



The Regulation and
Quality Improvement
Authority

Inspector: Heather Sleator
Inspection ID: IN021719

Tudordale
RQIA ID: 1304
294 Holywood Road
Belfast
BT4 1SG

Tel: 028 9065 1336
Email: tudordale@fshc.co.uk

**Unannounced Care Inspection
of
Tudordale**

03 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 03 June 2015 from 09:50 to 17:30.

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 27 October 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	3	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Stella Law, peripatetic manager, and Lorraine Kirkpatrick, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/Dr Maureen Claire Royston	Registered Manager: Violet Graham
Person in Charge of the Home at the Time of Inspection: Stella Law, peripatetic and acting manager	Date Manager Registered: 1 July 2011
Categories of Care: NH – DE	Number of Registered Places: 46
Number of Patients Accommodated on Day of Inspection: 42	Weekly Tariff at Time of Inspection: £593 per week

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
- pre-inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with approximately 15 patients, eight care staff, two registered nurses, ancillary staff and three relatives. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- five 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 home was an unannounced care/ inspection dated 27 October 2014. 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
<p>Requirement 1</p> <p>Ref: Regulation 15 (1) (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the patients' needs are assessed, reviewed and updated following a change in circumstances, and not less than annually in relation to:</p> <ul style="list-style-type: none"> • Contenance care <p>Action taken as confirmed during the inspection: Nursing care records confirmed patients' needs in respect of continence care were regularly reviewed and updated, as and where necessary.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the patients' care plan is written and kept under review in consultation with the patient or representative in relation to:</p> <ul style="list-style-type: none"> • Contenance care <p>Action taken as confirmed during the inspection: Nursing care records evidenced consultation with the patient or their representative had taken place in respect of continence care.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients in relation to the following:</p> <ul style="list-style-type: none"> • Patients' wounds are redressed in accordance with the timescale stated in the patient's care plan <p>Action taken as confirmed during the inspection: It was confirmed that wound management for the identified patient had been actioned within the required timescale. However, further issues arose in respect of wound management at the time of inspection and a requirement has been made.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure as far as reasonably practicable that all parts of the home to which patients have access are free from avoidable risks. The registered person must ensure that:</p> <ul style="list-style-type: none"> • the electric room remains locked when not in use • the storage of incontinence products in the electric room must cease • hoists and weigh scales must not be stored in the lounge • the identified specialist chair is repaired or replaced <p>Action taken as confirmed during the inspection: Inspector confirmed the issues specified in this requirement had been actioned.</p>	<p>Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 11.3</p> <p>Stated: Second time</p>	<p>It is recommended that nursing staff:</p> <ul style="list-style-type: none"> • nursing staff should evidence when a wound is dressed in accordance with the dressing frequency • the status of the wound should be reported on, following dressing, in the patient's progress record (daily recording) <p>Action taken as confirmed during the inspection: It was confirmed that wound management for the identified patient had been actioned within the required timescale. However, further issues arose in respect of wound management at the time of inspection and a requirement has been made.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: Second time</p>	<p>It is recommended all entries in care records are contemporaneous, dated, timed and signed, with the signature accompanied by the name and designation of the signatory.</p> <p>Action taken as confirmed during the inspection: Evidence was present in patients' nursing care records that nursing staff were recording in accordance with NMC guidelines in respect of records and record keeping.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 5.6	The registered person must ensure that accurate and timely patient records are maintained in respect of repositioning charts.	Met
Stated: First time	Action taken as confirmed during the inspection: A sample of repositioning charts were reviewed which confirmed they were being maintained in a consistent manner.	

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. The home manager stated the organisation was currently updating policy information on communicating effectively and palliative and end of life care. The home manager had provided staff with the reference manual until such times as the new documentation is made available. Discussion with four 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)

Two 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 two 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. Evidence was present in care records of how staff had supported a patient's representative and made arrangements for the representative to meet with the palliative care nurse specialist for further support.

