



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Templemoyle**

3 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 03 September 2015 from 09.30 to 15.30.

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 27 August 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	1	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: Elizabeth Kathleen Mary Lisk	Registered Manager: Jeya Pratheeksha
Person in Charge of the Home at the Time of Inspection: Jeya Pratheeksha	Date Manager Registered: 09 January 2015
Categories of Care: NH-I, NH-PH	Number of Registered Places: 30
Number of Patients Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: Trust rates

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 five patients, two care staff, two nursing staff, one domestic staff and six patient's visitors/representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- three patient care records;
- staff training records;
- complaints records;
- regulation 29 monthly monitoring reports;
- accident reports;
- policies for communication and end of life care; 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 the home was an announced estates inspection dated 20 October 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last care inspection on 27 August 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (7) Stated: Second time	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>Ensure the carpet in the identified patients bedroom is deep cleaned/replaced.</p> <p>Reference: Follow up on previous issues</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager confirmed to the inspector that the identified patient's flooring had been replaced.</p>	Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively. The policy did not reflect current best practice, including regional guidelines on Breaking Bad News. A recommendation was made to address this. However, discussion with two registered nursing staff confirmed that they were knowledgeable regarding the procedure for breaking bad news.

A review of training records confirmed that the registered manager had attended palliative care training that included training on breaking bad news. One registered nurse identified a training need regarding this procedure for breaking bad news. This was discussed with the registered manager, who agreed to address this.

Is Care Effective? (Quality of Management)

The policy on end of life care stated that the patients' care plan should include a record of when discussions took place regarding end of life care. A review of three patient care records identified that care plans had been developed regarding the decision not to attempt resuscitation. However, there was no evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs or that options and treatment plans had been discussed.

All care staff consulted with stated that they would defer to the nursing staff if they needed support in communicating with patients' representatives. However, they all stated that they felt sufficiently experienced to have discussions with family members, if required.

One registered nurse described their ability to communicate sensitively with patients and relatives when breaking bad news and provided an example of how they had done this in the past. Both nurses 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 or increased visits by the general practitioner. 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.

Is Care Compassionate? (Quality of Care)

Discussion with five 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 taking time to reassure patients as was required from time to time.

Discussion with staff and a review of compliments records evidenced that patients' relatives/representatives were appreciative of the care provided to them, when their loved one was receiving end of life care.

Areas for Improvement

A policy on communicating effectively should be developed, in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News*.

Number of Requirements:	0	Number of Recommendations: *1 recommendation made is stated under Standard 32 below	*1
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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 did not reflect best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. The policies did include guidance on the management of the deceased person's belongings and personal effects and the out of hours protocol for accessing medicines and/or equipment. However, the policies did not include the procedure for referring patients to specialist palliative services; the procedure for managing shared rooms; the process for notifying RQIA in the event of a death; and management of a sudden or unexpected death. The policies also did not have any references regarding the Northern Ireland legislation or minimum standards. A recommendation is made.

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 10 nursing staff had been trained in the management of death, dying and bereavement. Discussion with the registered manager confirmed that plans were in place for this training to be extended to all grades of staff. A review of training records confirmed that the registered manager had attended a three-day course on palliative care and that another registered nurse would be facilitated to attend the upcoming palliative care meeting.

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

- there were arrangements in place for staff to make referrals to specialist palliative care services and where instruction had been provided, they were evidently adhered to; and
- 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. There was syringe driver reference material available in the palliative care folder and the registered manager was aware that update training for staff in the use of syringe drivers was accessible through the local healthcare trust nurse.

The registered manager was the identified palliative care link nurse.

Is Care Effective? (Quality of Management)

The policy on end of life care stated that the registered nurses should assess and review the changing needs of service users with deteriorating conditions. A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain and symptom management.

The policy on end of life care also stated that specific cultural and religious needs should be observed before and after a patient had died and that the care plans would be developed in partnership with each service users' representative, The care plans reviewed were standardised 'core' care plans and there was evidence of some effort to personalise the care plans. However, the care plans reviewed were not sufficiently person-centred and the records reviewed also did not evidence discussion between the patient, their representatives and staff in respect of death and dying arrangements. A recommendation is made to address this.

Discussion with the manager and staff evidenced that environmental factors had been considered, shared rooms had been managed sensitively and management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

There was also a key worker/named nurse identified for each patient approaching end of life care.

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

Is Care Compassionate? (Quality of Care)

As discussed previously, a review of three patient care records did not evidence that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. However, two registered nursing staff consulted demonstrated an awareness of patients' expressed wishes and needs.

