Laganvale (General Nursing Unit)
RQIA ID: 1262
37 Laganvale Mews
Moira
BT67 0RE

Inspector: Dermot Walsh
Inspection ID: IN021827

Tel: 028 9261 9899
Email: laganvalehome@fshc.co.uk

Unannounced Care Inspection
of
Laganvale

19 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 19 August 2015 from 09.15 to 16.40.

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, 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. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of 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 14 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	1	6

The total number includes both new and restated requirements and recommendations.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager Mrs Shily Paul 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 Dr Maureen Claire Royston	**Registered Manager:** Mrs Shily Paul
Person in Charge of the Home at the Time of Inspection: Mrs Shily Paul	**Date Manager Registered:** 7 November 2007
Categories of Care: NH-I, NH-PH	**Number of Registered Places:** 37
Number of Patients Accommodated on Day of Inspection: 34	**Weekly Tariff at Time of Inspection:** £470 - £593

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
- pre-inspection assessment audit

During the inspection, the inspector met with 12 patients, four care staff, two staff nurses and two patient representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Laganvale General Nursing Unit was an unannounced care inspection dated 14 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref:** Regulation 27 (2) **Stated:** Second time	The registered manager must ensure the following issues are addressed: • address the foul odours in the identified areas. • review the quality of bedding and replace those which are torn. **Ref: Sections 4.0 & 6.8**	**Met**
	Action taken as confirmed during the inspection: There were no foul odours detected during a tour of the home and a review of the bedding evidenced it to be of good quality.	

Requirement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered manager must ensure the following issues are addressed: • review bedroom vanity units with mahogany veneer which are worn and visible areas of wood exposed are repaired/replaced • review toilet seats, toileting equipment and shower equipment to ensure they meet infection prevention and control guidance. • repair/replace wall tiles in kitchenette off the dining room which are chipped/broken. **Ref: Sections 4.0 & 6.8**	**Partially Met**
	Action taken as confirmed during the inspection: A review of vanity units evidenced worn and visible areas of bare wood exposed on some of them. Toilet seats/lids were missing from some identified rooms. Shower/commode chairs in use were noted to be rusting. A toilet aid was not clean and starting to rust. There were no chipped/broken wall tiles noted in the kitchenette off the dining room.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 19.1 **Stated:** First time	The registered person must ensure patient assessments and care plans are further developed, fluid target calculations are recorded consistently in all records and robust systems are in place to record patient's bowel function referencing the Bristol stool guidance to evidence that this element of care is being properly monitored and validated by registered nurses. **Ref: Sections 5.0 & 19.1**	**Not Met**
	Action taken as confirmed during the inspection: A review of the documentation evidenced care plans had been poorly completed and required further development. Fluid targets had not been recorded in three care records and in the same care records bowel functions were not consistently recorded. Large gaps between documented functions were noted in all records reviewed. There was some evidence of Bristol stool scores being used in records.	

Recommendation 2 **Ref:** Standard 19.2 **Stated:** First time	The registered person must ensure additional guidelines on continence management are available to staff: • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN guidance on catheter care and continence care **Ref: Sections 5.0 & 19.2**	**Met**
	Action taken as confirmed during the inspection: Additional guidelines on continence management as listed above are now available to staff.	
Recommendation 3 **Ref:** Standard 19.4 **Stated:** First time	The registered person must ensure: • registered nurses are trained in female/male catheterisation and stoma care • care staff are provided with training in regards to continence/incontinence management **Ref: Sections 5.0 & 19.4**	**Partially Met**
	Action taken as confirmed during the inspection: Four out of seven registered staff have completed training on female/male catheterisation. A second training session scheduled for 14 May 2015 was cancelled by the provider. Further training dates are awaited. Dates for stoma training have not been identified. This was discussed with the registered manager who informed the inspector that a request has been made to the training department of Four Seasons Healthcare to source stoma training and a separate request has been made to a clinical facilitator to provide training. Continence training was provided to 12 out of 20 care staff. The registered manager has requested further training dates from the training provider to facilitate training for the remaining staff.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was not available on communication. This was discussed with the registered manager and a recommendation has been made that a policy on communication should be developed which reflects current best practice. Regional guidance on breaking bad news was available in the home. Discussion with six staff confirmed that they were knowledgeable regarding breaking bad news.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training was incorporated within palliative care training which 23 out of 27 staff have completed.

