



The **Regulation** and
Quality Improvement
Authority

Pond Park Care Home
RQIA ID: 1282
2 Derrriaghy Road
Lisburn
BT28 3SF

Inspector: Karen Scarlett
Inspection ID: 022162

Tel: 028 9267 2911
Email: pond.park.m@fshc.co.uk

**Unannounced Care Inspection
of
Pond Park Care Home**

22 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

1. Summary of Inspection

An unannounced care inspection took place on 22 September from 09.45 to 15.30 hours.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Pond Park 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 10 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
Total number of requirements and recommendations made at this inspection	0	7

The details of the Quality Improvement Plan (QIP) within this report were discussed with Suzanne Scott, 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 (Bamford) Limited	Registered Manager: Mrs Suzanne Scott
Person in Charge of the Home at the Time of Inspection: Mrs Suzanne Scott	Date Manager Registered: 19 May 2014
Categories of Care: RC-I, NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 58
Number of Patients Accommodated on Day of Inspection: 55	Weekly Tariff at Time of Inspection: £470 - £633

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 sixteen patients individually and the majority of others in groups, four care staff, two nursing staff and one patient's visitors/ representative.

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

The following records were examined during the inspection:

- staff duty rotas from 21 September to 4 October 2015
- staff training records in relation to the theme
- staff competency and capability records
- one care staff induction record
- four care records
- a selection of policies and procedures
- incident and accident records
- records of audits
- the complaints records
- minutes of staff meetings for 2015
- 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 Pond Park Care Home was an unannounced care inspection on 10 February 2015. The completed QIP was returned and approved by the 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 13 (7) Stated: First time	Items stored on bins, radiators and cisterns in the bathrooms must be removed in accordance with best practice in infection prevention and control.	Met
	Action taken as confirmed during the inspection: There were no inappropriate items stored in the bathrooms. This requirement has been met.	
Requirement 2 Ref: Regulation 27 (2) (b and d) Stated: First time	The premises of the home must be kept in a good state of repair and be reasonably decorated. This is particularly in relation to: <ul style="list-style-type: none"> • Stained and worn carpet outside the dining room in pond park suite • A damaged bathroom door in pond park suite 	Met
	Action taken as confirmed during the inspection: The carpet outside the pond park unit dining room had been replaced and the damaged door repaired. This requirement was met.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 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"> • continence management • colostomy and ileostomy management • catheter care and management • bowel continence 	Not Met
	Action taken as confirmed during the inspection: These are not yet available in the home. The manager stated that these are soon to be ratified by the quality team. This recommendation had not been met and has been stated for a second time.	
Recommendation 2 Ref: Standard 25.11 Stated: First time	Care records should be regularly audited to ensure they are consistent with the home's policies and procedures and appropriate actions taken to enhance the quality of care.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that two care record audits had been done this year as per the organisation's schedule. The registered manager confirmed that they were not regularly auditing the care records as recommended to ensure the quality of record keeping is maintained. This recommendation had not been met and has been stated for the second time.	

<p>Recommendation 3</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p>	<p>Re-assessment of patients' needs should be an ongoing process and be carried out daily and at agreed time intervals. This is in relation to:</p> <ul style="list-style-type: none"> • Pain assessments must be carried out, documented and kept under regular review to ensure that these needs are met and the effectiveness of any analgesia is documented. <p>Action taken as confirmed during the inspection:</p> <p>There was evidence in the care records that pain charts had been completed to identify the location of pain, the patients' preferred analgesia and that these were reviewed at least monthly.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.1</p> <p>Stated: First time</p>	<p>Do not attempt cardio-pulmonary resuscitation forms must be completed in accordance with the expressed wishes of the patient/ representative.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence within the care records examined that the do not attempt cardio-pulmonary resuscitation forms had been completed as appropriate.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>When a patient requires wound care, a wound care chart should be kept accurately and reflect the care prescribed by the registered nurse or specialist.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence in the care records that wound care charts were in use detailing the dressing choice, frequency of dressing and that the wound was assessed at each dressing change. The care delivered was found to reflect the advice of the registered nurse and specialists.</p> <p>This recommendation has been met.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was not available on communicating effectively, however this was included in a new palliative care manual currently under development. The regional guidelines for breaking bad news were not available for staff to consult and a recommendation has been made.

