



The **Regulation** and  
**Quality Improvement**  
Authority

**Phoenix Clinic & Resource Centre**

**RQIA ID: 1281**

**1 Lansdowne Road**

**Newtownards**

**BT23 4NT**

**Inspector: Donna Rogan**

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**Unannounced Care Inspection  
of  
Phoenix Clinic & Resource Centre**

**8 September 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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 8 September 2015 from 09.30 to 15.30 hours. On this occasion the inspector was accompanied by a lay assessor.

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 3 February 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
<b>Total number of requirements and recommendations made at this inspection</b>	4	0

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Iain McCartney – Phoenix Healthcare (N.I.) Limited	<b>Registered Manager:</b> Karen Edwards
<b>Person in Charge of the Home at the Time of Inspection:</b> Karen Edwards	<b>Date Manager Registered:</b> 07/11/12
<b>Categories of Care:</b> NH-PH, NH-PH (E)	<b>Number of Registered Places:</b> 36
<b>Number of Patients Accommodated on Day of Inspection:</b> 32	<b>Weekly Tariff at Time of Inspection:</b> £663.35 to £665.99

## 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 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, observation of care delivery/care practices and a review of the general environment were undertaken. We met with 20 patients, four care staff, two registered nurses and one relative. There was one visiting professional available during the inspection. Their comments are included in section 5.5.2 of the report.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- four patient care records
- accident/notifiable events records
- staff training records

- staff induction records
- 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 the Phoenix Clinic & Resource Centre was an unannounced care inspection dated 3 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 Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2) (b) (d)  <b>Stated:</b> First time	The registered person must ensure that the following matters are addressed: <ul style="list-style-type: none"> <li>• Repair / replacement of damaged bathroom doors in Cranberry zone</li> <li>• Repainting of a specified patient's bedroom is undertaken</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that the identified bathroom door has been repaired.  The identified patient's bedroom has been repainted.	
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> Third time	Registered nurses must sign and date each entry made on care records and the actual date the patient was weighed should be documented in the patient's care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four patients care records evidenced that registered nurses dated and signed each entry in the care records. The actual date the patient was weighed was included in the care records.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 19.1</p> <p><b>Stated:</b> First time</p>	<p>A standardised continence assessment should be completed for each patient who requires individualised continence management and support.</p> <p><b>Action taken as confirmed during the inspection:</b> A continence assessment was completed for patients who required individualised continence management and support.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 26.6</p> <p><b>Stated:</b> First time</p>	<p>The continence care policy must be reviewed and updated as required and ratified by the responsible person. In addition, a policy should be developed to address catheter care and management.</p> <p><b>Action taken as confirmed during the inspection:</b> The continence care policy has been updated and has been ratified by the responsible person. A policy is now in place in relation to catheter care.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p>	<p>The recommended target fluid intake for each patient should be clearly recorded in the patient care record.</p> <p><b>Action taken as confirmed during the inspection:</b> The target fluid intake was clearly recorded in patients care record where relevant.</p>	<p><b>Met</b></p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p>	<p>Documentation in the care records in relation to pressure area/wound care should include the following:</p> <ul style="list-style-type: none"> <li>• the total score of the Braden risk assessment</li> <li>• individualised timeframes for repositioning in the care plan and repositioning charts</li> <li>• if a risk of pressure ulceration is identified a care plan for prevention and management must be put in place</li> <li>• the care plan should be updated to reflect changes/recommendations of nurses and specialists</li> <li>• when there is more than one wound at a time the wound care chart should reflect the number of the wound to which it refers.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of pressure area/wound care records evidenced that the Braden risk assessment included a total score. The records included timeframes for repositioning charts. Where there was a risk of pressure damage a care plan was in place. When wounds were assessed they were easily identified in the care records as to which wound the record refers to.</p>		

### 5.3 Standard 19 – Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy/reference manual had been provided by the registered manager for staff. The manual included the regional guidelines on breaking bad news. Discussion with six 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 communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

#### Is Care Effective? (Quality of Management)

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 where relevant 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 patients' representatives.

There was evidence within 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 day one in the home. It was appreciated by staff that this relationship enabled bad news to be delivered more sensitively and with greater empathy when required.

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 Phoenix Clinic and Resource Centre.

There were no areas for improvement identified regarding this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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)**

As previously stated the registered 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.

Training records evidenced that staff were trained or had awareness 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.

A link nurse in respect of palliative care had been identified in the home and they had attended specialist training in March 2015.

A review of the competency and capability assessments for registered nurses evidenced end of life care was included and the assessments had been validated by the registered manager. The review of staff induction training records also confirmed that end of life care was included.

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 nursing and care 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.

There was no specialist equipment, for example syringe drivers is in use in the home at the time.

### **Is Care Effective? (Quality of Management)**

A review of the care records evidenced that the patient's needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient's care plans. This included the management of hydration and nutrition, pain management and symptom management. A key worker/named nurse was identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's GP.

Discussion with the registered manager, nursing and care 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 bedrooms are single rooms and patients' representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

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 cultural and 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 staff 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 staff 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. Information on bereavement counselling was present on the relatives' notice board.

From discussion with 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; staff meeting and 1:1 counselling, if appropriate. There is an employee's assistance helpline.