There was evidence within two 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 would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with three visiting relatives. Relatives confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

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 Tudordale Care Home.

Areas for Improvement

Following the receipt of the new policy documentation in respect of on communicating effectively and palliative and end of life care, a system should be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.

Number of Requirements:	0	Number of Recommendations:	1
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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.

Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A review of staff training records evidenced that training had been received in the following:

- palliative care awareness 6 staff
- syringe driver 2 staff

In January 2014 staff from Tudordale participated in a three day programme 'Regional Palliative and End of Life Care learning and development programme for Nursing Homes.'

There was no identified link nurse in respect of palliative and end of life care at the time of the inspection.

A review of the new competency and capability assessments for registered nurses evidenced end of life care was included and the assessments would be validated by the registered manager. The home manager stated the new documentation had only been received and would take a period of time to assess nursing staff but agreed this would be completed within six months. The review of staff induction training records also confirmed that end of life care was included.

Discussion with nursing staff and a review of two care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the home manager, eight 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 in use in the home at the time of inspection.

Is Care Effective? (Quality of Management)

A review of two 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. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team. However, where instructions had been provided by the specialist palliative care team, these were not incorporated in to the relevant care plans. This was discussed with the home manager who gave assurances this would be addressed with nursing staff.

Discussion with the home manager, eight staff and a review of two 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 two 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 the home manager, staff, relatives 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 the home 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 manager and 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 or 1:1 meetings.

Areas for Improvement

The number of staff who have completed training in respect of end of life care should increase with a focus on care staff.

Nursing staff must ensure that any recommendation made by the specialist palliative care team is incorporated into patients' care plans.

Number of Requirements:	1	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Questionnaires

As part of the inspection process we issued questionnaires to staff. On this occasion questionnaires were not given to patients, rather we observed care practice and spoke to patients on an individual and/or small group.

Staff views

All comments on the three returned staff questionnaires were, in general, positive. Discussion with eight care staff focused on staffs' perception that staffing levels were insufficient to meet patients' needs. Care staff then clarified the statement by saying when the full complement of staff was on duty, staffing levels were satisfactory. However, there had been a period of increased staff sickness and staff stated this impacted on their ability to meet patients' needs.

Patients' views

Comments received from patients included:

"I am happy here."

"I have no complaints."

"Staff are good."

Patients' representatives' views

There were three relatives visiting at the time of the inspection. All comments made were very positive regarding care and communication in the home. All representatives were positive regarding the staff in the home.

Comments received included:

"Staff are excellent."

"Staff keep me informed and call me if anything happens."

"My relative was very unsettled in the previous home, much more settled here."

"Staff much more welcoming and friendly here than the previous home."

5.5.2 The environment

There was a good standard of cleanliness and hygiene standards evident during the inspection. The home was spacious and communal areas were comfortable. Infection control procedures were also generally maintained to a good standard.

However, a designated bathroom is being used as a storeroom. If there is a change of function of a designated room then RQIA should be informed. Management should ensure the ratio of bathrooms to patients' remains within the requirements of the registration standards, as stated in DHSSPS Care Standards for Nursing Homes, April 2015.

5.5.3 Care records

Five care records were reviewed throughout all units in the home. They were generally found to be individualised and were reflective of the care needs of patients. They are audited monthly however issues arose in relation to wound care management and restrictive practice. The registered manager agreed to ensure this was addressed as a priority. Requirements have been made.

Restrictive practice

Alarms were observed on two patients' bedroom doors. The alarm notified staff if the patient left the bedroom or another person entered the bedroom. Evidence was not present in the care a record of the two patients to support the use of restrictive practice was in accordance with regional best practice guidance. Consistency regarding the completion of risk assessments and corresponding care plans for the use of any restrictive practice must be in place. Evidence to support that the multi-disciplinary team had been consulted in relation to the use of restricted practice should be present. A requirement has been made. Further training for nursing staff may be of benefit and provide a greater understanding. A recommendation has been made.

