed their knowledge of local arrangements for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required.

As previously discussed a 'palliative care file' was reviewed. The content also included care plan templates for symptom management and a palliative care resource sheet for recording specialist contact details. This is good practice and is highly commended.

As discussed in section 5.3, a sampling of training records were reviewed and there was evidence that staff were trained in the management of death, dying and bereavement. Four registered nursing staff had completed palliative and end of life care training and two registered nurses had also completed an online training course through social care TV. Syringe driver training had been provided to three registered nurses and discussion with the registered manager confirmed that update training would be accessed through the local healthcare trust nurse, if required.

Discussion with the manager, one registered nurse 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.

Discussion with the registered manager confirmed that staff attended palliative care meetings when available and that a nurse would be appointed to attend link nurse training, when made available by the trust. Through discussion there was evidence of good working relationships between the home and the palliative care specialist team.

Is Care Effective? (Quality of Management)

A key worker/named nurse was identified for each patient approaching end of life care. Two care records were reviewed and 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. One care record included a care plan regarding the patient's consent to share information. This is commended.

Discussion with the manager, staff and a review of the 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. Through discussion there was evidence that staff had managed shared rooms sensitively.

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

Is Care Compassionate? (Quality of Care)

Discussion with staff and the review of 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. Nursing staff consulted demonstrated an awareness of patient's 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. Overnight stays were facilitated, where possible and staff consulted with described how catering/snack arrangements would be provided to relatives during this period.

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. From discussion with the manager, 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. Compliments records evidenced that patients' relatives expressed gratitude to the staff, who provided 'great care and love and were always pleasant and cheerful'.

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 supporting staff that were new to the caring role and time spent reflecting on the patients time spent living in the home.

Information regarding support services was available and accessible for staff, patients and their relatives. This information was held in the palliative care file and included a list of professional contacts for end of life care. Information leaflets from Marie Curie were also available for patients and family members who were affected by a terminal illness. Advice was given regarding additional support services that were available.

Areas for Improvement

The policy on palliative and end of life care and death, dying and bereavement should be further developed, in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines* and should include the procedure for the management of an unexpected death and the management of patient's belongings.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

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	5	5
Patients	5	1
Patients representatives	5	3

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

Staff

'We have never missed a funeral yet. Our training kicks in then'
 'It's dead on here. No concerns'
 'The care is very good. We enjoy the work'
 'It makes me feel like I have helped out, when I see a smile on (the patients' faces)'
 'I love my job and continue to do my best'
 'Friendly home atmosphere. A good place to work'
 'This is a loving and caring home. Supportive management and staff. I love working here'

Patients

'We are all spoilt here'
 'It is lovely here. You couldn't get better'
 'Nothing to suggest. They are all great'
 'They are good surely. They give me choice sure enough. They keep me laughing'
 'I am happy in the home'

Patients' representatives

'It's a wonderful place'
 'There is always a smell of cooking in the home and that is very homely'
 'The staff are very friendly'
 'They are excellent here. If (my relative) does not want what is on the menu, they'll make her something she likes'
 'My (relative) knows all the staff by name. The staff keep me well informed'
 'I personally find all the staff very approachable and polite at all times'
 'The staff are very good towards me'
 'We are very happy with the care (my relative) receives'
 'I cannot ask for better care'

Environment

A general tour of the home was undertaken which included a review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. However, one sluice room was observed to be cluttered, disordered in appearance and in need of deep cleaning.

A number of concerns identified were raised with the registered manager as follows;

- two commode basins were left steeping in the sink;
- two commode basins, which required cleaning, were stored on the floor;
- a nebuliser machine, a washing machine, newly purchased flooring material, wheelchairs and specialist seating were also stored in the sluice room; and.
- the cistern lid was missing – management were not aware of this issue.

The registered manager ensured that the sluice room was cleaned before the end of the inspection and all inappropriate items were removed. The registered manager provided assurances that the sluice room would be specifically included in the manager's weekly audit report, to ensure the identified matters would be addressed on an ongoing basis. A recommendation was made in this regard.

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 and Amanda Craig, registered nurse 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

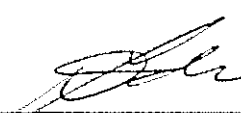

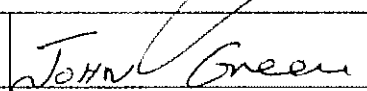

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

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 offices 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.

Quality Improvement Plan

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 32.1 Stated: First time To be Completed by: 03 January 2016	It is recommended that the policy on palliative and end of life care and death, dying and bereavement should be further developed, in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> and should include the procedure for the management of an unexpected death and the management of patient's belongings. Ref: Section 5.4	Response by Registered Person(s) Detailing the Actions Taken: <div style="text-align: center;"> <p><i>This has been immediately updated</i></p>  </div>	
Recommendation 2 Ref: Standard 35.6 Stated: First time To be Completed by: 03 January 2016	The registered manager's daily and weekly auditing processes should include the cleanliness of the sluice rooms in the home. Ref: Section 5.5	Response by Registered Person(s) Detailing the Actions Taken: <div style="text-align: center;"> <p><i>Immediately done and in place.</i></p>  </div>	
Registered Manager Completing QIP		Date Completed	1/12/15
Registered Person Approving QIP		Date Approved	25/12/15
RQIA Inspector Assessing Response		Date Approved	

Please ensure this document is completed in full and returned to RQIA offices



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RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	21/01/2016
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