A sample of training records evidenced that some care staff had completed training in relation to communicating effectively with patients and their families/representatives. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

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 including sensory and cognitive impairments.

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.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs. The discussions with family members were recorded on communication records, within the progress notes and in the care plans.

Staff demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by providing a private venue and time for discussions. The nursing staff emphasised the importance of building close, professional relationships with patients and their families, making it easier to ascertain their needs and wishes.

Is Care Compassionate? (Quality of Care)

Staff were observed to be kind, attentive and caring toward the patients. They were also observed to be patient and taking time to talk with patients, particularly those patients with dementia. There were also observed to be relaxed and friendly relationships between visitors and staff. It was evident that staff knew the patients well and were responding in a prompt manner as required.

No concerns were raised by the patients or patient representatives consulted.

Notice boards throughout the home displayed cards of thanks from relatives.

Areas for Improvement

A recommendation is made that 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.

It is recommended that the registered persons ensure that up to date guidelines including the regional guidelines on breaking bad news (2003) and the GAIN palliative care guidelines are made available to staff for reference.

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)

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 (2013). These guidelines were not available for staff to reference and, as previously stated, a recommendation has been made in this regard.

A review of training records evidenced that the majority of staff had completed e-learning training in respect of palliative/end of life care. Two nursing staff had attended palliative care training with the local Trust in April this year. Further training was scheduled to take place at the home in October and will include palliative care, death and dying, bereavement and the GAIN palliative care guidelines.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Staff emphasised the value of this specialist advice.

Discussion with the registered 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 staff confirmed their knowledge of the protocol.

The majority of registered nurses had completed training regarding the use of syringe drivers and received support from the Trust's community nursing service when required.

A palliative care link nurse has been identified.

Is Care Effective? (Quality of Management)

A review of care records evidenced that 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, pain management and symptom management. Where there was good evidence that the physical nursing needs of patients were being met there was limited evidence that their social, cultural and religious preferences were also considered. A recommendation has been made.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. There was also evidence of advanced care planning taking place in partnership with the patient, family, staff and GP.

A named nurse was identified for each patient approaching the end of life.

Discussion with the registered 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.

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

Is Care Compassionate? (Quality of Care)

As previously stated there was limited evidence that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. However, staff consulted demonstrated an awareness of patient's expressed wishes and needs.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff confirmed that relatives were made welcome and that they were provided with a comfortable chair, drinks and snacks as required. The staff and the registered manager confirmed that some staff would stay outside their planned working hours to sit with patients who had no family.

From discussion with the registered manager, staff, relatives 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 efforts towards the family and patient.

Discussion with the registered 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 registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient, including the support of the management team and colleagues.

Areas for Improvement

It is recommended that the cultural, religious and spiritual needs of patients should be discussed and incorporated into the care plans for the end of life.

Number of Requirements:	0	Number of Recommendations: *2 recommendations made are stated under Standard 19 above	3
--------------------------------	----------	--	----------

5.5 Additional Areas Examined

5.5.1 Comments of patients, patient representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

Patients

No patients completed questionnaires but those spoken with were positive about the care provided and the staff.

Comments included the following:

"I have no complaints. There is not one of them (staff) I don't like."

"Staff are first class."

"I am happy and content here."

Patients' Representatives

Six patients' representatives completed questionnaires.

Comments made including the following comments:

"The staff are very friendly, helpful and approachable. Compassion is very evident in Pond Park. I cannot praise the staff highly enough for all they do."

"We are more than happy with the standard of nursing care."

"There is a friendly atmosphere. When I ask for a job to be done someone helps me."

"My XX has been in Pond Park for nine years. The care workers have always shown great care toward XX. It really does mean a lot that you can put your trust in knowing she is well cared for."

"There is an excellent team of nurses and care workers in the (dementia) unit who care for our relatives with care and compassion."

One patient's visitor spoke with the inspector and confirmed that they were always made welcome by the staff and no concerns were raised.

Staff

Those staff consulted were generally happy working in the home and stated that they worked well as a team. Five staff completed questionnaires and were either satisfied or very satisfied with the training provided, the support offered to patients who were dying and their relatives and that patients' wishes were respected.

Comments in the questionnaires included the following:

"I personally believe that the care quality in this home is of a good standard."

"When a resident is ill and their family come in to visit or stay with them it's nice to see that the staff are looking after family members as well as the resident."

