Slieve Na Mon
RQIA ID: 1212
Tircur Road
Omagh
BT79 7TY

Inspector: Sharon Loane
Inspection ID: IN021903

Tel: 028 8225 1132
Email: manager@slievenamon.co.uk

Unannounced Care Inspection
of
Slieve Na Mon

15 October 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 15 October 2015 from 11.00 to 17.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to described those living in Slieve Na Mon 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 02 February 2015.

1.2 Actions/ Enforcement Resulting from this Inspection

An urgent actions record regarding Fire Safety was issued to Joan Mc Laughlin, registered manager at the end of the inspection. An additional urgent actions record was forwarded by email on the 16 October 2015. This urgent actions record was issued in relation to the safe storage of toiletries and other items including food thickening agents within the nursing dementia unit. 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	2	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with Joan Mc Laughlin, 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: East Eden Ltd Dr Brendan McDonald	**Registered Manager:** Mrs Joan McLaughlin
Person in Charge of the Home at the Time of Inspection: Joan Mc Laughlin	**Date Manager Registered:** 14 November 2012
Categories of Care: NH-I, RC-MP(E), NH-LD, NH-LD(E), RC-DE, NH-MP, NH-MP(E), NH-DE	**Number of Registered Places:** 60
Number of Patients Accommodated on Day of Inspection: 50-Nursing 4- Residential	**Weekly Tariff at Time of Inspection:** £493.00 - £593.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/ Process

Specific methods/ processes used in this inspection include the following:

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

During the inspection, fifteen patients were spoken with individually and/or the majority of others in small groups, three registered nurses, four care staff and one patient's visitor/ representatives were also consulted.

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 and guidance documents for communication, death and dying, palliative and end of life care
- regulation 29 reports
- complaints and compliments records.

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 30 July 2015. The completed QIP was returned and approved by the Estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 2 February 2015.

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 19.2 **Stated:** First time	The following best practice guidelines should be readily available to staff for reference and use when required: • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence.	**Met**
	Action taken as confirmed during the inspection: Copies of the above guidelines were available for staff to reference.	

Recommendation 2 **Ref**: Standard 19.4 **Stated:** First time	Monthly audits of patients who are incontinent should be undertaken and the findings acted upon to enhance continence management in the home.	**Partially Met**
	Action taken as confirmed during the inspection: Continence management audits are currently included as part of the monthly care plan reviews and evaluations. These reviews included the effectiveness of the product and regime of care currently in use to manage the patient's incontinence. The registered manager discussed how this could be further developed to enhance care outcomes. This recommendation has been partially met and has not been stated again.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively dated 2012. The policy needs to be reviewed and should reflect current best practice, including the regional guidelines on Breaking Bad News. A recommendation has been made.

A sampling of training records evidenced that staff had not completed formal training in relation to communicating effectively with patients and their families/ representatives. Training on palliative and end of life care included guidance for breaking bad news as relevant to staff roles and responsibilities. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

Is Care Effective? (Quality of Management)

Three care records examined reflected patient's individual needs and wishes regarding their end of life care. Recording within the records included references to the patient's specific communication needs such as when a patient required spectacles or a hearing aid and the patient's ability to communicate their needs for example their ability to express pain.

There was 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.

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with compassion, dignity and respect by all grades of staff. Patients were assisted by nursing and care staff in a professional and compassionate manner ensuring their 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 registered 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 Slieve Na Mon. Patients confirmed that staff were polite, caring and courteous and they felt safe in the home. One patient's representatives discussed care delivery and confirmed that they were very happy with standards maintained in the home.

Areas for Improvement

The policy on communicating effectively should be reviewed and updated to reflect current best practice and regional guidelines. The reviewed policy should be made available to staff to ensure they are knowledgeable and implementing policy guidance.

Number of Requirements:	**0**	**Number of Recommendations**:	**1**

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 dated August 2015. These documents did not reference 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 agreed to review the policy to include the relevant reference details.

The registered manager and registered nursing staff on duty during the inspection were aware of the Gain Palliative Care Guidelines November 2013; a copy of which was available in the home.

Training, induction and competency and capability records evidenced that staff had received training in palliative care and the management of death, dying and bereavement. Further training was scheduled for staff in this regard. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support the patients and relatives at this time. Staff advised how the recent training delivered by the palliative care link nurse had increased their knowledge and how learning had been embedded into practice.

A number of registered nurses (six) staff had completed training in the use of the McKinley syringe driver and competency and capability assessments had been updated to reflect same.

Discussion with the registered manager, 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.

Discussion with nursing staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Referral to specialist palliative care services and the multidisciplinary team was clearly evidenced when reviewing patient care records.

A palliative care link nurse has been identified for the home. The link nurse is also a member of the Marie Curie nursing team. The link nurse was available at time of the inspection and discussed at length how their role has had added value to this area of practice within the home and their plans for further developments to enhance the delivery of care and the patient's experience.

A community palliative care protocol identifying associated link services and out of hours contact details was available and displayed and discussion with registered nursing staff confirmed their knowledge of the protocol.

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. A care plan for palliative care and death and dying were only devised when this was deemed imminent. However, discussion with both the registered manager and the palliative care link nurse advised that this was currently being reviewed as to how and when to approach this very sensitive area with patients and/ or their representatives. A care record was reviewed in regards to palliative and end of life care. This care record included the management of hydration and nutrition, pain management and symptom management. The care record was reviewed in accordance with the patients deteriorating condition and was very informative. All previous care plans had been discontinued. 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. The records evidenced the involvement of the palliative care services for advice and intervention. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. 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.

Discussion with the registered manager and staff 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 deaths 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 registered nurses 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. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

From discussion with the registered manager and staff, and a review of the compliments record, 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 registered manager advised that Slieve Na Mon had been involved in a project affiliated with the University of Ulster called “My home life”. A copy of a presentation presented at a recent conference was available for review. The presentation was an overview of the dying process within a nursing home environment from a family member’s perspective. The presentation provided an insight into the experiences gained at this very sensitive journey of life. The writer commented very positively about the care and compassion experienced both by the patient and family members at this time and acknowledged the following;

“I have had a lived experience of a Northern Irish care home doing really, really well in the dying process”.

This is commendable and discussion with the registered manager and staff advised of how this experience has been uplifting in that the home are giving care to endings, and are making thoughtful choices out of compassion for others.

When a patient is dying a small table referred to as the “soul table” is set up in the entrance to the unit where the patient is. The “soul table” was observed at time of inspection and had a lantern and candles in place, it does not impose any particular religious belief however through symbolism, the profound importance of accompanying in the hour of dying was acknowledged.

Discussion with the registered manager 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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient’s death and that staff represent the home by attending the funeral service. Fellow patients are also provided with an opportunity to pay their respects as deemed appropriate.

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

Areas for Improvement

No areas of improvement were identified.

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

5.4 Additional Areas Examined

5.4.1. Fire Safety Measures

During a tour of the home, doors in two smoking lounges were wedged open by a chair and a free standing electric heater. In one of the smoking rooms a chair was observed with cigarette burns. The smell of smoke was evident in the unit next door. Both of these matters were brought to the attention of the registered manager. During the course of the inspection the doors were observed still wedged open, staff advised that this was due to patients doing same and this was also observed by the inspector. The registered manager gave assurances that this would be addressed immediately.

An urgent actions record was issued to the registered manager that the doors in the smoking room would not be wedged open and that seating in the smoking areas met Fire Safety requirements. Urgent actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. A requirement has been made.

5.4.2. The environment , infection prevention and control and health and safety

During the inspection a tour of the premises was undertaken and the majority of the patients' bedrooms, sitting areas, dining rooms, and bath/shower and toilet facilities were viewed. The home was found to be warm, clean, and comfortable. It was evidenced that toiletries and food thickening agents were held in unlocked cupboards/ areas in patients' bedrooms/en-suites. Taking into account the categories of care of the patients in the home, a requirement is made that this practice be risk assessed. An urgent actions record was issued post inspection by email and post on the 16 October 2015 in regards to this issue.

A number of bedrails were observed without bed bumpers fitted. This was discussed with the registered manager who agreed to address immediately.

A range of matters were identified that were not being managed in accordance with infection and prevention and control guidelines;

- not all signage and noticeboards within the home were laminated to ensure the surface may be cleaned and adhesive tape was being used
- pull cords in a number of toilets/bathroom areas did not have a wipe able sheath
- a toilet seat was worn and unclean
- a clinical waste bin was rusted
- a wall in an identified bathroom was damaged

All of the above was discussed with the registered manager on the day of inspection. The registered manager agreed that all of the identified matters would be addressed. Audits pertaining to infection control had been undertaken. A review of completed infection prevention and control audits evidenced that the current template did not make provision for all elements pertaining to infection control. A recommendation is made for management systems to be reviewed and developed to ensure the homes compliance with best practice in infection prevention and control.

Free standing electric heaters were observed. The manager advised that there were no risk assessments in place for same. A recommendation has been made.

A number of wheelchairs were identified with various parts missing or broken and therefore not safe for use. The registered manager advised that the maintenance officer completed regular checks to ensure the equipment was fit for purpose and safety. An audit of all wheelchairs should be completed to ensure that they are safe, well maintained and are suitable for purpose. A recommendation has been made.

5.4.3. Care practices and care delivery

During the inspection staff members were noted to communicate with patients in a dignified and respectful manner.

The majority of patients' were observed to be well groomed and appropriately dressed. However, a number of patient's personal care needs had not been adequately met in relation to nail care, unshaven and their overall presentation in relation to attention to detail was below the standard expected. One patient who was observed in bed rest did not appear to have care delivered for oral hygiene according to the condition of their mouth.

These matters were discussed at feedback to include the training staff had received in relation to personal and oral hygiene care delivery. It was agreed by management that this area of practice would be monitored and that the training would be reviewed to further enhance the standard of care being delivered in this regard. A recommendation has been made.

5.4.4. Consultation with patients, patient representatives and staff

In addition to speaking with patients, staff and visitors, questionnaires were distributed to staff not on duty during the inspection and for patients and patient representatives to complete.

Patients

Fifteen patients were spoken with individually and the majority of others in small groups. Five questionnaires were completed and returned. Patients were complimentary regarding the care delivered, staff, food and activities provided. Comments included:

- "the nurses and staff accommodate my needs as much as possible"
- "I feel well looked after and respected"`
- "staff are very good to me"
- "I feel as comfortable at Slieve Na Mon as I could be in my situation".
- "the carers are lovely".

One returned questionnaire indicated some concerns in relation to their placement; this was discussed with the registered manager who agreed to follow up same.

Staff

The general view from staff cited in completed questionnaires (nine) and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. Staff confirmed that they had received training in palliative/end of life care and that this enhanced their knowledge in this area of practice. No concerns were raised.

A few staff comments are detailed below:

- "communication is good and training has been updated"
- "During the last few months Slieve Na Mon have hired a nurse who also works for Marie Curie, she has implemented a lot of supportive systems to help residents have a more positive end of life for them and their families"
- "feedback from a former residents NOK re positive palliative care in the home, increased staff confidence in the area, always good to know"
- "I love working in Slieve Na Mon as everyone works really well as a team and we all do the best possible to deliver quality care".

Patient representatives

One patient representative was spoken with at the time of inspection and two questionnaires were completed and returned. Overall the comments indicated that the quality of care was good, that staff were attentive and caring and that they were kept informed of changes to their loved one's care. Comments included:

- "I have always been very happy with the care provided by the staff here as it can be difficult and very hard work. I have always been happy to trust them to care for my mum"
- "the staff are fantastic, very approachable and very supportive, … has the best care imaginable and I am more than happy with the staff and care given"
- "extremely satisfied with everything, staff have been magnificent and very supportive, pain very well controlled and the priest is called by staff".

No concerns were raised.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joan Mc Laughlin, 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	
Requirement 1 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be Completed by:** Immediate from date of inspection	The registered person must take adequate precautions against the risk of fire by ensuring that doors in the smoking rooms are not wedged open and furniture within the smoking rooms meet fire safety standards. An urgent actions record was issued. **Ref section: 5.5.1**
	Response by Registered Person(s) Detailing the Actions Taken: The smoking rooms now have wooden furniture that are fixed and cannot be moved to prop the door open. A notice has also been placed on the doors to remind residents that the doors cannot be propped open at any time.
Requirement 2 **Ref:** Regulation 14 (2)(c) **Stated:** First time **To be Completed by:** 16 October 2015	The registered person must ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This includes the storage of toiletries and food thickening agents. An urgent actions record was issued. **Ref section: 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Magnetic locks have now been fitted to all vanity units so that they cannot be opened unless a magnet is used. Patients who choose to have access to their toileteries are risk assessed and this is fully documented. All ensuiters have been provided with 4 drawer storage units. Food thickeners are places in cupboards after use and this is reiterated to staff each day and night to ensure that this happens.
Recommendations	
Recommendation 1 **Ref**: Standard 32.1 **Stated:** First time **To be Completed by:** 14 December 2015	It is recommended that the policy in relation to communicating effectively is reviewed and updated to reflect regional guidelines including breaking bad news and that staff are knowledgeable regarding the reviewed policy. **Ref section: 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: This policy has been updated appropiately and made available to staff.

Recommendation 2 **Ref**: Standard 46 Criteria (1)(2) **Stated:** First time **To be Completed by:** 16 November 2015	It is recommended that management systems pertaining to infection prevention and control are developed to ensure compliance with best practice. Particular attention should focus on the areas identified on inspection. **Ref Section: 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Infection control audits have now been amended to comply with best practice. Environmental audits for individual units have been implemented which will incorporate infection control and general upkeep. Protection sheaths have all been placed on pullcords in all areas of the home and bath panel has been replaced.
Recommendation 3 **Ref**: Standard 44 **Stated:** First time **To be Completed by:** 16 November 2015	It is recommended that an audit of all wheelchairs is completed to ensure that they safe, well maintained and are suitable for use. Records should be maintained to evidence all maintenance checks and actions taken. **Ref Section: 5.5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The maintenance officer has started a record of maintenance for all wheelchairs. We will, in the very near future, be replacing a number of our wheelchairs.
Recommendation 4 **Ref**: Standard 6 Criteria 14 **Stated:** First time **To be Completed by:** 16 November 2015	It is recommended that patients personal care needs are regularly assessed and met to include (but is not limited to) oral health care, hair and grooming needs. Records should be completed to evidence care delivered or not delivered. Training should be provided for all care staff to further enhance the delivery of care in this regard. **Ref Section: 5.5.3**
	Response by Registered Person(s) Detailing the Actions Taken: A Clinical Lead Nurse has been appointed and she has started to complete training and competancies on all staff with regards the personal care and presentation of all our residents. It has also been reiterated to the nurses in charge to always check the way the residents have been presented and to ensure that any areas that need improvement on are allocated to a member of staff to complete and rechecked on. Staff record on a daily basis who they have assisted with personal care on rising and this is a way of ensuring accountability for all staff in the care they deliver.

Recommendation 5 **Ref**: Standard 44 **Stated: First time** **To be Completed by:** 16 November 2015	It is recommended that risk assessments are completed with regard to the free standing electric heaters to ensure that the home environment is safe for patients. **Ref Section: 5.5.2** **Response by Registered Person(s) Detailing the Actions Taken:** Risk assessment completed. All free standing heaters are now covered with a guard which is secured to the wall.

Registered Manager Completing QIP	Joan Mc Laughlin	**Date Completed**	06.12.15
Registered Person Approving QIP	Dr Brendan Mc Donald	**Date Approved**	06.12.15
RQIA Inspector Assessing Response	Sharon Loane	**Date Approved**	10/12/15

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