



The Regulation and
Quality Improvement
Authority

Stormont
RQIA ID: 1298
8 Summerhill Avenue
Belfast
BT5 7HD

Inspector: Linda Thompson
Inspection ID: IN021797

Tel: 028 9048 7217
Email: stormont@fshc.co.uk

**Unannounced Care Inspection
of
Stormont**

23 June 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 23 June 2015 from 09.50 to 15.00.

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 in respect of the inspection focus; however, some areas for improvement were identified following review of issues raised by staff 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 25 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or 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	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Joly Shibu 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	Registered Manager: Joly Shibu
Person in Charge of the Home at the Time of Inspection: Lizy Joseph registered nurse initially then the registered manager within 30 minutes of commencement of inspection.	Date Manager Registered: 30 March 2009
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 39
Number of Patients Accommodated on Day of Inspection: 31	Weekly Tariff at Time of Inspection: £593 - £621

3. Inspection Focus

The inspection sought to assess progress with any issues raised 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 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 20 patients either individually or in small groups. Discussion was also undertaken with five care staff, two nursing staff, two ancillary staff and one patient's representative.

The following records were examined during the inspection:

- the staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records 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.

5.0 The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 25 November 2014. No requirements or recommendations were made as a consequence of the inspection.

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and referred to regional guidelines on 'breaking bad news'.

A sampling of communication training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives.

Is Care Effective? (Quality of Management)

Three nursing care records evidenced that patients individual needs and wishes in regards to daily living were appropriately recorded.

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.

Two registered nursing staff consulted, demonstrated their ability to communicate sensitively with patients when breaking bad news. They advised that in the past they sat down with the patient in a private area, held the patient's hand and using a calm voice, spoke with the patient in an empathetic manner using clear speech, offering reassurance and an opportunity for the patient to ask any questions or voice any concerns. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 10 patients individually and with many others in small groups. In general the patients all stated that they were very happy with the quality of care delivered and with life in Stormont. They confirmed that staff were polite and courteous and that they felt safe in the home.

One patient's representative discussed care delivery and confirmed that they were very happy with standards maintained in the home.

A number of compliment cards were displayed from past family members.

Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 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 were recently updated and available for inspection. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013 and the DHSSPS Care Standards for Nursing Homes April 2015. Copies of both documents were available in the home.

Training records evidenced that registered nursing and care staff were trained in the management of death, dying and bereavement. This training was provided on the home's e learning system and is also scheduled to be delivered by the palliative care nurse from the Belfast Health and Social Care Trust (BHSCT).

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The inspector was also able to evidence in the nursing records of one recently deceased patient that palliative care specialist support had been sourced as required.

The home does not currently have a registered nurse identified as a palliative care link nurse. The inspector discussed this valuable role with the registered manager and it was agreed that one of the registered nurses in the home would be identified to undertake this valuable role.

Discussion with the registered manager, seven 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.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that all registered nursing staff are trained in the use of this specialised equipment.

Is Care Effective? (Quality of Management)

A review of the care records for one patient who had recently died were examined. In addition, two care records for patients who were receiving palliative care were also examined. All three care records evidenced that patients' needs for palliative or end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration, nutrition, pain management and symptom control. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

It was confirmed that environmental factors had been considered when a patient was considered end of life. Staff consulted confirmed 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. From the care records of one patient who had recently died there was evidence of extensive involvement with the multiprofessional team. This partnership working was aimed at ensuring that the patient was able to have a peaceful and dignified pain free death and that their family members were supported throughout.

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.

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 some past deaths in the home and how the home had been able to fully support the family members in staying during the day and overnight with their loved ones.

From discussion with 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.

Some comments from recent compliment cards are detailed below;

"Thank you so much for looking after my granny for me. She would not have been with us for so long had she not received such excellent care. Thank you all from the bottom of my heart."

"Many Thanks for looking after during his stay in the home. You all treated him with great care and respect. You have made his last few months very happy and pleasant."

"We would like to thank you all for being there when she needed you most."

All 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. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives. Information documents were displayed in the foyer of the home.

Areas for Improvement

No areas for improvements are identified at this time. The home is commended for their management of end of life care.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

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

Part of the methodology in collecting data for the inspection process included speaking with staff, patients and patient's relatives asking them to give their own personal views on their impression of Stormont. Questionnaires were also given out for completion to aid data collection.

