



The Regulation and
Quality Improvement
Authority

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Unannounced Care Inspection of County

29 October 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1. Summary of Inspection

An unannounced care inspection took place on 29 October 2015 from 10.00 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.**

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.

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 describe those living in County care home 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 09 December 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Wendy Shannon, registered manager and Tanya Taylor Smith, applicant manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Ms Maureen Claire Royston	Registered Manager: Ms Wendy Shannon
Person in Charge of the Home at the Time of Inspection: Ms Wendy Shannon	Date Manager Registered: 11 February 2013
Categories of Care: RC-I, NH-DE, NH-I, NH-PH	Number of Registered Places: 58
Number of Patients Accommodated on Day of Inspection: 50	Weekly Tariff at Time of Inspection: £470.00 - £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 quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, eight patients, two registered nurses, two care staff, two ancillary staff, the activity co-ordinator and four patients' representatives were consulted.

The following records were examined during the inspection;

- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- a sample of staff training records
- a sample of a staff induction records for registered nurses and care staff
- policy and procedures in relation to the standards and theme of inspection

- the palliative care resource file(including best practice guidelines for palliative care and end of life care
- compliments
- the refurbishment plan

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 30 March 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 09 December 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that the identified patients' bedroom floor coverings are replaced.	Met
	Action taken as confirmed during the inspection: The identified bedroom floor covering has been replaced.	
Requirement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure that the identified patients' bedrooms are repainted.	Met
	Action taken as confirmed during the inspection: The identified bedroom has been repainted.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance on communicating effectively was available for staff to refer to. A copy of the DHSSPS regional guidance on breaking bad news was available in the home.

Discussion with the registered manager confirmed that training for communicating effectively with patients and their families/patient representatives was incorporated within the palliative care training. Online palliative care training had been completed by 32 staff. A further 18 staff had completed palliative and end of life care facilitated by a practice support nurse employed by FSHC. The registered manager had completed palliative and end of life care training at FSHC regional office in July 2015 and also had completed the Final Journeys training programme.

Is Care Effective? (Quality of Management)

Two registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of ensuring it was carried out in a quiet private area and the importance of using a calm tone of voice and using language that was appropriate to the listener. Staff also advised the importance of providing reassurance and allowing time for the person to reflect and answer any questions raised. Care staff were knowledgeable and felt that their role was more to provide reassurance and support and any other matters would be deferred to the registered nurse.

A review of three care records reflected patient individual needs and wishes regarding their end of life care. Recording within records included reference to the patient's specific communication needs

There was evidence within 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)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with eight patients individually and with the majority of others in small groups. All patients spoken with stated that they were happy with the care they were receiving. They confirmed that staff were polite and courteous and they felt safe in the home.

Areas for Improvement

There were no areas for improvement identified in relation to this standard.

Number of Requirements:	0	Number of Recommendations:	0
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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 have recently been reviewed and approved October 2015 and 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 the majority of staff were trained in the management of death, dying and bereavement during 2015. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with registered nurses on duty 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 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.

A protocol for timely access to any specialist equipment or drugs was displayed in each of the nurse's stations and discussion with staff confirmed their knowledge of the protocol. Information was displayed on notice boards for relatives providing details of link and bereavement services.

A palliative care link nurse has been identified for the home and attends the Trust link meetings when scheduled. Staff consulted were knowledgeable in regards to the palliative link nurses role.

Is Care Effective? (Quality of Management)

On the day of inspection there were two patients whom were in receipt of palliative care. Symptom management care plans, for example pain and pressure care management were in place. 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.

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 key worker/named nurse were identified for each patient approaching end of life care. Details of the key worker and named nurse system were displayed for information.

Discussion with the registered manager, and staff confirmed 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 quiet room was available for family/friends to have private conversations or a rest. Staff consulted with were aware of the importance of providing refreshments and other comforts at this time.

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

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with 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. Comments from the compliments record included;

"Thanks for everything that you did for our father...he got the best care & help since he was in the home. We appreciate all you done"

“To all the staff we cannot thank you enough for the wonderful care ... received. The kindness you showed to us as a family at the time of her passing”

“Personal thanks and appreciation to you all for the outstanding quality of dedicated loving care provided to ... and for the compassion and support given to all during the last few difficult months”.

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.

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

Areas for Improvement

No areas of improvement were identified in relation to this theme.

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

5.5.1. Consultation with Patients, Representatives and Staff

During the inspection process, eight patients, seven staff and four patient representatives were consulted with to ascertain their personal views of life in the County care home. Nine staff questionnaires, five patient questionnaires and four patient representatives’ questionnaires were completed and returned at time of issuing this report. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in the County care home.

A few patient comments are detailed below;

“Everything is brilliant, the staff work so hard, I can come and go as I please I couldn’t ask for better”

“Staff are all very good, couldn’t do anything more for us”

“We are looked after very well and the food is great”.

The patients representatives consulted were very positive about the standard of care provided. Some of their views are detailed below;

“My mother has been cared for in a very caring and professional manner. The staff are all very friendly and courteous”

“The ongoing training of staff is in place. Wonderful family atmosphere is created by all staff members”

“The home is kept very clean. All staff are very friendly to me; I praise them all the time”

“Very satisfied and staff are very accommodating for family as well, plenty of activities”

“Family are very happy with the care our father is receiving and the encouragement that he has received”.

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe effective and compassionate care to patients.

A few staff comments are detailed below:

“I think the staff show great affection to family and residents throughout their care, I feel the staff show great understanding and love to all residents”

“I cannot fault the training we receive, always excellent presentations and in depth”

“We try at all times in every level of care in the home to give our best to the residents at all times and see this in evidence in my colleague’s attitudes. I am proud to be part of this home the Hilton of homes”

“Staff work very well in a team even when short staffed they are very supportive to the nurse in charge. The carers are all very good at reporting anything they see “.

Some care staff spoken with and some responses received in the completed staff questionnaires commented on the staffing levels for care staff with particular reference to the morning shifts. During the course of the inspection, it appeared that care staff were under pressure in the afternoons trying to attend to patient’s individual personal care needs and other care duties in the general nursing unit. Both matters were discussed with the registered manager who advised that actions had already being taken to address the staffing levels for the morning shifts and gave their assurances to review the working patterns and/or duties in the afternoon shift across the staff team to ensure that the needs of the patients were being met in a timely manner.

5.5.2. Infection Prevention and Control and the Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms and other facilities within the home. The home was found to be warm and clean. A number of issues were identified as follows:

- a number of bathroom/shower areas were examined and were in need of refurbishment to ensure that they meet best practice guidelines for infection prevention and control and health and safety
- a number of bedrooms examined were in need of repainting
- a number of chairs were observed as worn and damaged
- silicone seals around sink units were broken
- units at wash hand basins in bedrooms were damaged
- an odour was evident in two identified bedrooms.

These identified issues are not in keeping with infection prevention and control guidance. These issues were discussed with management during feedback. The registered manager had already identified the issues pertaining to the bathroom/shower room areas, the odours and a number of areas that required repainting. An action plan was available and the registered manager agreed to follow up and provide an update in relation to timescales for completion of works. Post inspection, RQIA received information from the registered manager by email to confirm actions had been taken to progress the works required. In addition, an audit of the environment including equipment and furnishings should be completed to ensure that best practice in regards to infection prevention and control are adhered to. 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 Ms Wendy Shannon, registered manager and Ms Tanya Taylor Smith, applicant 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.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 46
Criteria (2) (3)

Stated: First time

To be Completed by:
18 December 2015

It is recommended that an environmental audit is conducted to ensure compliance with best practice in infection prevention and control within the home.

Particular attention should focus on the areas identified on inspection.

Ref: Section 5.5.2

Response by Registered Person(s) Detailing the Actions Taken:

Flooring has been replaced for the identified bedrooms. An environmental audit of the home was completed on 10.11.2015. Identified bathrooms and shower rooms have been made a priority for refurbishment in order to comply with infection prevention and control.

Registered Manager Completing QIP	Wendy Shannon	Date Completed	3/12/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	09.12.15
RQIA Inspector Assessing Response	Sharon Loane	Date Approved	11.12.15

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

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.