Wound care management

Wound care management was followed up in response to a requirement and a recommendation made as a result of the previous inspection of 27 October 2014. The requirement and recommendation which had been made had referred to a specific patient and the issues raised had been addressed. However, restrictive practice consistency in the approach to wound care management was not in evidence. A number of patients were in receipt of wound management and had been referred to the specialist tissue viability nurse from the local Trust. It was concerning that recommendations made and advice previously given by the tissue viability nurse had not been adhered to. A requirement has been made regarding updating and/or verifying registered nurses competency in respect of wound care management.

Advanced care planning

Two patients care records did not evidence a consistent approach to maintaining the 'do not attempt resuscitation' (DNAR) directives in accordance with best practice guidelines. Evidence was not present that the DNAR decisions were reviewed, by all relevant parties, in accordance with Resuscitation Council (UK) guidelines. A recommendation had been made.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Stella Law, acting home manager and Lorraine Kirkpatrick, regional 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

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 19 July 2015</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients in relation to the following:</p> <ul style="list-style-type: none"> Wound care management must be in accordance with best practice guidelines and evidence present that monitoring of wound management care plans and associated documentation takes place. <p>Ref: 5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Care staff and trained staff have had training in wound care to ensure that all wound care provided is in accordance with best practice guidelines. Registered Manager and Regional Manager are monitoring the wound management care plans and associated documentation.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (1) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The registered person is required to ensure that the use of any restrictive practice is in accordance with departmental and best practice guidance.</p> <p>Ref: 5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: There is an audit of all restrictive practice used in the home which the Registered Manager is reviewing at least monthly or when the patients' needs change. Staff have attended Deprivation of Liberty training.</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 12 July 2015</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients in relation to the following:</p> <ul style="list-style-type: none"> Recommendations made by specialist health care professionals must be adhered to and evidence should be present in individuals care plans that the recommendations have been incorporated into the plan/s of care <p>Ref: 5.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Recommendations made by specialist health care professionals are being adhered to and evidence is recorded in each patient's care plans that the recommendations have been incorporated into their plans of care. The Registered Manager is checking compliance with this when completing care audit profiles.</p>

Recommendations			
Recommendation 1 Ref: Standard 33.3 Stated: First time To be Completed by: 19 July 2015	The review of 'do not attempt resuscitation' directives in nursing care records is in accordance with Resuscitation Council (UK) guidelines. Ref: 5.4		
	Response by Registered Person(s) Detailing the Actions Taken: The "do not attempt resuscitation" directives in the care records have been reviewed to ensure that they are in accordance with Resuscitation Council (UK) guidelines.		
Recommendation 2 Ref: Standard 32 Stated: First time To be Completed by: 30 September 2015	Staff should be appropriately trained to ensure they have the knowledge and skills to deliver person centred end of life care. Ref:5.3		
	Response by Registered Person(s) Detailing the Actions Taken: All staff have been trained in Palliative care to ensure that they have the knowledge and skills to deliver person centred end of life care.		
Recommendation 3 Ref: Standard 32.1 Stated: First time To be Completed by: 31 August 2015	A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the orgainsation, in respect of communicating effectively and palliative and end of life care. Ref: 5.2		
	Response by Registered Person(s) Detailing the Actions Taken: A system has been put in place by the Registered Manager to evidence and validate staffs' knowledge of the policies and procedures,newly issues by FSHC,in respect of communicating effectively and palliative and end of life care.		
Recommendation 4 Ref: Standard 18.10 Stated: First time To be Completed by: 31 August 2015	Staff should be appropriately trained to ensure they have the knowledge and skills in relation to the use of restrictive practice/s. Ref: 5.4		
	Response by Registered Person(s) Detailing the Actions Taken: All staff have received training in Deprivation of Liberty which included knowledge and skills in relation to the use of restrictive practices.		
Registered Manager Completing QIP	Stella Law	Date Completed	28.8.15
Registered Person Approving QIP	Dr M Claire Royston	Date Approved	28/08/2015
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	28/08/2015

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