



The Regulation and
Quality Improvement
Authority

Mount Lens
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**Unannounced Care Inspection
of
Mount Lens**

7 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 7 May 2015 from 09.30 to 16.30.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from 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 11 November 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	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with Paulo Leitao, 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: Four Seasons Health Care / Dr Maureen Claire Royston	Registered Manager: Mr Paulo Leitao
Person in Charge of the Home at the Time of Inspection: Mr Paulo Leitao	Date Manager Registered: 14 October 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 34
Number of Patients Accommodated on Day of Inspection: 27	Weekly Tariff at Time of Inspection: £593 (£50 top up)

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:

- discussion with the registered manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with seven patients individually and with the majority of others in groups, three registered nurses, three care staff, two ancillary staff and two visiting professionals. No relatives/ patient representatives were available for consultation on the day of inspection.

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

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- staff induction records
- minutes of residents meetings
- three care records
- a selection of policies and procedures
- guidance for staff in relation to 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 medicines management inspection dated on 24 April 2015. The report and QIP have yet to be issued to the responsible persons.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 6.2 Stated: First time	All entries in case records are to be contemporaneous; dated, timed and signed, with the signature accompanied by the name and designation of the signatory.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that they were consistently dated, timed and signed with the name and designation of the signatory. This recommendation has been met.	
Recommendation 2 Ref: Standard 26.6 Stated: First time	The following specified policies must be reviewed and updated as required and ratified by the responsible person: <ul style="list-style-type: none"> • Contenance Care • Ileostomy and colostomy care • Digital rectal evacuation • Bowel Care 	Not Met
	Action taken as confirmed during the inspection: These policies were currently under review but have not yet been issued. This recommendation is not yet met and has been stated for the second time.	
Recommendation 3 Ref: Standard 32.1 Stated: First time	Water damage on the laundry ceiling should be repaired.	Met
	Action taken as confirmed during the inspection: The laundry ceiling had been repaired and this recommendation has been met.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

There was no policy on communicating effectively, nor were the regional guidelines on Breaking Bad News available.

A sampling of training records evidenced that there had been no up to date training in relation to communicating effectively with patients and their families/representatives. However, the staff consulted were able to demonstrate their knowledge regarding how to communicate sensitively and effectively with patients and their representatives.

Is Care Effective? (Quality of Management)

Two of the three care records examined reflected patient's individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs, including sensory and cognitive impairments.

There was evidence within all three records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Three registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by ensuring private surroundings, making sufficient time for the conversation, checking the understanding of the patient or their representative, offering reassurance and allowing time for questions.

Is Care Compassionate? (Quality of Care)

Discussion with staff confirmed that they were knowledgeable about the importance of communicating effectively and sensitively with patients and their representatives. Staff were aware of the sensory and cognitive capabilities of their patients and emphasised the need for consultation and support of the patients' families/ representatives.

Patients consulted confirmed that staff were polite and kind.

Staff were observed to be kind and patient when delivering care, speaking in an appropriate tone of voice and offering prompt assistance as required. Interactions between patients and staff were friendly and cordial.

Areas for Improvement

A recommendation has been made that the policy/procedure on communicating sensitively / breaking bad news is made available to staff.

A recommendation has been made that the current regional guidelines on breaking bad news are made available to staff for reference as required.

Number of Requirements:	0	Number of Recommendations:	2
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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)

A policy on death and dying was available and included guidance on the management of the deceased person's belongings and personal possessions. A palliative and end of life care manual is currently under review by Four Seasons Healthcare to ensure that they are reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013.

Training records evidenced that the registered manager had attended a training day on palliative and end of life care hosted by the Trust and in discussion he had plans to relay this information to staff during supervision. An in house e-learning programme regarding palliative care was available to staff and was completed by staff at induction. In discussion, staff confirmed that they had completed this training. The manager and staff confirmed that there were also arrangements in place to refer to and consult the specialist palliative care nurse in the Trust who offered valuable support to staff as required.

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

Specialist equipment including oxygen, suction machines and airwave mattresses were available in the home for use as required.

The manager was currently taking on the role of palliative care link nurse.

Is Care Effective? (Quality of Management)

There were no patients in the home identified as end of life but there had been discussion with some patients and their representatives around advanced care planning. A review of three relevant care records evidenced that patients' needs were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. Two care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. There was insufficient evidence that the patient's social, cultural and religious preferences were being recorded in the care plans.

A named nurse was identified for each patient in the home. There were currently no patients requiring a palliative care referral but this service was available if required.

Discussion with the manager and staff evidenced that environmental factors had been considered when a patient was dying, including attention to reducing noise and lighting and ensuring privacy.

Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Relatives were facilitated to stay in the patient's room if desired and provided with a comfortable chair, regular snacks and drinks.

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

Is Care Compassionate? (Quality of Care)

As previously stated, a review of care records could not evidence that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. The manager and staff stated that they took direction on this aspect of care from the patient's family and facilitated access to spiritual care as requested. Staff consulted were knowledgeable about the patients' expressed wishes and needs.

In discussion, all staff confirmed that relatives were made very welcome and were free to sit with their loved one for as long as they wished.

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. There was evidence within compliments/records that relatives had commended the management and staff for their warmth, care and attention 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. They confirmed that the team and manager were very supportive in the event of the death of a patient. There was evidence of regular staff meetings and supervision.

Areas for Improvement

A recommendation has been made that the cultural, religious and spiritual needs of patients are discussed and documented.

When the updated palliative care and end of life manual is completed it is recommended that staff receive training/supervision on the content to ensure they are knowledgeable regarding best practice in this aspect of care.

Number of Requirements	0	Number of Recommendations *2 of the recommendations made are stated under Standard 19 above	4
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5.5 Additional Areas Examined

5.5.1 Environment

An inspection of the premises was undertaken and substantial improvements had been made to the home, including the creation of a new nurses' station, treatment room and dining area downstairs and a new dining area upstairs. Significant redecoration work had been undertaken on the ground floor and more was planned for the first floor.

The ground floor is currently being used by the Trust as part of a pilot scheme to provide short stay rehabilitation beds for patients requiring discharge from hospital. The rehabilitation team had been offered, what was previously the quiet room, to provide an on-site service for these patients. Two visiting professionals were consulted and spoke positively regarding the current arrangements and the support offered to them by the staff in the home.

This scheme may only be available in the short term and there are longer term plans to open a dementia unit on the ground floor. The registered manager has agreed to keep RQIA informed of any change of use of the ground floor beds.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Paulo Leitao, 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 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	
<p>Recommendation 1</p> <p>Ref: Standard 26.6</p> <p>Stated: Second time</p> <p>To be Completed by: 8 September 2015</p>	<p>The following specified policies must be reviewed and updated as required and ratified by the responsible person:</p> <ul style="list-style-type: none"> • Contenance Care • Ileostomy and colostomy care • Digital rectal evacuation • Bowel Care <p>Response by Registered Person(s) Detailing the Actions Taken: This recommendation has been referred to the FSHC Care and Quality Team. Identified FSHC policies are under review for update. When agreed they will be made available to all staff.</p>
<p>Recommendation 2</p> <p>Ref: Standard 19.6</p> <p>Stated: First time</p> <p>To be Completed by: 8 September 2015</p>	<p>A policy/procedure on communicating effectively/breaking bad news should be made available to staff and reflect current best practice guidelines.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: FSHC Palliative and End-of-Life Care policy is now available as a draft policy and will be formally issued very soon. The draft policy is available to all staff.</p>
<p>Recommendation 3</p> <p>Ref: Standard 19.6</p> <p>Stated: First time</p> <p>To be Completed by: 8 June 2015</p>	<p>Best practice guidelines, such as, the regional guidelines for breaking bad news, should be made available to staff for reference as required.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: "Breaking Bad News...Regional Guidelines,DHSSPS February 2003 ; HSC Bereavement, reviewed January 2014 and HSC Caring at End of Life, a summary of best practice guidance for health and social care staff are available to all staff in the Home and is found in the End of Life Resource File.</p>
<p>Recommendation 4</p> <p>Ref: Standard 32.8</p> <p>Stated: First time</p> <p>To be Completed by: 8 July 2015</p>	<p>The cultural, religious and spiritual needs of patients should be discussed and documented.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: FSHC Spirituality Policy is under review and update. Pre- admission Assessment and Needs Assessment booklets section 15 collect information to formalize a individual person centred care plan if required. A review of cultural, spiritual and religious needs and recording will .monitored and discussed with RN staff through supervision. Religious service will be continue to be provided on a individual basis..</p>

Recommendation 5 Ref: Standard 32 Stated: First time To be Completed by: 8 September 2015	Staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.		
	Response by Registered Person(s) Detailing the Actions Taken: Palliative/End of Life Care Training(Formal Training) is planned for Mount Lens on 28 th August-Teams : Difference between palliative and end of life;Gold standards framework;RQIA standards 19,20,32&33;Advance care Planning;Palliative Care Register;Nutrition and Hydration;Sub Cut fluids;Pain Management;Mouth Care;Spirituality;gain guidelines; Care after Death;Last Offices and Bereavement Support.		
Registered Manager Completing QIP	Paulo Leitao	Date Completed	21.07.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	22.07.15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	27/7/15

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

Please provide any additional comments or observations you may wish to make below: