



The **Regulation and  
Quality Improvement  
Authority**

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Inspection ID: IN021871**

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**Unannounced Care Inspection  
of  
Bell Gray House**

**7 July 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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 7 July 2015 from 10:45 to 15.45 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to describe those living in Bell Gray House which provides both nursing and residential care.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with Eileen Stanford, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Apex Housing Association Mr Gerald Kelly	<b>Registered Manager:</b> Mrs Eileen Stanford
<b>Person in Charge of the Home at the Time of Inspection:</b> Eileen Stanford	<b>Date Manager Registered:</b> 26 January 2015
<b>Categories of Care:</b> NH-LD, RC-I, NH-I, NH-PH	<b>Number of Registered Places:</b> 35
<b>Number of Patients Accommodated on Day of Inspection:</b> Nursing: 23 Residential: 5	<b>Weekly Tariff at Time of Inspection:</b> £493-£613

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection 30 July 2014 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 registered manager
- discussion with patients
- discussion with staff
- discussion with patient's representative's
- review of a selection of records
- observation of care practices during a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 January 2015
- the registration status of the home
- any communication/information received by RQIA regarding the home since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)

During the inspection, the inspector met with five patients individually and with the majority of others in small groups, two registered nurses, three care staff and two ancillary staff. Four questionnaires for staff not on duty during the inspection were issued for distribution. Questionnaires for two patients and three patient representatives were completed and returned.

The following records were examined during the inspection:

- four patient care records including supplementary care charts
- staff training records and training schedule for 2015
- competency and capability assessments for registered nurses and induction programme for care staff
- policies and procedures regarding the theme of inspection
- a record of compliments received by the home from relatives and patients
- the complaints record
- reports of visit/quality assurance audits undertaken on behalf of the responsible individual

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 06 October 2014. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the last care (Same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 19 (3)(a) <b>Stated:</b> First time	The registered person shall ensure that records are kept up to date. <b>Action taken as confirmed during the inspection:</b> Review of repositioning records confirmed this requirement was met.	<b>Met</b>

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 2</b> <b>Ref:</b> Regulation 20 (1)(c)(i) <b>Stated:</b> First time	Staff as appropriate are required to be trained in the following areas; <ul style="list-style-type: none"> <li>• nutrition awareness</li> <li>• preparation and presentation of pureed meals</li> <li>• fortification of foods</li> <li>• dysphagia awareness</li> <li>• Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes</li> <li>• Record keeping</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff training records evidenced that training had been completed in the identified areas.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 13 (8)(a) <b>Stated:</b> First time	The registered person shall make suitable arrangements to ensure that the nursing home is conducted in a manner which respects the privacy and <u>dignity</u> of patients/residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An observation of the mealtime experience and other care delivery evidenced that patients were treated by staff in a respectful and dignified manner.	
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30.1 <b>Stated:</b> First time	It is recommended that an activity therapist be employed in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that three identified staff are allocated to provide activities on a daily basis over the working week. Activities are also provided by external providers. An activity schedule was displayed and during the inspection activities were observed being delivered. Both patients and patient representatives confirmed their enjoyment and satisfaction with this arrangement.	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 2</b> <b>Ref:</b> Standard 12.10 <b>Stated:</b> First time	It is recommended that a registered nurse supervises the patients' and residents' meals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Registered nurses were observed in the dining room assisting and supervising the lunch time meal.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 30.5 <b>Stated:</b> First time	It is recommended that the times that housekeeping staff are rostered be reviewed to facilitate the smooth running of the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The allocation of housekeeping hours of work has been reviewed and sent to operational management for approval. The proposed working hours is currently being piloted and feedback from staff and management was positive in regards to same.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 12.5 <b>Stated:</b> Second time	It is recommended that the serving of meals be reviewed to improve the dining experience for the patients and residents. It is also recommended that the mealtimes be reviewed to ensure appropriate intervals between meals.	<b>Met</b>
	<b>Action taken as confirmed during the Inspection:</b> Observation of the lunch time meal confirmed that the dining experience was positive. Tables were set appropriately, staff were organised in regards to their role, the food was plentiful and patient's comments were very positive. Those patients who required assistance were provided with same in a timely way.	

## 5.3 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

A policy and procedure was not available on “communicating effectively”. The manager advised a policy has yet to be developed. The regional guidelines on “Breaking bad news” were available and registered nurses were aware of same.

A sampling of staff training records evidenced that some staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities. Discussion with the manager and staff confirmed that training for those staff that had not completed training in communication skills including the practice of breaking bad news, would further enhance the implementation of this practice.

### Is Care Effective? (Quality of Management)

Review of care records reflected that patients’ individual needs and wishes regarding end of life care were appropriately recorded. Recording within records included reference to the patient’s specific communication needs such as when a patient required spectacles, hearing aid or if a patient had difficulty understanding.

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

Nursing and care staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. This was however, dependent on the staff members experience; for example some of the care staff spoken with said they would refer the patient or relatives to the registered nurse, while others felt confident to offer reassurance.

### Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with compassion, dignity and respect by all grades of staff. There were a number of occasions when patients were assisted by nursing and care staff in a professional and compassionate manner ensuring patients dignity was respected at all times. There was evidence of good relationships between staff and patients.

Staff spoke about patients in a caring and compassionate manner and it was evident that the manager and all grades of staff knew their patients well.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Bell Gray. Patients confirmed that staff were polite, caring and courteous and they felt safe in the home.

## Areas for Improvement

The registered person should develop a policy in regards to communicating sensitively to include the DHSSPS regional guidance on breaking bad news and provide training for staff in this regard to further enhance the implementation of this standard and the quality of life in the home.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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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.

