



The Regulation and
Quality Improvement
Authority

Millcroft
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**Unannounced Care Inspection
of
Millcroft**

21 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 09:45 to 17:30.

This inspection was underpinned by one standard and one theme. Standard 19 - Communicating Effectively, Theme 'End of Life Care' incorporating criteria from 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.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection of 29 May 2014.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding moving and handling practice was issued to Mrs Carmen Leonard at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

The details of the QIP within this report were discussed with the Mrs Carmen Leonard manager and Mrs Carol Kelly, responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Carewell Homes Ltd / Carol Kelly	Registered Manager: Carmen Leonard
Person in Charge of the Home at the Time of Inspection: Carmen Leonard	Date Manager Registered: 19 January 2012
Categories of Care: RC-1, RC-PH,RC-PH(E),NH-I,NH-PH,NH-PH(E)	Number of Registered Places: 92
Number of Patients Accommodated on Day of Inspection: 71	Weekly Tariff at Time of Inspection: £470 - £637

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 standard 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 32)**

4. Methods/Process

Prior to inspection the following records were examined:

- 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 (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 50 patients either individually or in small groups. Discussion was also undertaken with five care staff, four nursing staff, three ancillary staff, five relatives and three visiting professionals.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- four patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 29 May 2014. The completed QIP was returned and approved by the aligned care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (3)	The registered manager shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence. These competency and capability assessments should be kept under review.	Met
	Action taken as confirmed during the inspection: The inspector confirmed from examination of four competency and capability records that these were available and up to date at the time of inspection.	
Requirement 2 Ref: Regulation 16 (2)	The registered person shall ensure that patients' bedrail risk assessments and care plans are reviewed monthly or more often if deemed appropriate.	Met
	Action taken as confirmed during the inspection The inspector confirmed from the examination of four patient's records that bedrail risk assessments and care plans were reviewed monthly or more often if deemed appropriate.	

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 and procedure has yet to be developed.

A sample of staff training records evidenced that staff had not completed training per se in relation to communicating effectively with patients and their families / representatives. Discussion with eight staff including the registered manager confirmed that whilst communication skills are developed and verbally referenced throughout the induction process, no formal training on communication skills, including breaking bad news, has been provided for staff. Communication training should be provided to include the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Four care records were reviewed. Care records generally reflected patient individual needs and wishes regarding the end of life care. Whilst there were care plans in place for spirituality, death and dying, these were generic and one did not reference the patient's specific wishes.

Recording within 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. The records evidenced that with patients and/or their representatives' consent, information had been shared with the relevant health care professionals.

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

Five care staff and four registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or representatives. Discussion with staff identified that a policy and procedure on 'breaking bad news' would be beneficial to guide them in their practice.

Is Care Compassionate? (Quality of Care)

Observation of the delivery of care, 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 50 patients. All patients stated that they were very happy with the quality of care delivered and with life in Millcroft Nursing Home. They confirmed that staff were polite and courteous and that they felt safe in the home.

Five patient's representatives and three visiting professionals discussed care delivery and also confirmed that they were very happy with standards maintained in the home.

A number of compliment cards were displayed from past family members.

Areas for Improvement

The registered persons must develop a policy and procedure in regards to communicating sensitively to include regional guidelines on Breaking Bad News. Training in communication skills, including the practice of breaking bad news, will further enhance the quality of life in the home. End of life care plans should be person-centred and reflect the patient's wishes.

Number of Requirements	0	Number of Recommendations:	3 (Identified above)
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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 32)

Is Care Safe? (Quality of Life)

A policy and procedure on the management of death and dying was available, dated from 2010. The most recent best practice guidance in the management of palliative care in nursing homes was therefore not included. The management of the deceased person's belongings and personal effects was included in the policy and procedure.

Training records evidenced that the majority of staff had not completed training in the management of death, dying and bereavement. Discussion with the registered manager and senior nurse confirmed they both had completed a two day course provided by the Northern Ireland Hospice. Further arrangements were in place for four staff to attend End of Life training in June 2015.

Review of a sample of nurse competency assessments evidenced that no reference was made to palliative/end of life care.

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

Discussion with the manager, seven staff and a review of four relevant 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 for timely access to any specialist equipment or drugs was not in place; however discussion with two registered nursing staff confirmed their knowledge of how to access this equipment, including out of hours if required. Both nurses confirmed they had been trained in the use of syringe drivers.

Two palliative care link nurses had been identified and attend regular link meetings with the Trust.

Is Care Effective?

A review of four care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration, nutrition and symptom management. While pain

assessments had been completed for all patients and reviewed on a regular basis, a care plan for the management of pain had not been developed for one patient on regular analgesia.

A key worker/named nurse had been 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, staff and a review of four 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. Refreshments were provided and the manager advised that work was underway to develop a designated area on the ground floor for families to relax and rest if needed.

In the event of a shared room, both patients and/or their families are given the opportunity to move to another room. A quiet room was available and was being used by families for prayer and often the deceased stay there until the funeral.

A review of notifications of death to RQIA during the previous inspection year confirmed that deaths had been notified appropriately in accordance with The Nursing Home Regulations, 2005.

Is Care Compassionate? (Quality of Care)

Discussion with nine staff and a review of four care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding death and dying. Five care staff and four nurses consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

From discussion with the manager, staff, relatives, visiting professionals 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 manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the death and dying of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the manager and support through staff meetings.

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

Areas for Improvement

Whilst staff appeared knowledgeable regarding how the home manages the end of life care of patients there was a need identified by both staff and the inspector for further formal training. This should be made available for all grades of staff. Policy guidance on end of life and

palliative care should be reviewed and updated to reflect regional guidelines. A protocol should be developed for timely access to any specialist equipment or drugs which may be necessary to deliver end of life care including weekends and out of hours. The manager should ensure that a care plan for the management of pain is in place for all patients in receipt of prescribed analgesia.

Number of Requirements:	0	Number of Recommendations:	3 (Identified above)
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5.5 Additional Areas Examined

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

The inspectors were able as part of the inspection process to meet with 50 patients individually or in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

'Experience is good. I am treated very well.'

'Staff are very kind'

'I am happy living here'

'Staff are very nice and I am well looked after'

'The care is excellent only the staff have too much work to do'

'The care is wonderful'

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below:

'I am satisfied that patients are afforded privacy, dignity and respect at all times'

'care is based on individual needs and wishes of patients'

Five patient representatives and three professional visitors were available in the home at the time of the inspection. Feedback provided was very positive regarding the care and services provided. Some comments received from patient representatives and visiting professionals are detailed below:

'I always find the staff considerate and helpful' (relative)

'The professionalism of all the nurses and carers is absolutely superb in Millcroft. They are all wonderful people and do such an honourable job so well' (relative)

'This a great home, good working relationships. Staff are very proactive and manage the situation very well' (District Nurse)

'When completing care management reviews, care records are all up to date. We are kept informed of all incidents' (Care Manager)

'If I had to place my relative, it would be in Millcroft'

'Person treated in a very respectful and skilful manner'

'Person was involved in care and decisions at all times'

'Value, dignity, respect'

'Staff couldn't do enough for patients' (Minister)

4.5.2 Moving and Handling Practice

A member of staff was observed carrying out an illegal under arm lift of a patient. Concerns were raised and the matter was discussed with the manager. An urgent actions record was issued. One requirement has been made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carmen Leonard manager and with Carol Kelly, responsible person. The timescales commence from the date of inspection.

The registered person 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 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 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

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 21 April 2015</p>	<p>The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>The registered person must ensure that moving and handling practice reflects best practice guidelines.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: All staff spoken to regarding best practice in moving and handling. 12 updated training sessions provided. A total of 63 staff have now received training this year to date.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2015</p>	<p>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.</p> <p>The following policy guidance should be reviewed and updated to reflect GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes (November 2013):</p> <ul style="list-style-type: none"> • death and dying (September 2010) • terminal care • sudden death (September 2012) • Jewish faith
	<p>Response by Registered Manager Detailing the Actions Taken: Policy on communicating effectively has been developed reference DHSSPS Breaking Bad News - regional guidelines and reflecting GAIN guidelines.</p>
<p>Recommendation 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be Completed by: 21 July 2015</p>	<p>It is recommended that the registered person ensures that all grades of staff receive training on the following;</p> <ol style="list-style-type: none"> 1. Palliative /End of life care 2. Breaking bad news communication skills
	<p>Response by Registered Manager Detailing the Actions Taken: Manager and trained staff who will attend Palliative Care training in June to cascade information to other staff. Training materials sourced and will be delivered by Manager/In-house trainer. Communicating sensitively training organised for 16 June 2015.</p>
<p>Recommendation 3</p> <p>Ref: Standard 33.2</p>	<p>It is recommended that a protocol should be developed for timely access to any specialist equipment or drugs which may be necessary to deliver end of life care including weekends and out of hours.</p>

Stated: First time To be Completed by: 30 June 2015	Response by Registered Manager Detailing the Actions Taken: Protocol to address same drawn up.		
Recommendation 4 Ref: Standard 33.1 Stated: First time To be Completed by: 05 May 2015	The registered person should ensure that a care plan for pain management has been developed and reviewed regularly for all patients in receipt of prescribed pain management medication.		
Stated: First time To be Completed by: 05 May 2015	Response by Registered Manager Detailing the Actions Taken: All nurses have been informed that care plan for pain management is required for all patients on pain management medication.		
Recommendation 5 Ref: Standard 20.2 Stated: First time To be Completed by: 05 May 2015	The registered person should ensure that end of life care plans are person-centred and reflect the patient's wishes.		
Stated: First time To be Completed by: 05 May 2015	Response by Registered Manager Detailing the Actions Taken: All nurses informed that end of life care plans are to be individualised to make sure they are person centred and reflect the patient's wishes.		
Recommendation 6 Ref: Standard 33.4 Stated: First time To be Completed by: 05 May 2015	The registered person should ensure that nurse competency assessments include end of life and palliative care.		
Stated: First time To be Completed by: 05 May 2015	Response by Registered Manager Detailing the Actions Taken: This area is in place in updated nurse competency assessments.		
Registered Manager Completing QIP	Carmen Leonard	Date Completed	15/06/15
Registered Person Approving QIP	Carol Kelly	Date Approved	15/06/15
RQIA Inspector Assessing Response	Sharon Loane	Date Approved	26/06/2015

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