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 described how overnight facilities would be offered, if there was a vacant bedroom and that patients' representatives would be offered refreshments or meals during this period.

From discussion with the manager and staff there was evidence that arrangements in the home were sufficient to support relatives during this time. 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. One care staff expressed that they wished to be informed of a patient's death, when on their days off. This was discussed with the registered nurse manager, who agreed to address this.

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 support to new staff and time spent reflecting on the patient's time spent living in the home. Information regarding support services was available and accessible for staff, patients and their relatives. This information included information leaflets from Marie Curie on a free support service.

Areas for Improvement

The policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines* which should include the referral procedure for specialist palliative care nurses; the procedure for managing shared rooms; the process for notifying RQIA in the event of a death; and the management of a sudden or unexpected death.

Registered nursing staff should record efforts made to establish patients' preferences in respect of end of life care and that for patients who do not wish to discuss this, a record should be also be maintained, in line with the policy on end of life care. Where a decision is made regarding end of life care, a care plan should be developed and should include identified religious, spiritual and cultural needs.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

Care Records

A review of the accident reports for the two months preceding the inspection confirmed that two out of five incidents had not been communicated to the patients' representatives. This had been identified in the regulation 29 monthly monitoring report. Assurances were provided by the registered manager that this would be addressed.

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	8
Patients	5	3
Patients representatives	5	1

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

Staff

'It's a great home to be working at. The girls are hard-working and they are all great at their jobs.'

'We are a very good team of staff, providing high quality care.'

'It is very good here. I would not stay here, if it wasn't.'

'The nurses are very good at communicating with (the cleaning staff). They always keep us informed of any changes.'

'We have no problems here. If we had the manager would sort it out for us.'

Patients

'I am very happy with the home.'

'It is fair enough. The food is good. I am pleased with the care.'

One identified patient stated that the footrest to his reclining chair was broken. The registered manager confirmed that this would be addressed. Another identified patient commented that they would like their opinion to be counted. This was discussed with the registered manager, who provided assurances that the identified patient would be offered the opportunity to participate in patients' meetings.

Patients' representatives

'Staff are always approachable and any request regarding (my relative's) care and comfort is duly dealt with.'

'We are all very happy.'

'We couldn't complain.'

'There have been improvements recently. It could be better.'

'I complained a long time ago and it was dealt with.'

'It is very good. We have no concerns.'

One patient's representative stated that the staff on the middle floor can be difficult to find at times. They stated that they had brought this to the attention of the manager. The registered manager stated that this complaint had only recently come to her attention and that the relatives had been encouraged to bring these matters to her attention, when they occur.

Fire Safety

A review of the visitor sign-in book identified that no visitors had signed in from 25 July 2015 to the date of the inspection. This was discussed with the registered manager, who provided assurances that this would be addressed with the staff and with all visitors to the home. A requirement is made.

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.

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

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 4. 22</p> <p>Stated: First time</p> <p>To be Completed by: 02 November 2015</p>	<p>The registered persons must review the current system for recording of visitors to the home.</p> <p>A report regarding how this has been addressed must be submitted to RQIA, with the returned QIP.</p> <p>Ref: Section 5.5</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>There has been a notice put on the front door to advise visitors to sign the visitors book. A letter has been sent to Next of kins with the same advice. Staff have been informed of the importance of this issue. This is currently being monitored.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 02 November 2015</p>	<p>The following policies and guidance documents should be developed and made readily available to staff:</p> <ul style="list-style-type: none"> • A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) <i>Breaking Bad News</i>. • A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines which</i> should include the referral procedure for specialist palliative care nurses; the procedure for managing shared rooms; the process for notifying RQIA in the event of a death; and management of a sudden or unexpected death. <p>Ref: Section 5.3 and 5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The homes policy has been rewritten to incorporate the " Breaking Bad news" and "Palliative care Guidelines".</p>
<p>Recommendation 2</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 02 November 2015</p>	<p>Registered nursing staff should record efforts made to establish patients' preferences in respect of end of life care and that for patients who do not wish to discuss this, a record should be also be maintained in line with the policy on end of life care.</p> <p>Where a decision is made regarding end of life care, a care plan should be developed and should include identified religious, spiritual and cultural needs.</p> <p>Ref: Section 5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All trained staff have been made aware of this issue. Records will be</p>

	added to the communication section of the care file. Care plans will be updated to reflect this. This is ongoing.
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Registered Manager Completing QIP	Jeya Pratheeksha	Date Completed	15/10/15
Registered Person Approving QIP	Elizabeth Lisk	Date Approved	30/10/15
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	03/11/2015

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