### **Areas for Improvement**

There were no areas of improvement identified for the home in respect of palliative and end of life care at this time.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1. Lay assessor comments**

Throughout the duration of the inspection there was a lay assessor present. The lay assessor spoke with patients and conducted a tour of the home's environment. Feedback was provided by the lay assessor to the registered manager on their findings. Comments made during feedback were positive regarding discussions held with approximately ten patients and one relative.

The lay assessor was of the opinion that that staff were very knowledgeable regarding patients' care and their individual needs, stating that patients appeared content and happy in their surroundings and were well cared for. There was one issue raised regarding one patient's care. This issue was addressed during the inspection and the lay assessor was satisfied with the immediate action taken by staff to have the issues addressed. A requirement is made that patient care should always be delivered in a timely way and meets the individual's needs.

The lay assessor also suggested that some communal and bedroom areas required to be redecorated. It was also noted that some of the furniture in patients' bedrooms required to be replaced as it had become worn or damaged.

## 5.5.2 Questionnaires/Comments

### Staff

As part of the inspection process we issued questionnaires to staff. Eight questionnaires were given out and three were completed and returned.

The responses in the questionnaires were assessed by staff as being positive. Other comments are included below.

Regarding the inspection theme, staff were satisfied that arrangements were in place to manage patient's pain and patients are well supported and enabled to have a dignified death. Staff also agreed patients are afforded privacy, dignity and respect at all times and that care is based on individual needs and wishes.

Individual comments were as follows:

"Although it can be challenging- communication between staff and residents is full of fun."

"I feel that staff encourages the residents to be their own person and give them time to give their own views."

"Even when short staffed, we treat all residents with respect and give them the time they deserve."

### Relatives

One visiting relative was spoken with during the inspection. The relative was very supportive of the staff team, stating that they were always made welcome and are kept informed of their relative's wellbeing.

One questionnaire was provided to relatives/representatives, and was returned with the following comments:

"The staff couldn't do anymore. They are very good."

### Patients

There were three questionnaires completed by patients in the presence of the lay assessor.

Their comments are as follows:

"Very satisfied that staff treat me with dignity and respect."

"I am allowed to do my own shopping."

"Staff go out of their way to help you, catering staff make sure you get the right food."

"There are regular meeting and if I have a complaint I can get something done about it."

"Very satisfied that the nursing staff listens to me."

### Visiting Professional

Comments made by one visiting professional were very positive. They stated that they were confident that staff follows their professional advice and instructions. They were of the opinion that staff knowledge of the patients was excellent and care in the home was of a high standard. They stated that "the home is a great place to live and work in."

### 5.5.3 Environment

Overall on the day of the inspection the environment was observed to be clean and tidy. However many areas in the home require to be redecorated or refurbished. Also see previous comments made by the lay assessor in section 5.5.1. This was discussed at length with the registered manager who agreed to draw up a refurbishment programme with planned dates in which the programme will be implemented. This should be agreed and should be implemented by the responsible person within the set timescales. A copy of the refurbishment plan should be forwarded to RQIA upon the return of the Quality Improvement Plan, (QIP). A requirement is made in this regard.

The following issues should also be addressed and a requirement is made:

- ensure the identified mattress properly fits the bed
- ensure the identified bed is repaired
- ensure the management of bedrails at all times meets MHRA Device Bulletin DB Safe Use of Bedrails December 2013
- ensure furniture and patients' belongings are safely placed in their bedrooms

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Karen Edwards, 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](mailto: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 any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 13 October 2015</p>	<p>The registered person must ensure that at all times patients' needs are individually met and delivered in a timely way.</p> <p><b>Ref: 5.5.1</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We have a new Care Assistant in post and both Deputy Manager and a Care Assistant have both returned from Maternity leave, increasing the staffing levels and ensuring that at all times patients needs are delivered in a timely manner.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 13 October 2015</p>	<p>The registered persons shall draw up a refurbishment programme with planned dates in which the programme will be implemented. A copy of the refurbishment plan with timescales should be forwarded to RQIA upon the return of the Quality Improvement Plan, (QIP).</p> <p><b>Ref: 5.5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A refurbishment programme has commenced. One room redecorated, all damaged bedrails have been repaired and varnished. See attached letter.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 13 October 2015</p>	<p>The registered person shall ensure the identified mattress properly fits the bed, ensure the identified bed is repaired and ensure furniture and patients' belongings are safely placed in their bedrooms.</p> <p><b>Ref: 5.5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The bed identified has been replaced and the mattress now fits properly. Patients belongings are safely placed in their bedroom and the fridge identified as not sitting securely on unit has been moved over so is now safe. TV now on wall to allow more room for fridge.</p>

<b>Requirement 4</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time <b>To be Completed by:</b> 13 October 2015	The registered person must also ensure the management of bedrails at all times meets the MHRA Device Bulletin DB December 2013 Safe Use of Bed Rails. <b>Ref: 5.5.3</b>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Bedrail checks continue weekly by H&S officer and on going by Staff Nurses to ensure they meet the MHRA Device Bulletin DB Dec 2013 Safe use of Bedrails		
<b>Registered Manager Completing QIP</b>	Karen Edwards	<b>Date Completed</b>	13/10/2015
<b>Registered Person Approving QIP</b>	Iain McCartney	<b>Date Approved</b>	13/10/2015
<b>RQIA Inspector Assessing Response</b>	Karen Scarlett	<b>Date Approved</b>	13/11/2015

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**