



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Springlawn**

03 September 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

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TYRONE & FERMANAGH HOSPITAL
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1. Summary of Inspection

An unannounced care inspection took place on 03 September 2015 from 12.00 to 16.30 hours.

This inspection was underpinned by
Standard 19- Communicating Effectively;
Standard 20– Death and Dying;
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 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 07 January 2015.

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	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sharon Colhoun, 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: Mrs Bernadette Kiernan O'Donnell	Registered Manager: Mrs Sharon Colhoun
Person in Charge of the Home at the Time of Inspection: Mrs Sharon Colhoun	Date Manager Registered: 01 April 2005
Categories of Care: NH-LD(E), NH-PH, RC-PH, RC-I, NH-I, NH-PH(E)	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 31	Weekly Tariff at Time of Inspection: £470 - £603

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 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
- previous care inspection report.

During the inspection, the inspector met with 12 patients, two nursing and six care staff.

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 the home was an announced estates inspection dated 14 April 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the Last Care (Same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)(d) Stated: First time	<p>The registered person shall ensure that the identified patient's bedroom carpet is replaced.</p> <p>The identified patient's chair should also be repaired /replaced.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that this carpet had been replaced.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.2 Stated: First time	<p>It is recommended that the following guideline documents are accessible and available to staff:</p> <ul style="list-style-type: none"> • NICE Guidelines on Urinary incontinence • NICE Guidelines on Faecal incontinence. <p>Action taken as confirmed during the inspection: The above guidelines were available for staff to access in a resources folder.</p>	Met
Recommendation 2 Ref: Standard 19.4 Stated: First time	<p>It is recommended that regular audits of the management of patients who are incontinent be undertaken and the findings acted upon.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that these audits are completed on a monthly basis. A sample of audits were reviewed and evidenced that this recommendation had been met.</p>	Met
Recommendation 3 Ref: Standard 28.4 Stated: First time	<p>It is recommended that the identified registered nurse's competency and capability assessment be reviewed and updated to reflect the nurse's competency and capability in male catheterisation.</p> <p>Action taken as confirmed during the inspection: Competency assessments had been completed for registered nurses in male catheterisation.</p>	Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with two nursing and six care staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed 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)

Four care records reflected patients' individual needs and wishes regarding the end of life care. Reference had been made to patients' specific communication needs. Discussion with the registered manager and nursing staff evidenced that they were aware of patients religious preferences/ spiritual needs, however these had not been documented in the patients end of life care plans. A recommendation was made in this regard.

A review of four 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 the care records reviewed that patients and/ or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered manager and two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Discussion with 12 patients individually and with a number of other patients in small groups evidenced that patients were happy living in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. Patients confirmed staff were polite and courteous and that they felt safe in the home.

Areas for Improvement

It is recommended that patients religious preferences/spiritual needs are documented in end of life care plans.

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 and included guidance on the management of the deceased person's belongings and personal effects. It is recommended that the registered manager reviews the policy and procedures to ensure they reference current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

Training records evidenced that staff had completed palliative and end of life care training in 2014 and 2015. The registered manager advised that further training was planned for staff in September and October 2015 on dying, death and bereavement.

Discussion with registered nursing staff and a review of four 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 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.

While a written protocol was not in place, nursing staff confirmed that the home had access to syringe drivers and other specialist equipment through the local Trust. They also confirmed that they were given the support of the community nursing team as required.

A recommendation was made for a written protocol to be developed for timely access to any specialist equipment or drugs out of hours.

A palliative care link nurse had been identified for the home.

Is Care Effective? (Quality of Management)

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. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social and cultural preferences were also considered. As previously stated, a recommendation has been made for patients religious preferences to be included in end of life care plans. 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 registered manager, two nursing 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. Facilities have 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 has been 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 two nursing 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. However patients' spiritual/ religious preferences had not been documented in respect of end of life care.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, registered nursing and care staff 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 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.

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

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included support from management, peer support and also reflections at staff meetings.

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

Areas for Improvement

As previously identified under standard 19, a recommendation is made that end of life care plans document patients religious preferences/ spiritual needs.

The registered manager should also review the palliative care and end of life policy and procedures to ensure they reference current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

A written protocol should be developed for timely access to any specialist equipment or drugs out of hours.

Number of Requirements:	0	Number of Recommendations: *1 recommendation made has been stated under Standard 19 above.	3*
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5.5 Additional Areas Examined

5.5.1 Consultation with patients, patient representatives and staff

Discussion took place with 12 patients individually and with a number of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. One patient expressed some dissatisfaction with the length of time they had to wait for staff to respond to requests for toileting. This was discussed with the registered manager who confirmed that this issue was being followed up.

A number of patients were unable to express their views due to the frailty of their condition. All patients appeared well kempt and comfortable in their surroundings. Two patients completed questionnaires. A few comments are detailed below;

- "My brother visits weekly and is welcome and always offered tea."
- "Staff couldn't do enough for you."

Ten questionnaires were issued to patients' representatives and returned during the inspection. Some comments received included:

- "I have always found staff very approachable and caring towards Dad."
- "My family and I are pleased with the level of care that XX receives."
- "The vast majority of staff are excellent, professional and caring. The home is always clean and fresh."
- "Staff are excellent, they couldn't do enough for you."

The inspector met with eight staff who commented positively with regard to staffing and the delivery of care. Six questionnaires were issued to nursing, care and ancillary staff and six were returned. Staff indicated that they were satisfied or very satisfied that care was safe, effective and compassionate. No issues were raised by staff. Further palliative care/end of life training had been arranged for September and October 2015.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sharon Colhoun, 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: No requirements resulted from this inspection

<p>Recommendation 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.</p> <p>Reference: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All spiritual needs documented in c/plans</p>
<p>Recommendation 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>The registered manager should review the palliative care and end of life policy and procedures to ensure they reference current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.</p> <p>Reference: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Reference recorded at end of policy.</p>
<p>Recommendation 3</p> <p>Ref: Standard 32.5</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>The registered manager should ensure that a written protocol has been developed for timely access to any specialist equipment or drugs out of hours.</p> <p>Reference: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>This will be available by 31/10/2015.</p>

Recommendations

Registered Manager Completing QIP	36/1/han	Date Completed	22/9/15.
Registered Person Approving QIP	Tracy	Date Approved	6/10/2015.
RQIA Inspector Assessing Response	Bridget Dwyer	Date Approved	09/10/2015.

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