"This is a very caring home with great support for residents and relatives."

5.5.2 Environment

The home was found to be presented to a good standard of hygiene and décor. However, it was noted that the corridor flooring in Pond Park unit and Millennium unit were stained. The registered manager stated that these were due for replacement and that she was in the process of receiving quotes for this work. Information confirming this was forwarded to RQIA following the inspection. Progress with this will continue to be monitored as part of the ongoing inspection process.

5.5.3 Care Practices

It was noted that one patient seated in a recliner chair was sliding down the chair and appeared to be uncomfortable. On discussion with staff it was found that this patient was unable to get up from the chair unassisted. There was no documentation regarding this in the care records. The use of this restrictive practice was discussed with the registered manager. It was agreed that an occupational therapy seating assessment and a review with the care manager would be arranged. The patient's care plan would be also updated. A recommendation has been made regarding the management of restrictive practices.

5.5.4 Care Records

It was noted that in one patient's care record there had been significant changes made to the patient's care by the GP the previous evening. This was documented in the progress notes but the relevant care plans had not been updated. This was discussed with the staff nurse in charge of the unit who stated that she would update these as a matter of urgency. This was also discussed with the registered manager who stated that she had an ongoing issue with agency night staff declining to update the care plans. It was recommended that this was discussed with the management of the relevant nursing agencies to ensure that their nurses were practising according to the Nursing and Midwifery Council's (NMC) professional standards. A recommendation has been made in this regard.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Suzanne Scott, 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 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.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 26.6</p> <p>Stated: Second time</p> <p>To be Completed by: 22 November 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"> • continence management • colostomy and ileostomy management • catheter care and management • bowel continence <p>Ref: Section 5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The above policies have now been ratified by the responsible person and are now available in the home for all staff to read and adhere to.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.11</p> <p>Stated: Second time</p> <p>To be Completed by: 22 November 2015</p>	<p>Care records should be regularly audited to ensure they are consistent with the home's policies and procedures and appropriate actions taken to enhance the quality of care.</p> <p>Ref: Section 5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A robust plan has now commenced to audit care files in a timely fashion. Appropriate actions will be taken in response to the findings of the audit.</p>
<p>Recommendation 3</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 22 October 2015</p>	<p>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.</p> <p>Ref: Section 5.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Palliative care and end of life manual is now completed and training /supervision on the above is scheduled to take place on 11th November 2015.</p>
<p>Recommendation 4</p> <p>Ref: Standards 19 and 32</p> <p>Stated: First time</p> <p>To be Completed by: 22 October 2015</p>	<p>Best practice guidelines including the regional guidelines on breaking bad news (2003) and the GAIN palliative care guidelines, should be made available to staff for reference.</p> <p>Ref: Section 5.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The GAIN palliative care guidelines and the regional guidelines On breaking bad news (2003) are now available to staff for reference.</p>

<p>Recommendation 5</p> <p>Ref: Standard 32 Criterion 8</p> <p>Stated: First time</p> <p>To be Completed by: 22 November 2015</p>	<p>The cultural, religious and spiritual needs of patients should be discussed and incorporated into the care plans for the end of life.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been discussed at a Nurses meeting and will now be incorporated into each care file. A folder will be available for all staff including agency staff with DNR status.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 22 October 2015</p>	<p>Any patient subject to a form of restrictive practice should be appropriately assessed in consultation with the patient, multi-disciplinary team and family and the decision documented in a care plan and reviewed regularly.</p> <p>Ref: Section 5.5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This is in place for all residents. The issue with one particular resident on the day of inspection has now been resolved.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 4 Criterion 9</p> <p>Stated: First time</p> <p>To be Completed by: 22 October 2015</p>	<p>All registered nurses should keep contemporaneous nursing records of all nursing interventions, activities and procedures for each resident in accordance with NMC guidelines.</p> <p>Ref: Section 5.5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been discussed at a Nurses meeting and any previous issues have now been resolved.</p>		
<p>Registered Manager Completing QIP</p>	<p>Suzanne Scott</p>	<p>Date Completed</p>	<p>5th November 2015</p>
<p>Registered Person Approving QIP</p>	<p>Dr Claire Royston</p>	<p>Date Approved</p>	<p>06.11.15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Karen Scarlett</p>	<p>Date Approved</p>	<p>9/11/15</p>

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: