



Manor Lodge
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5 The Manor
Blacks Road
Dunmurry
BT10 0NB

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**Unannounced Care Inspection
of
Manor Lodge**

30 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 30 September 2015 from 10.00 to 15.30.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Manor Lodge 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 2 March 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 | 6 |

The details of the Quality Improvement Plan (QIP) within this report were discussed with Judy Brown, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|---|---|
| Registered Organisation/Registered Person: Maureen Royston | Registered Manager: Judy Brown (Acting manager) |
| Person in Charge of the Home at the Time of Inspection: Judy Brown | Date Manager Registered: Application not yet submitted |
| Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE, RC-I | Number of Registered Places: 39 37 Nursing beds 2 Residential care beds 15 Nursing beds designated to provide dementia care |
| Number of Patients Accommodated on Day of Inspection: 14 – Nursing care 2 – Residential care 14 – Nursing care (dementia) | Weekly Tariff at Time of Inspection: £593 - £608 per week, nursing care £593 - £604 per week, dementia care £470 per week, residential care |

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

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with six patients, three care staff, two registered nurses and one patient's visitors/representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 March 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 14 (2) Stated: First time | <p>The registered manager must ensure that staff are aware of the importance of checking sluice room doors are locked, as required, to eliminate risks to patients.</p> <hr/> <p>Action taken as confirmed during the inspection: The manager confirmed staff had been informed of the importance of ensuring the sluice room doors are locked. Sluice room doors were locked at the time of the inspection.</p> | Met |
| Last Care Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 25.2 Stated: First time | <p>In the interests of patient privacy the registered manager should ensure that the 'bowel record' file is held confidentially.</p> <hr/> <p>Action taken as confirmed during the inspection: Any record maintained in the home which relates to patient care is not readily accessible to others and confidentiality had been maintained.</p> | Met |

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively however the policy did not reflect the regional guidelines on Breaking Bad News. Discussion with nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that staff had completed training in relation to palliative and end of life care but not specifically in relation to communicating effectively with patients and their families/representatives. This training should be provided and include the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Three care records reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs.

A review of 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. Evidence was present in care records of how staff had supported a patient's representative and made arrangements for the representative to meet with the palliative care nurse specialist for further support.

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.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from admission to the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with one visiting relative. The relative confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Cedarhurst Care Home.

Comments included:

“Thank you for the loving care you gave my....”

“We knew our was being well cared for and you treated him as you would your own family.”

Areas for Improvement

Staff should undertake training in respect of communicating effectively.

Following the receipt of the new policy documentation in respect of on communicating effectively and palliative and end of life care, a system should be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.

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| Number of Requirements: | 0 | Number of Recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

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)

The manager had compiled a reference manual with included the management of palliative and end of life care and death and dying. 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.

Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A review of staff training records evidenced that training had been received in the following:

- palliative care awareness – 7 staff
- palliative care (e learning in 2015) – 11 staff
- palliative/end of life care (e learning in 2015)
- ‘Regional Palliative and End of Life Care Learning and Development Programme for Nursing Homes’ was attended by the acting manager in 2014

Further face to face palliative care training has been arranged by the organisation, with dates available from 11 August 2015 to 22 September 2015. Three registered nurses and four care assistants attended this training in September 2015.

There was an identified link nurse in respect of palliative and end of life care at the time of the inspection.

A review of the new competency and capability assessments for registered nurses did not evidence that end of life care was included and the assessments had been validated by the manager. The review of staff induction training records confirmed that end of life care was included in the induction training programme for registered nurses but not for care assistants.

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.

Discussion with the 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 in place and discussion with nursing staff confirmed their knowledge of the protocol.

Specialist equipment, for example syringe driver was not in use in the home at the time of inspection.

Is Care Effective? (Quality of Management)

A review of care records evidenced that end of life wishes were included in patients assessment of need schedule. However, there was a lack of consistency in the completion of the need by registered nurses. 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 and symptom management. There was evidence that the patient's wishes and their 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 was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team.

Discussion with the manager, staff and a review of 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. Patients' representatives were enabled to stay for as long as they wished.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

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

Areas for Improvement

Patients assessment of need schedule should clearly evidence the end of life wishes of patients has been robustly completed, where possible. Evidence should also be present that discussion has taken place with the patient and or their representative.

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| Number of Requirements: | 0 | Number of Recommendations: | 1 |
|--------------------------------|----------|-----------------------------------|----------|

5.5 Additional Areas Examined

5.5.1. Questionnaires

As part of the inspection process we issued questionnaires to staff and patients. Questionnaires were left for patients' representatives to complete if they wished to do so. We observed care practice and spoke to patients on an individual and/or small group basis

Patients' Views.

Comments received from patients included:

"I like it here and the food is good."

"I am happy here."

"Staff are friendly but they're busy."

One patient completed a questionnaire. The patient confirmed that they were treated with dignity and respect by staff, were enabled to make choices on a day to day basis and relatives and friends were made welcome by staff.

An additional comment was made:

"More staff needed day and night as sometimes I feel they (staff) can't cope with the amount of work."

Staff Views

Comments on the five returned staff questionnaires were generally positive. Staff were satisfied that the care provided was based on the individual needs and wishes of patients.

Comments included:

“Manor Lodge is a big happy family, staff work very well together and everything we do, we do as a team.”

“I personally think this is the best home I have ever worked in.”

“Excellent multidisciplinary teamwork within the home.”

“Staff treat patients like family, very high standard of care.”

5.5.2. The Environment

There was a good standard of cleanliness and hygiene evident during the inspection. Infection control procedures were also generally well maintained.

However, consideration should be given to the environment from the perspective of a person with dementia. The home has a 15 bedded dementia unit. The acting manager stated that it was proposed that staff in the dementia unit would commence working towards the organisation's accreditation in dementia care, PEARL (positively enriching and enhancing resident's lives). This is timely as a number of concerns were evident. Patients were unable to use the small quiet lounge as the seats on chairs had been 'upended' and the hoist was being stored in this lounge. The entrance to the garden and patio area is also through this lounge. In discussion with staff they stated patients could not readily access the garden area as a handrail was needed due to patients having to navigate steps. However, there was a patio area that was not being used for patients except for those patients who smoked. The paved area was sufficiently large for all patients to use. The area did not appear to be well maintained or clearly designated for persons with dementia to recognise and use.

The unit would benefit from the purchase of soft furnishings to help 'domesticate' the appearance as the television lounge which patients were using appeared uninviting. The day's menu was not displayed in the dining room for patient's information. The environment of the dementia unit should be audited to ensure it is an enabling, familiar and inviting environment for patients.

Staff in the dementia unit, described their duties and responsibilities. However, from their discussion it was apparent staffs' understanding of their work was task orientated as opposed to being person centred or relationship centred. Further dementia awareness training which will be included in the PEARL accreditation should and must address this.

Staff also stated that the provision of activities in the dementia unit was limited and the personal activities leader's time was divided between the nursing unit and the dementia unit. The provision of recreational activities in the dementia unit should be the responsibility of all staff and not just the personal activities leaders. This would be in keeping with best practice in dementia care. The current arrangements regarding recreational opportunities for patients should be reviewed by the acting manager. Further training should also be undertaken with staff so as they understand their role in meeting the social and recreational needs of patients.

The two lounges at the entrance to the home would also benefit from the purchase of soft furnishings. Currently only one lounge is being used by patients. Patients should have a choice as to where they would like to sit and both rooms should be furnished to a comfortable standard for patients.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Judy Brown, acting 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 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

Recommendations

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|---|--|
| <p>Recommendation 1</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p> | <p>Staff should undertake training in communicating effectively.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Nursing and care staff attended training on communicating effectively in relation to 'breaking bad news'on Thurs 26th November 2015</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p> | <p>A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the orgainsation, in respect of communicating effectively and palliative and end of life care.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Nursing and Care staff attended training 26th November 2015 and nursing staff have completed written work (which they are using as reflective practice) to validate knowledge in respect of policy and procedure in relation to communicating effectively during palliative and end of life care. Evidence of this written work is held within the Home.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p> | <p>Care records should evidence that the assessment of need in respect of the end of life wishes of patients is consistently and fully completed by nursing staff.</p> <p>Ref: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Nursing staff are completing section 16 of the needs assessment and where indicated a care plan is being put in place. The Home Manager is monitoring compliance with this through the Quality Of Life Resident TRACA and it will be monitored through the Reg 29 Monthly Report.</p> |

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|---|--|------------------------------|-----------------|
| <p>Recommendation 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p> | <p>The communal areas in the dementia unit should be readily accessible for patients to use; this includes the two lounge areas and the outside patio/paved area.</p> <p>Ref: Section 5.4.2</p> | | |
| <p>Recommendation 5</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p> | <p>Patients in the nursing unit should have a choice of which lounge they wish to use. Soft furnishings should be purchased to enhance the appearance of these areas.</p> <p>Ref: Section 5.4.2</p> | | |
| <p>Recommendation 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p> | <p>The acting manager should ensure staff in the dementia unit acknowledge and provide, as far as possible, recreational opportunities for patients.</p> <p>Ref: Section 5.4.2</p> | | |
| | <p>Response by Registered Person(s) Detailing the Actions Taken: An environmental audit has been carried out by the dementia team. Both lounges are accessible for all Residents, the 'garden lounge' has been enhanced by the addition of a fire place and soft furnishings. Access to the outside area is being addressed by the estates department</p> <p>Response by Registered Person(s) Detailing the Actions Taken: both lounges are available for use and soft furnishings have been purchased to enhance the appearance of these areas</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A new PAL has just commenced induction (to cover maternity leave) and she will be supporting staff in the dementia unit to ensure that recreational opportunities are available on a daily basis</p> | | |
| <p>Registered Manager Completing QIP</p> | <p>Judy Brown</p> | <p>Date Completed</p> | <p>30/11/15</p> |
| <p>Registered Person Approving QIP</p> | <p>Dr Claire Royston</p> | <p>Date Approved</p> | <p>30.11.15</p> |
| <p>RQIA Inspector Assessing Response</p> | <p>Heather Sleator</p> | <p>Date Approved</p> | <p>7/12/15</p> |

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