Is Care Effective? (Quality of Management)

Three care records reflected patient individual needs and wishes regarding the end of life care.

Recording within records included reference to the patient's specific communication needs.

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.

The registered nurses consulted, demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of an environmentally quiet private area to talk to the recipient and the importance of using a soft calm tone of voice using language appropriate to the listener. The nurse also described the importance of reassurance and allowing time for questions or concerns to be voiced**.** Care staff were also knowledgeable on breaking bad news and offered similar examples when they have supported patients when delivering bad news.

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 12 patients individually and others in small groups. Patients who could verbalise their feelings on life in Laganvale commented positively in relation to the care they were receiving. They confirmed that staff were polite and courteous and they felt safe in the home. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.

One patient representative stated they were very happy with the care given in Laganvale.

Areas for Improvement

The registered person should develop a policy and procedure on communication in line with best practice guidelines and make reference to regional guidance on breaking bad news.

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)

A policy on the management of palliative and end of life care which included death and dying was available in the home. The document reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013. Information leaflets on Bereavement advice in Dementia and Four Seasons Healthcare leaflets on; 'What to do when someone you know has been bereaved', 'Information for ill or older people who want to start conversations about the future with family and friends,' and 'Information to help those close to someone who is old or ill,' were available at the entrance to the home.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013. Online palliative care training had been completed by 23 out of 27 staff. Face to face palliative care training has been attended by 19 out of 27 staff. Three registered staff have completed a three day palliative care training provided by identified palliative care specialists and three registered staff have completed syringe driver training. Discussion with the registered staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, six 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 not in place. This was discussed with the registered manager and it was agreed a protocol should be developed to guide staff. A recommendation has been made.

There is an identified palliative care link nurse for the home.

Is Care Effective? (Quality of Management)

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 room on the ground floor has been identified for relatives/representatives to sleep or have a private conversation and where they can avail of tea making or shower facilities.

A review of notifications of death to RQIA during the previous inspection year, were deemed to be appropriate.

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 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.

Some compliments were as follows:

"Thank you all for the care xxx received from you and especially for all the support you showed to us in her last few days. You are wonderful people."
"You are all angels for being so loving and devoted to mum."

Discussion with the 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.

Areas for Improvement

A protocol for timely access to any specialist equipment or drugs should be developed.

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

5.5 Additional Areas Examined

5.5.1. Consultation with patients, their relatives/representatives and staff

During the inspection process, 12 patients, six staff, and two patient representatives were consulted to ascertain their personal view of life in Laganvale. Seven staff questionnaires and one patient questionnaire were completed and returned. Two patient's representative questionnaires were returned. Overall, the feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Laganvale.

A few patient comments are detailed below:
"I like living here."
"All the girls are very good."
"I'm happy here and everybody is happy here."
"The care is very good. The staff are marvellous."

One relative stated, "the staff are very busy and understaffed but they do their best."

In general, the staff were satisfied and enjoyed working in Laganvale.

A few staff comments are as follows:
"I love it here."
"Happy with the care we give."
"We all have good relationships with each other."

5.5.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious.

However, a range of matters were identified that were not managed in accordance with infection prevention and control guidelines:

- not all signage within the home was laminated to ensure the surface may be cleaned
- pedal bins throughout unit had unclean surfaces and traces of adhesive on the lid of many of them
- the type of shelving used in the home in the identified storage area did not have a cleanable surface
- there was inappropriate storage in identified rooms in the home
- an identified radiator cover was badly worn down to bare wood
- hand hygiene facilities for staff in the dining area was not provided
- the interiors of cupboards in identified toilet areas were noted to be stained and dusty
- a cracked bath panel and broken floor tiles were noted in an identified bathroom
- the floor in the identified bathroom was noted to be unclean especially in the corners

All of the above was discussed with the manager on the day of inspection.

An assurance was given by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation is made for management systems to be in place to ensure the home's compliance with best practice in infection prevention and control.

