



The Regulation and
Quality Improvement
Authority

Inspector: Bridget Dougan
Inspection ID: IN022029

Harold McCauley House
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**Unannounced Care Inspection
of
Harold McCauley House**

29 June 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 June 2015 from 12.00 to 16.00 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 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.

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 15 April 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	4

The total number includes three new and one restated recommendation.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Nilda Babanto (nurse in charge) and Caroline Crawford (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: Presbyterian Board of Social Witness Mrs Linda Wray	Registered Manager: Mrs Caroline Crawford
Person in Charge of the Home at the Time of Inspection: Ms Nilda Babanto	Date Manager Registered: 1 April 2005
Categories of Care: NH-LD, NH-DE, NH-I	Number of Registered Places: 32
Number of Patients Accommodated on Day of Inspection: 32	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:

- discussion with the nurse in charge
- discussion with the registered manager following the inspection
- discussion with staff
- discussion with patients
- discussion with one patient representative
- review of records
- observation during an inspection 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 quality improvement plan

During the inspection, the majority of patients were consulted either individually or in small groups. Discussion was also undertaken with two registered nursing staff, four care staff, and one patient's representative.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- policies for communication, death and dying, and palliative and end of life care
- complaints and compliments records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Harold McCauley House was an announced estates inspection dated 19 February 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) Stated: First time	<p>It is required that patients' care records are reviewed and updated in order to ensure that care plans fully reflect the patients' assessed needs.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed three patients' care records and confirmed these had been reviewed and updated on a regular basis.</p>	Met
Requirement 2 Ref: Regulation 12 (4) (a) Stated: First time	<p>The registered person shall ensure that food and fluids are provided in adequate quantities and at appropriate intervals.</p> <p>Action taken as confirmed during the inspection: Review of food and fluids charts evidenced that this requirement had been met.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time	<p>It is recommended that infection control and pain assessments are undertaken for patients on admission to the home.</p> <p>Action taken as confirmed during the inspection: Three patients care records were reviewed and evidenced that infection control and pain assessments were undertaken for patients on admission to the home.</p>	Met
Recommendation 2 Ref: Standard 6.2 Stated: First time	<p>It is recommended that all entries in care records be dated, timed and signed with the signature accompanied by the name and designation of the signatory.</p> <p>Action taken as confirmed during the inspection: Review of a sample of patients care records evidenced that all entries in care records were dated, timed and signed with the signature accompanied by the name and designation of the signatory.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p>	<p>It is recommended that the menu planner be reviewed to include choices for snacks for patients on therapeutic diets.</p> <hr/> <p>Action taken as confirmed during the inspection: Menu planner was reviewed and included choices for snacks for patients on therapeutic diets.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p>	<p>It is recommended that the 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.</p> <hr/> <p>Action taken as confirmed during the inspection: Three patients care plans were reviewed and confirmed that pressure relieving equipment in use on patients' beds and when sitting out of bed had been addressed in two patients' care plans on pressure area care and prevention.</p>	<p>Partially Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and referred to regional guidance on breaking bad news. The guidance document on breaking bad news was available for staff.

The registered manager confirmed following the inspection, that registered nurses had completed training in relation to communicating effectively with patients and their families/representatives. This was included in palliative care/end of life training. It is recommended that training on breaking bad news and communication around end of life care should also be provided for care assistants.

Is Care Effective? (Quality of Management)

Three care records evidenced that patients individual needs and wishes regarding the end of life care were appropriately recorded. Care interventions within records referenced the patient's specific communication needs.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nurses and three care staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by sitting down with the patient and or patient representatives in a private area, speaking in a calm but reassuring tone and providing an opportunity to answer any questions or concerns and where appropriate offering gestures of affection and compassion.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care practices, including many staff/patient interactions confirmed that communication is well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with the majority of patients either individually or in small groups. All patients consulted stated that they were very happy with the quality of care delivered and with life in Harold McCauley House. They confirmed staff were polite and courteous and that they felt safe in the home. One patient's representative confirmed that they were very happy with standards maintained in the home.

Areas for Improvement

Training for care assistants in communication skills, including breaking bad news will further enhance the quality of life in the home.

Number of Requirements:	0	Number of Recommendations:	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 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. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013, a copy of which were available in the home.

The registered manager confirmed that the majority of registered nursing staff had completed Palliative and End of Life Care, including syringe driver training on 20/11/2014. It is recommended that care assistants receive palliative care/end of life training appropriate to their roles and responsibilities.

Discussion with registered 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 other specialist practitioners.

Discussion with the registered nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol issued by the Western Health and Social Care Trust for timely access to any specialist equipment or drugs was available and discussion with registered nursing staff confirmed their knowledge of the protocol.

Staff confirmed that they are able to source a syringe driver via the community nursing team if required.

The registered manager is the palliative care link nurse for the home. The registered manager has attended the link meetings and updates provided by the relevant Trust.

Is Care Effective? (Quality of Management)

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 management and symptom management. There was evidence that social, cultural and religious preferences were also considered and care interventions reviewed were very person centred. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life care. This information was recorded in the patients care records.

Discussion with nursing and care staff and a review of care records evidenced that environmental factors had been considered when a patient was at end of life. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities had been 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 provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a 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 and care 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.

From discussion with staff, relatives and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the nurse in charge 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.

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

From discussion with the staff it was evident that arrangements were in place to support staff following the death of a patient.

Information regarding support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

It is recommended that care assistants receive palliative care/end of life training appropriate to their roles and responsibilities.

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

5.5.1 Consultation with patients, their representatives, staff and professional visitors

As part of the inspection process the majority of patients were spoken with either individually or in small groups. Comments from patients regarding the quality of care, food and in general the life of the home were positive.

A few comments are detailed below:

“happy with everything.”

“so far so good.”

“I'm pleased with everything.”

“I'm well looked after.”

Five questionnaires were issued to patients' representatives and returned following the inspection.

A few comments received as follows:

“XX enjoys the food very much and the social interaction with others”

“staff are very pleasant and caring...nothing is too much trouble. This means that elderly feel safe and unafraid to voice their concerns”

“we as a family are very happy with mum's care here. She is treated well and with dignity. It is a happy home to come into and is always clean and well kept”

“the standard of care is excellent, the staff are dedicated and caring”

“excellent care on a high level”

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned either during or post inspection visit.

Some comments received from staff are detailed below:

“good food, high standard of care, more staffing.”

“there are a lot of different activities.”

“staffing levels at weekends can cause low staff morale.”

5.5.2 Staffing

Duty rotas for weeks commencing 22 and 29 June 2015 were reviewed. The number and ratio of staff on duty appeared to be sufficient to meet the care needs of patients. However a number of staff expressed concerns that staffing levels had been reduced by one care assistant on the morning shift at weekends. Staff felt this was impacting on staff morale. A recommendation has been made.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Nilda Babanto (nurse in charge) and Caroline Crawford (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 the 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 5.3 Stated: Third time To be Completed by: 31 July 2015	The registered manager must ensure that patients care plans are reviewed and updated to specify the pressure relieving equipment on the patient's bed and also when sitting out of bed.		
	Response by Registered Person(s) Detailing the Actions Taken: staff have updated care plans to detail pressure relieving equipment.		
Recommendation 2 Ref: Standard 19.1 Stated: First time To be Completed by: 30 September 2015	It is recommended that the registered manager ensures that care staff receive training on breaking bad news communication skills		
	Response by Registered Person(s) Detailing the Actions Taken: This training is being arranged for September.		
Recommendation 3 Ref: Standard 32.3 Stated: First time To be Completed by: 30 September 2015	It is recommended that the registered manager ensures that care staff receives training on palliative/end of life care, appropriate to their roles and responsibilities.		
	Response by Registered Person(s) Detailing the Actions Taken: This training will be delivered in September..		
Recommendation 4 Ref: Standard 41.1 Stated: First time To be Completed by: 31 July 2015	The registered manager should review staffing levels to ensure the number and ratio of staff on duty at all times meets the care needs of patients.		
	Response by Registered Person(s) Detailing the Actions Taken: A review of staff hours is ongoing to ascertain when a variation of staff levels is required.		
Registered Manager Completing QIP	Caroline Crawford	Date Completed	4 th August 2015
Registered Person Approving QIP	Linda Wray	Date Approved	4 th August 2015
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	10 th August 2015

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