Overall feedback from the staff, patients and the relative involved confirmed that safe, effective and compassionate care was being delivered in Parkview.

A few patient comments are detailed below:-

'It's just like being at home'.

'I like the company and the place is really nice'.

'I like being in my own room. The nurses are lovely and very kind. My daughter can come when she wants'.

The relative stated he was very happy with the care his loved one was receiving and thought the place was "fantastic".

The general feeling from the staff questionnaires and conversations indicated that they took pride in delivering safe, effective and compassionate care.

A small number of staff indicated that they were dissatisfied with the current three week rotational menu and with staffing levels available on the ground floor from 10pm to 8am. These matters have been discussed with the registered manager during inspection and are detailed below.

5.4.2 Three week rotational menu

Staff during discussions with the inspector raised some concerns regarding the suitability of the current menu to meet the needs of the patients. An examination of the current menu identified a number of areas for improvement. The following should be considered by the registered manager and actions taken to address any improvement opportunities;

- the registered manager should refer to the most recent regional guidance 'Nutritional guidelines and menu checklist for residential and nursing homes 2014. Checking for daily repetitions such as stew every Saturday, two fish meals offered every Friday or a finger buffet every Sunday evening which is likely to be unsuitable for those on a modified diet.
- the registered manager should review the rotational menu to ensure that meals are suitable to all patients
- the menu should be planned to ensure that those requiring a modified diet are able to have the same choices as other patients
- there should be a good variety of food available without significant repetition of products such as mince steak
- there should not be any occasions when the choice of a main meal is between two rice dishes
- there should a choice of main meal on Sundays.

A recommendation is made.

5.4.3 Night duty staffing levels

Staff raised some concerns regarding the staffing levels on the ground floor of the home between 10pm and 8am. It is alleged by staff that there are insufficient staff to safely meet the needs of patients who are of high dependency and require assistance of two staff to change their position in bed.

The registered manager should review the current situation immediately and ensure that sufficient staff are available to meet the patient's care needs and ensure that safe moving and handling is being undertaken on every occasion as required.

A recommendation is raised.

6.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joly Shibu 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

Recommendations

Recommendation 1

Ref: Standard 12

Stated: First time

To be Completed by:
23 July 2015

It is recommended that the registered manager should;

- refer to the most recent regional guidance 'Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes 2014 when reviewing the current rotational menu. Checking for repetitions every day such as stew every Saturday, only fish every Friday and finger buffet every Sunday evening.
- ensure the menu is planned in such a way that those requiring a modified diet are able to have the same choices as other patients
- ensure there is a variety of food available without significant repetition of products such as mince steak, fish
- ensure there are not any occasions when the choice of a main meal is between two rice dishes
- ensure there is a choice of main meal on Sunday.

A copy of the new menu should be returned to the inspector with the QIP.

Ref section 5.4.2

Response by Registered Person(s) Detailing the Actions Taken:

The Menu has been reviewed in consultation with the Residents' Catering Manager in FSHC and using the most recent regional guidance. Repetitions are avoided and choices are available on a daily basis. Menus are planned to ensure that the residents requiring modified diets are able to have the same choices as other residents. A copy on the Reviewed menu is attached which will be commenced in the home with effect from the 3rd August 2015.

<p>Recommendation 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: from 23 June 2015 and ongoing.</p>	<p>It is recommended that the registered manager ensure there are sufficient, suitable trained staff, available on night duty between 10pm and 8am.</p> <p>Ref section 5.4.3</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The dependency of the current Resident's group have been assessed between 10pm and 8am using Ryhys Hearn Assessment Tool. There are five resident's who requires assistance by two care staff to change position and to provide incontinent care. Individual supervision has been completed with the night staff to ensure that the identified resident's are assisted by two staff members availing help from the two staff on the top floor during this time and that the documentaton must reflect the care provided at that time. Manager will be reviewing the dependency level on a regular basis to ensure that the residents are receiving the required assistance as and when required.</p>		
<p>Registered Manager Completing QIP</p>	<p>Joly Shibu</p>	<p>Date Completed</p>	<p>20/07/2015</p>
<p>Registered Person Approving QIP</p>	<p>Dr Claire Royston</p>	<p>Date Approved</p>	<p>22.07.15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Donna Rogan</p>	<p>Date Approved</p>	<p>30 07 15</p>

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