



The **Regulation** and
Quality Improvement
Authority

Stewart Memorial House
RQIA ID: 1278
39 Downshire Road
Bangor
BT20 3RD

Inspector: Linda Thompson
Elaine Connolly
Inspection ID: IN021796

Tel: 028 9146 5211
Email: Lyndsey.Paul@niid.co.uk

Unannounced Care Inspection
of
Stewart Memorial House

15 July 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 15 July 2015 from 09.45 to 14.45.

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 in the general environment of the home were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 13 February 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding the repair of walls and flooring to the ground floor shower room, missing window restrictors and a torn area of carpet on the first floor of the home was issued to the registered manager and Mr Maurice Goodwin as acting chief executive of NIID at the conclusion of the inspection. These actions identified are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Ms Lyndsey Paul registered manager and Mr Maurice Goodwin acting chief executive of NIID as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: NI Institute for the Disabled/William John Miskimmon	Registered Manager: Lyndsey Paul
Person in Charge of the Home at the Time of Inspection: Lyndsey Paul	Date Manager Registered: 28 July 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 30
Number of Patients Accommodated on Day of Inspection: 23	Weekly Tariff at Time of Inspection: £609 – £1150

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

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 10 patients individually and to most others in small groups. Discussion also took place with two registered nurses, four care staff, two ancillary staff and two patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- four patient care records
- staff training records
- the template document for staff induction
- the template document of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, 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 Stewart Memorial House was an unannounced care inspection dated 13 February 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 Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.1 Stated: First time	The registered person should ensure that care plans are developed in consultation with the patient and/or their representative.	Met
	Action taken as confirmed during the inspection: Having examined four patient's care records it was confirmed that nursing care records illustrate consultation with the patient and or their representatives as required.	
Recommendation 2 Ref: Standard 19.2 Stated: First time	The registered person should ensure that policies and procedures on continence management are reviewed in accordance with current best practice and are made available for staff to use on a daily basis.	Met
	Action taken as confirmed during the inspection: Having examined the home's policy on continence care we are able to confirm that it was appropriately reflective of best practice guidance and are available for staff on a daily basis.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Staff of all grades were observed communicating with patients appropriately, on a frequent basis and in an open and genial manner. There was a relaxed friendly atmosphere in the home and patients appeared empowered to give their opinions on various issues.

A policy on communication was not available and a recommendation was made to develop this policy. There was however regional guidance available in the home on breaking bad news. Care staff and nursing staff who met with the inspector were aware of this guidance and confirmed that they were looking forward to receiving the scheduled training on end of life care which would make the regional guidance on breaking bad news more relevant.

Is Care Effective? (Quality of Management)

Three care records evidenced that patient's individual needs and wishes in respect of aspects of daily living were appropriately recorded. Two patients at the time of the inspection were recognised as requiring palliative / end of life care. The nursing care records for both the identified patients were examined. Both sets of nursing care records evidenced detailed and comprehensive assessment of needs in respect of end of life care. Care plans were available to guide the staff to ensure that the patients were supported towards a peaceful and dignified death. Regular review and updating of care records was undertaken.

Recording within care records did include reference to the patient's specific communication needs.

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

One registered nurse demonstrated their ability to communicate sensitively with patients when breaking bad news by sitting down by the patient, using a calm voice, speaking clearly yet reassuringly, holding hands, allowing privacy, allowing the patient to question, and trying to display as much empathy as possible.

Care staff generally considered the breaking of bad news to be the responsibility of the registered nursing staff and failed initially to recognise that they would do this on a regular basis and that it does not necessarily mean informing a patient that a friend or loved one has died. Further staff training will allow for greater understanding and development of these skills. A recommendation was made in this regard.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients the inspectors can confirm that communication was of a high standard and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with 10 patients individually and to most of the remaining in smaller groups. The patients all stated that they were very happy with the quality of care delivered and with life in Stewart Memorial House. They confirmed that staff are polite and courteous and that they felt safe in the home.

Two patient's representatives discussed care delivery with inspectors and also confirmed that they were very happy with standards maintained in the home.

Areas for Improvement

The registered manager/person must develop a communication policy and ensure that it references regional guidance on breaking bad news. Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home.

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 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying are available in the home. However the documents should be reviewed and updated to ensure they are reflective of the Gain Palliative Care Guidelines, November 2013. The updated policy should be developed in consultation with the registered nursing team.

The registered manager and registered nursing staff on duty during the inspection were aware of the Gain Palliative Care Guidelines November 2013 a copy of which was available in the home.

The registered manager advised that training for care staff and registered nursing staff was scheduled for September and October 2015. The registered manager also confirmed that she planned to deliver end of life awareness training to all staff within the next two weeks. The training plan was available for review.

Evidence was available to confirm that all registered nursing staff are fully trained in the use of specialised equipment such as a syringe driver. The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required.

Discussion with the registered manager and registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Referral to specialist palliative services and the multidisciplinary team was clearly evidenced when examining patient nursing care records.

The home maintains a registered nurse as palliative care link nurse. The link nurse attends the regular palliative group meetings and minutes of such meetings were available for reference in the home. However this staff member is on planned, extended leave and it is recommended that either an alternative nurse is identified or the registered manager makes direct links to the group meetings in order to stay abreast of any changes in practice.

Discussion with the registered manager, eight staff and a review of three 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.

Is Care Effective? (Quality of Management)

There were two patients considered as being at end of life in the home during the inspection.

A review of nursing care records for the identified patients evidenced that patients' needs for end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, pain management and symptom management and change of position.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

Discussion with the registered manager, two registered nurses, four care staff and a review of three care records evidenced that environmental factors had been considered when a patient was end of life. Staff informed the inspector that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support have been provided by the staff team.

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

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan.

There was however a need identified for additional training in death and dying and palliative /end of life care to ensure that staff do not avoid discussion of this important area with patients and their representatives until it is too late for all concerned. Formal training as discussed previously is already scheduled for September and October 2015.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones.

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 compliment records that relatives had commended the management and staff for their efforts towards the family and patient.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death, including attending the funeral. Staff also advised that on previous occasions the home has held memorial services for recently deceased patients. The opportunity is given to the remaining patients in the home to attend. This practice is commended and allows for patients and or their representatives to mourn the loss of their friends within the Stewart Memorial community.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Areas for Improvement

The training for palliative and end of life care, already scheduled, will further enhance the staff knowledge of this important area.

Number of Requirements:	0	Number of Recommendations: * refers to one recommendation raised in both section 5.3 and 5.4.	*1
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5.5 Additional Areas Examined

5.5.1 Environmental issues

During an examination of the general environment a number of concerns were identified. These are detailed below;

1. The walls of the communal shower room on the ground floor were evidenced to have paint peeling over large areas. The tiled section around the shower area is loose at one edge and must be secured and a floor tile is very loose and rocks when walked over in the centre of the shower room floor. The shower room in its current state poses a significant infection prevention risk and must be improved immediately.
This matter was identified in the urgent findings letter.
2. A number of window restrictors were evidenced to be missing from windows in patient's bedrooms and communal areas. These restrictors must be replaced as a matter of urgency. This matter was identified in the urgent findings letter.
3. An area of carpet on the first floor was evidenced to be torn and raised. This posed a significant trip hazard for both patients and staff and must be actioned as a matter of urgency. This matter was identified in the urgent findings letter.

All three matters were discussed with the registered manager and Mr Maurice Goodwin, acting chief executive of NIID during feedback of the inspection findings. Mr Goodwin gave an assurance that all matters would be addressed with urgency.

It was agreed during inspection feedback that the registered manager was responsible for minimising of risks to health and well-being of patients and ensuring the general environment was of a satisfactory standard. It was recognised by senior management that there may have been some delay in the past in ensuring that minor works are actioned, however assurances were given that this situation would not be accepted at present.

A recommendation was made that a process is established between the registered manager and the acting chief executive to ensure that any minor works requiring attention are appropriately risk assessed and prioritised. These matters are referred for information to the estates inspector.

Two requirements and one recommendation were made in this regard.

5.5.2 Consultation with patients, their representatives, staff and professional visitors

The inspectors were able as part of the inspection process to meet with 10 patients individually and to most others in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

'I am very happy here there is usually something to do each day'

'I have a lovely room and the staff are great'

'I feel safe here and can always tell someone if something was wrong'

Questionnaires were issued to 10 nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below;

'Stewart Memorial is an excellent place to work. It can be very busy but the care of the residents is very good.'

'I feel proud to be in a position to take care of patients when their needs can be at its highest. I feel that care being provided with specific regards to palliative care is good and meets the individual needs of patients. Great efforts are made by the team to provide holistic care.'

'I know that many staff go that extra mile in caring for the residents here in Stewart Memorial House. There are staff who will bring things in on their days off for residents who are dying and offer support to family above and beyond their job descriptions. I believe that care, qualified and ancillary staff like to think of residents as 'one of their own family'.

Two patient representatives discussed the quality of care delivery with one inspector. The representatives advised that they were very satisfied with the care provided to their loved one. They advised they were kept well informed and could visit anytime and were always made welcome and supported by staff. They advised staff would also contact them when they were unable to visit which they appreciated. They stated they had no concerns and would recommend the home to others. .

5.5.3 Looking forward

The senior management team of Stewart Memorial House have been keeping RQIA apprised of the current challenging situation for the home. The recent consultation document shared with various stakeholders including patients and staff was also shared with RQIA.

Whilst RQIA are not involved in offering opinions on the way ahead we are required to ensure that the standard of care delivered in the home is maintained and that patients are fully involved in the decisions made regarding their current and future care.

The inspectors observed staff assisting a patient by reading through the public consultation document. A number of patients were understandably distressed making brief comments to the inspectors such as 'please keep our home open', 'don't let them close our home'.

Staff were equally concerned with the difficult situation in which they found themselves and state that they are trying their best to keep the patients as calm as possible.

The consultation document and concerns of patients and staff were discussed briefly during feedback with the registered manager and the acting chief executive of NIID. An assurance was given by Mr Goodwin that the best possible care would continue to be delivered to patients and that full and frank discussions between all will continue following the 10 weeks consultation period.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lyndsey Paul registered manager and Maurice Goodwin acting chief executive of NIID 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: First time To be Completed by: 15 August 2015	<p>The registered person/manager must ensure that all wall and floor surfaces in the identified shower room are made sound.</p> <p>Ref section 5.5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Work in this area is now complete. The walls have been replastered where necessary and the walls in this shower room have been repainted. The sink unit has been replaced and is secure. Floor tiling has been made sound and cleaned.</p>
Requirement 2 Ref: Regulation 27 (2) (b) Stated: First time To be Completed by: 31 July 2015	<p>The registered person / manager must ensure that risks to patients and staff are appropriately minimised.</p> <ul style="list-style-type: none"> Window restrictors missing from patient bedrooms and communal areas should be replaced with urgent The torn carpet area on the first floor of the home should be secured to minimise the risk of trips for patients and staff. <p>Ref section 5.5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Window restrictors have been fitted in patient bedrooms and the communal area will be completed by 13th October 2015 .</p> <p>The carpet on the first floor has been secured.</p>
Recommendations	
Recommendation 1 Ref: Standard 36 Stated: First time To be Completed by: 31 August 2015	<p>It is recommended that the following policy guidance is established, reviewed and updated as required</p> <ul style="list-style-type: none"> A communication policy should be developed and this should incorporate the regional guidance for breaking bad news The palliative / end of life policies and procedures should be reviewed and updated to reflect GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. <p>Ref section 5.3, 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Palliative/end of life policy has been reviewed and updated to reflect recommendations.</p>

	Communication Policy will be reviewed and updated by 31 st October 2015.
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Recommendations			
Recommendation 2	It is recommended that the registered person ensures that all grades of staff receive training on the following;		
Ref: Standard 39	1. Breaking bad news communication skills		
Stated: First time	Ref section 5.3		
To be Completed by: 31 August 2015	<p>Response by Registered Person(s) Detailing the Actions Taken: In House awareness training has been provided by (previous) Registered Manager.</p> <p>NIID are currently sourcing external training in respect of this and will be adding this to our annual mandatory training plan.</p>		
Recommendation 3	It is recommended that the registered manager works with the acting chief executive of NIID to establish an effective system to ;		
Ref: Standard 35	<ul style="list-style-type: none"> • Identify maintenance problems in the home • Classify project as major / minor • Risk assess urgency • Source maintenance time to action repairs • Maintain records of process for inspection 		
To be Completed by: 31 August 2015	Ref section 5.5.1		
	<p>Response by Registered Person(s) Detailing the Actions Taken: The Quality Assurance Manager has met with the Estates Inspector in relation to identifying areas which require attention. The Quality Assurance Manager will respond to the Estates Inspection which was carried out on 4th September 2015.</p>		
Registered Manager Completing QIP	<i>L. Parry (LEFT)</i>	Date Completed	
Registered Person Approving QIP	<i>M. [Signature]</i>	Date Approved	28/9/15
RQIA Inspector Assessing Response	<i>Michael Beator</i>	Date Approved	20/10/15

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