



The Regulation and
Quality Improvement
Authority

Edenvale Care Home
RQIA ID: 1182
1-7 Edenmore Road
Limavady
BT49 0RF

Inspector: Sharon McKnight
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**Unannounced Care Inspection
of
Edenvale Care Home
18 September 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 18 September 2015 from 10 30 to 17 00 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, one area for improvement was identified and is 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 June 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	1

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

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care	Registered Manager: Carol Craig
Person in Charge of the Home at the Time of Inspection: Carol Craig	Date Manager Registered: 14 August 2009
Categories of Care: NH-LD, NH-MP, NH-MP(E), NH-PH, NH-TI, NH-DE, NH-I, NH-PH(E)	Number of Registered Places: 55
Number of Patients Accommodated on Day of Inspection: 48	Weekly Tariff at Time of Inspection: £603.00 - £608.00

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:

- discussion with registered manager
- discussion with staff
- discussion with patients
- discussion with relatives
- review of records
- observation during a tour of the premises
- evaluation and feedback

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 previous care inspection report and QIP

During the inspection, the inspector met with nine patients individually and with the majority generally, seven care staff, two registered nurses and four patient's visitors/representative.

The following records were examined during the inspection:

- six patient care records
- policies and procedures regarding communication, death and dying, palliative and end of life care
- staff training records
- record of complaints and compliments

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection Edenvale Care Home was an announced finance inspection dated 9 March 2015. The completed QIP was returned and approved by the finance inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection on 30 June 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure that the identified patients' bedrooms are repainted.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the identified bedrooms had been repainted. This requirement has been met.	
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: Care records reviewed detailed the pressure relieving equipment in use. This recommendation has been met.	

<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>It is recommended that Malnutrition Universal Screening Tool (MUST) assessments be reviewed monthly or more often if deemed appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of a sample of Malnutrition Universal Screening Tool (MUST) assessments evidenced that these were reviewed monthly. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>It is recommended that patients' pressure ulcer risk assessments be reviewed monthly or more often if deemed appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of a sample of pressure ulcer risk assessments evidenced that these were reviewed monthly. This recommendation has been met.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. A copy of the DHSSPS regional guidance on breaking bad news was available in the home.

A sample of training records evidenced that staff had not completed formal training in relation to communicating effectively with patients and their families/representatives. However, four staff had recently completed palliative care training provided by Four Seasons Health Care and this training included the area of communication related to palliative and end of life care. Further dates for this training had been arranged to allow more staff to attend.

Discussion with the registered manager, nursing and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Staff spoken with, were knowledgeable and experienced in communicating with patients and their representatives.

Is Care Effective? (Quality of Management)

Care records evidenced that patients' individual needs and wishes in respect of aspects of daily living were appropriately recorded. However, there was varying evidence that end of life issues were discussed with the exception of 'Do Not Attempt Resuscitation' (DNAR) directives. This is discussed further in section 5.4.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered manager and 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. Care staff considered the breaking of bad news to be 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.

Is Care Compassionate? (Quality of Care)

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.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in the home.

Patients and their representatives consulted were generally complimentary of staff and the care provided. Consultation with relatives is further discussed in section 5.5.1. Good relationships were very evident between staff and the patients and visitors.

Compliment cards and letters are retained by the home. Review of these indicated that relatives were appreciative of the care provided by the home.

Areas for Improvement

There were no areas for improvement identified with this standard.

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 end of life care and death and dying were held in the Palliative and End of Life Care Manual which was available in the home in draft form. These documents were currently under review by Four Seasons Health Care to ensure that they were reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A recommendation has been made.

A copy of the GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013 and DHSSPS Living Matters Dying Matters, A Palliative and of Life Care Strategy for Adults in Northern Ireland, March 2010 were available in the home.

A policy and procedure on the management of death and dying was available and reflected best practice guidance. The management of the deceased person's belongings and personal effects was included in the policy and procedure. Staff spoken with, were knowledgeable of the procedure and who has responsibility for ensuring the deceased person's belongings are treated with respect.

Two registered nurses and two care assistants were identified as link workers in palliative care and had recently completed the three day training "Palliative and end of life care" delivered by Four Seasons Health Care. Further dates for this training were arranged with staff identified to attend. Training records evidenced that all staff had completed the workbooks entitled "Death, Dying, Bereavement and Loss".

The home is currently participating in a pilot scheme organised by the Northern Ireland Hospice. The scheme includes the local healthcare Trusts and identified nursing homes. The purpose of the scheme is to develop the role of the community hospice nurse to support staff in nursing homes to safely and effectively manage patients with complex palliative care needs. A range of training opportunities for staff have been arranged between September 2015 and March 2016.

The registered manager confirmed that registered nurses had received training in the management of syringe drivers and that support to manage these was provided by district nursing service within the local health and social care trust.

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

Discussion with the registered manager, registered nurses and care staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life and the appropriate actions to take. Arrangements were in place for timely access to specialist equipment. Discussion with the registered manager and registered nurses confirmed their knowledge of the procedure.

Is Care Effective? (Quality of Management)

Review of care records and discussion with the registered manager, registered nurses and care staff evidenced that death and dying arrangements were identified as part of the needs assessment completed for each patient. Four of the five care records did not contain specific details of the patients' assessed needs or wishes with regard to end of life care. However discussion with two of the palliative care link workers evidenced that the discussions to identify patient's end of life care had started to take place and that a palliative care register was currently being completed. This register included the patients requested needs, preferred place of care and identified spiritual needs, including a contact number for their minister of religion. Discussions also included the patient's current condition/diagnosis and any issues raised by the patient and/or their families. Actions taken following these discussions, for example information regarding support organisations or referrals to healthcare professionals was recorded.

Staff confirmed that following completion of the register a care plan for end of life care would be formulated for each individual patient. Following discussion with staff and review of the palliative care register RQIA were satisfied that there were systems in place to identify patients' needs and wishes with regard to end of life care. The link workers spoken with were knowledgeable regarding the definition of palliative care and compassionate in the examples provided of how they plan to introduce and discuss this topic with patients and relatives.

Discussion with registered nurses and care staff evidenced that environmental factors, which had the potential to impact on patient privacy had been considered. Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were been provided by the staff team. A quiet room for relatives was available on the first floor. A variety of information leaflets from Marie Curie and Health and Social Care Board (HSC) Bereavement Network were available.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

Is Care Compassionate? (Quality of Care)

The religious, spiritual or cultural need of the patients had been identified and there was evidence of consideration of these areas in respect of end of life care. Discussion with patients and staff evidenced that arrangements were in place on a day to day basis to meet patients' religious and spiritual needs.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient who was ill or dying. As previously discussed a quiet room was available for relatives. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, nine staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

"The family wish to express their gratitude and appreciation to all staff for all your kindness and care given to ... over the years in your care in Edenvale Care Home especially in the final months of her life."

"The staff were totally dedicated to our mother and indeed the kindness and consideration that was shown to us in the final days of her sickness was very much appreciated."

"...would sincerely like to thank each and everyone of you for the care and attention you gave to ... over the past years. He was cared for in a magnificent manner and great dignity."

Areas for Improvement

To ensure that staff knowledge and care delivery is reflective of best practice in palliative and end of life care it was recommended that when the updated palliative and end of life care manual is issued by Four Seasons Health Care that staff receive an induction/training on the content.

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

5.5.1 Consultation with patients, relatives and staff

Discussion took place with nine patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. One patient stated they would like more staff on duty. The registered manager and regional manager were aware of the patient's view.

Four patients' representatives were spoken with. Three relatives confirmed that they were happy with the standard of care and communication with staff in the home. One relative discussed a complaint they had raised regarding care issues and was advised of the DHSSPS complaints procedure. Review of the complaints records and discussion with the registered manager confirmed that the issues were being addressed through the complaints procedure.

Two completed questionnaires were received from patient's representatives following the inspection. The relatives indicated that they were satisfied or very satisfied that care was safe, effective and compassionate.

Comments included:

"The care the staff give ... is excellent."

"The nursing home is like a place to feel comfortable and well looked after."

Staff commented positively with regard to staffing and the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences. A number of the staff had worked in the home for a considerable time and demonstrated great ownership and pride in the care they delivered.

Ten questionnaires were issued to nursing, care and ancillary staff. None were returned prior to the issue of this report.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Carol Craig, registered manager and Mrs Louisa Rae, regional 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.

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

Recommendations

Recommendation 1 Ref: Standard 36.2 Stated: First time To be Completed by: 30 October 2015	It is recommended that when the updated Palliative and end of life care manual is issued by Four Seasons Healthcare staff receive an induction/training on the content to ensure their knowledge and care delivery is reflective of best practice in palliative and end of life care.		
	Response by Registered Person(s) Detailing the Actions Taken: Palliative and end of life care manual is now in place and supervsion are being cascaded to inform staff		
Registered Manager Completing QIP	Carol Craig	Date Completed	19.10.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	21.10.15
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	26-10-15

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