5.5.3. Personal Care

On the day of inspection the majority of patients observed were noted to be clean, tidy and well presented. However, on three occasions patients were noted to have dirty fingernails and three patients were wearing stained clothing. This was discussed with the registered manager who agreed to address this with relevant staff. A recommendation was made.

5.5.4. Activities

Activities were displayed on a notice board at the entrance to the unit. Morning and evening activities are displayed for the entire week. A named activities leader takes charge of scheduling meaningful activities to meet the needs of the patients.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Shily Paul 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 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	
Requirement 1 **Ref**: Regulation 13 (7) **Stated:** Second time **To be Completed by:** 30 October 2015	The registered manager must ensure the following issues are addressed: • review bedroom vanity units with mahogany veneer which are worn and visible areas of wood exposed are repaired/replaced • review toilet seats, toileting equipment and shower equipment to ensure they meet infection prevention and control guidance **Ref: Section 6.9 stated from previous inspection**
	Response by Registered Person(s) Detailing the Actions Taken: 10 vanity units have previously been replaced with further units authorised and awaiting contractor to be replace. The rest of the Vanity units are scheduled to be repaired or replaced during 2016.
Recommendations	
Recommendation 1 **Ref**: Standard 19.1 **Stated:** Second time **To be Completed by:** 30 September 2015	The registered person must ensure patient assessments and care plans are further developed, fluid target calculations are recorded consistently in all records and robust systems are in place to record patient's bowel function referencing the Bristol stool guidance to evidence that this element of care is being properly monitored and validated by registered nurses. **Ref: Section 5.0 & 19.1 stated from previous inspection**
	Response by Registered Person(s) Detailing the Actions Taken: This is now been monitored by nurses and completed accurately. The recommendation has been discussed with all staff after the inspection and during the staff meeting.
Recommendation 2 **Ref**: Standard 19.4 **Stated:** Second time **To be Completed by:** 30 November 2015	The registered person must ensure: • registered nurses are trained in female/male catheterisation and stoma care • care staff are provided with training in regards to continence/incontinence management **Ref: Section 5.0 & 19.4 stated from previous inspection**
	Response by Registered Person(s) Detailing the Actions Taken: Continence management training was completed on 23rd September with 21 (91%) staff had attended this Stoma care training is currently being arranged.

Recommendation 3 **Ref**: Standard 36 Criteria (1) (2) **Stated:** First time **To be Completed by:** 9 October 2015	The registered person should ensure that a policy on communication is developed which includes reference to current best practice guidelines. A system to implement the policy should confirm that all relevant staff have read the document with evidence of staff signature and date. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: This has been forwarded to FSHC Quality team.
Recommendation 4 **Ref**: Standard 32 **Stated:** First time **To be Completed by:** 9 October 2015	The registered person should ensure that a protocol for timely access to any specialist equipment or drugs is developed. A system to implement the protocol should confirm that all relevant staff have read the document with evidence of staff signature and date. **Ref: Section 5.4**
	Response by Registered Person(s) Detailing the Actions Taken: Protocol is currently being developed in conjunction with relevant bodies
Recommendation 5 **Ref**: Standard 46 Criteria (1) (2) **Stated:** First time **To be Completed by:** 21 September 2015	The registered person should ensure that robust systems are in place 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: All signage has been laminated, Pedal bins have been cleaned. All cupboards are cleared and cleaned. Bath room floors cleaned, tiles repaired. Staff are advised to wash their hands before entering to dinning room. Staff are advised to limit the storage in the linen room as there is limited storage available.
Recommendation 6 **Ref**: Standard 6 Criteria (14) **Stated:** First time **To be Completed by:** 21 September 2015	The registered person should ensure that patients are presented in a manner which protects their dignity. **Ref: Section 5.5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The issue was discussed with all staff soon after the inspection and during the staff meeting. This will be monitored during the daily walk around by HM/Deputy that residents are presented with dignity.

Registered Manager Completing QIP	Shily Paul	**Date Completed**	23.09.2015
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	24.09.15
RQIA Inspector Assessing Response	Dermot Walsh	**Date Approved**	23.10.15

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