Training records evidenced that some registered nursing staff were trained in the management of palliative care, death and dying and bereavement however, care staff had not completed training in this regard. Registered nursing staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, 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 in place and discussion with registered nursing staff confirmed their knowledge of the protocol.

A registered nurse had recently been nominated as the palliative care link nurse and has attended the link meetings with the Trust.

#### Is Care Effective? (Quality of Management)

A review of 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. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered however this element could be further developed to enhance the delivery of person centred care. 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. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.



Discussion with the manager, nursing and care staff and a review of 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.

A review of notifications of death to RQIA evidenced that the home notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

### **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. Staff consulted demonstrated an awareness of patient's and relatives 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 wished with the person including overnight stays and staff ensured that refreshments were made available.

There was evidence within the compliments record that relatives had commended the management and staff for their efforts towards the family and patient. Comments included:

“ we would like you to know how impressed we were with the nursing care...we found the whole experience less painful because of the diligent staff...we were given so much encouragement to be there at all times.. respect was very evident...we thank you for supplying all the refreshments so often...we feel everyone we came into contact with went the “Extra Mile”.

Discussion with the manager and a review of the complaints record 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. This included a service held within the home when other patients, relatives and staff are invited to attend. A guard of honour is held for the removal and staff represents the home by attending the funeral service.

From discussion with the manager and 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

A recommendation is made to ensure that care records are further developed to enhance the delivery of person centred care for end of life care. A recommendation for training in regards to the palliative and end of life care has been incorporated into a recommendation made under standard 19.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> <b>*1 recommendations made are stated under Standard 19 above</b>	<b>2</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Environment & Infection Control

A general inspection of the home was undertaken which included a random sample of bedrooms and bathrooms. The home was found to be warm, well decorated and clean throughout.

However a number of issues pertaining to infection control were observed. Some signage in bathrooms was not laminated and sticky tape was in use. Incontinence aids removed from the original packaging were being stored in bathrooms. Some door frames were damaged with bare wood exposed. These matters are not in keeping with best practice guidance for infection prevention and control and were discussed with the manager. A recommendation has been made.

### 5.5.2. Consultation with patient, staff and relatives

In addition to speaking with patients, staff and patient representatives during inspection, questionnaires were issued for a sample of staff not on duty and also for patient representatives.

Ten questionnaires were issued for staff, and six were returned either during or post inspection. Responses indicated that care was safe, effective and compassionate. Discussion with staff during inspection confirmed they felt that staff delivered a high standard of care and were confident in dealing with sensitive issues. Care staff did indicate their desire for further training in relation to the inspection theme and this was discussed with management and a recommendation has been made.

Five questionnaires were issued to patient representatives of which three were returned. Comments made were all positive and included:

“I am very happy with the care”

“I can talk to them about anything”

“I would recommend this home to anyone”

“Staff are very polite and helpful, very friendly ...excellent nursing home”.

Any issues raised during discussion with patient representatives were discussed with the manager who agreed to follow up and address accordingly.

Five patients were spoken with individually and the majority of others in small groups. Patients were complimentary regarding the care delivered, staff, food and the environment. Comments included:

“This is better than home”

“I have found paradise”

Those patients who were unable to communicate verbally indicated by their demeanour that they were relaxed and comfortable in their surroundings with staff.

### **5.5.3 Complaints**

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the return questionnaire indicated that four complaints were received by the home in the past year.

A review of the complaints record confirmed this information. The current complaints record needs to be developed to include all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined. 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 Eileen Stanford 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](mailto: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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b> Ref: Standard 36 Stated: First time To be Completed by: <b>7 September 2015</b>	It is recommended that a policy and procedure should be developed on communicating effectively. This should include reference to the regional guidance for breaking bad news.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> A policy and procedure is currently being developed on communicating effectively, this will also include reference to the regional guidance for breaking bad news.
<b>Recommendation 2</b> Ref: Standard 39 Stated: First time To be Completed by: <b>7 October 2015</b>	It is recommended that the registered person ensures that all grades of staff receive training on the following; <ol style="list-style-type: none"> <li>1. Communication skills including the breaking of bad news</li> <li>2. Palliative and end of life care, death and dying.</li> </ol> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following discussion with the training officer the training will be rolled out to all staff via e-learning
<b>Recommendation 3</b> Ref: Standard 20.2 Stated: First time To be Completed by: <b>7 September 2015</b>	It is recommended that end of life care plans are developed to enhance the delivery of person centred care and reflect the patient's/patient representatives wishes.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> All registered nurses to review the existing end of life care plan and develop a more person centred plan of care, reflecting the resident's/relatives wishes.
<b>Recommendation 4</b> Ref: Standard 46 Stated: First time To be Completed by: <b>7 September 2015</b>	It is recommended that there is an established system to assure compliance with best practice in infection prevention and control within the home in regards to the issues identified in section 5.5.1.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> An established system is in place to assure compliance with best practice in infection prevention and control within the home. All issues will be addressed, property services are aware of the recommendation..
<b>Recommendation 5</b> Ref: Standard 16 Stated: First time To be Completed by: <b>7 September 2015</b>	It is recommended that records of all complaints include all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined. A recommendation has been made.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> In future a letter of acknowledgment of the complaint will be issued to

	the complainant and a letter of satisfactory/unsatisfactory resolution. ononce the
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<b>Registered Manager Completing QIP</b>	Eileen Stanford	<b>Date Completed</b>	10/08/15
<b>Registered Person Approving QIP</b>	Muriel Sands	<b>Date Approved</b>	10/08/15
<b>RQIA Inspector Assessing Response</b>	Sharon Loane	<b>Date Approved</b>	17/08/15

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**