Wood Lodge
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Mill Hill
Castlewellan
BT31 9NB

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Unannounced Care Inspection
of
Wood Lodge

18 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 18 November 2015 from 10:05 to 15:15 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement 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 10 June 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**	**3**

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager Mrs Liz O'Rourke as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: G & M Lodge Care Ltd	**Registered Manager:** Elizabeth O'Rourke
Person in Charge of the Home at the Time of Inspection: Elizabeth O'Rourke	**Date Manager Registered:** 31 March 2014
Categories of Care: RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 49
Number of Patients Accommodated on Day of Inspection: 31 Nursing 15 Residential	**Weekly Tariff at Time of Inspection:** Residential - £470.00 Nursing - £593.00

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 staff
- discussion with patients
- review of records
- observation during a tour of the premises
- evaluation and feedback

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 previous care inspection report and QIP

During the inspection, the inspector met with seven patients individually and with the majority in small groups, the deputy manager, two registered nurses, one senior care assistant and five care assistants.

The following records were examined during the inspection:

- four care records
- repositioning charts for two patients
- policies and procedures regarding communication, death and dying, palliative and end of life care
- staff training records
- record of complaints and compliments.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Wood Lodge was an unannounced care inspection dated 10 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 19.1 **Stated:** Second time	The specific type of continence products that patients/residents' require should be included in the patients'/residents care plans.	**Met**
	Action taken as confirmed during the inspection: Care records reviewed included the specific type of continence product required.	
Recommendation 2 **Ref**: Standard 4, criteria 1 **Stated:** First time	It is recommended that a comprehensive and holistic assessment is completed for each patient. The assessment should commence on the day of admission and be completed within five days of admission to the home. A detailed plan of care should be generated from this assessment.	**Met**
	Action taken as confirmed during the inspection: Care records reviewed contained a holistic assessment which had been completed as part of the admission process. Care plans were in place to address the needs identified through the assessment process.	
Recommendation 3 **Ref**: Standard 4, criteria 9 **Stated:** First time	It is recommended that the time patients are repositioned is recorded together with the change of position of the patient.	**Met**
	Action taken as confirmed during the inspection: A review of two patients repositioning charts evidenced that this recommendation has been met.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure on communication and breaking bad news was in place. The registered manager explained that the policy was currently being reviewed to ensure that it was reflective of best practice guidance. When the policy has been reviewed, approved and issued, staff should receive an induction/training on the content. A recommendation has been made.

A review of training records evidenced that staff had attended training in relation to communicating effectively. Staff spoken with were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

However, further discussion with staff confirmed that whilst staff were knowledgeable, experienced and confident in communicating with patients and their representatives about general issues, some staff reported that they were less confident in talking with relatives when it came to end of life care. Training/development opportunities on communication in this area would be beneficial for staff to allow them to develop confidence in communicating with relatives at this emotive time. A recommendation was made.

Is Care Effective? (Quality of Management)

Four care records evidenced that patients' individual needs and wishes in respect of aspects of daily living were appropriately recorded. However, there was limited evidence that end of life issues were discussed with the exception of 'Do Not Attempt Resuscitation' (DNAR) directives. This is discussed further in section 5.4.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered manager and registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would be able to offer support.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Patients spoken with all stated that they were happy with the quality of care delivered and with life in the home and were complimentary of staff and the care provided. Good relationships were evident between staff and the patients.

Compliment cards and letters are retained by the home. Review of these indicated that relatives were appreciative of the care provided by the home.

Areas for Improvement

To ensure that staff knowledge is reflective of best practice it was recommended that when the updated communication policy is issued staff should receive an induction/training on the content.

Training/development opportunities on communicating effectively with relatives at end of life should be provide for staff.

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)

Policies on palliative care, death and dying and bereavement were available. The registered manager explained that these documents were currently under review to ensure that they were 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, December 2013. The recommendation stated in section 5.3 is extended to include the policies related to this theme.

A palliative care resource file had been created by the registered manager and was available to all staff. A copy of the GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013 was included in the resource file.

A registered nurse was identified as link workers in palliative care and attended regular palliative care link nurse meetings arranged by the local health care trust.

Training in palliative care was delivered by the local and health and social care trust on two occasions in November 2015. Training records were available to evidence which staff had attended.

An e-learning programme on palliative and end of life care was also available for staff. At the time of this inspection the majority of staff had completed the programme. The registered manager had systems in place to monitor compliance with mandatory training to ensure that all staff completed the required programmes.

The registered manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services through the local health and social care trust. Syringe drivers for symptom management were provided, as required, by the local health and social care trust. Six registered nurses had attended training in the management of syringe drivers in June 2015.

Procedures for timely access to any specialist equipment or drugs were in place and the manager and registered nurses confirmed their knowledge of the procedure.

Is Care Effective? (Quality of Management)

A review of care records evidenced that death and dying arrangements were included as part of the holistic assessment completed for each patient. One of the four care records reviewed evidenced that some discussion had taken place with the patient in regard to end of life care.

Some patients had advanced care planning completed by their General Practitioner (GP) but the information recorded was generic and was not individual to each patient.

The registered manager and registered nurse recognised that, whilst some discussion had taken place regarding the wishes of patients and relatives, there was a need to create further opportunities to discuss end of life care in greater detail; in particular in the event of patients becoming suddenly unwell.

Whilst we acknowledge there will be occasions when patients and/or their relatives do not wish to discuss end of life care, opportunities for discussion should be created by the registered nurses and any expressed wishes of patients and/or their representatives formulated into a care plan for end of life care. A recommendation was made.

Discussion with two registered nurses and six care staff evidenced that environmental factors, which had the potential to impact on patient privacy, for example shared bedrooms, had been considered. Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were provided by the staff team. A range of information and support leaflets were displayed and available for relatives to take away.

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

Is Care Compassionate? (Quality of Care)

The religious, spiritual or cultural need of the patients reviewed had been recorded in the records examined. There was no evidence of consideration of these areas in respect of end of life care. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of recent deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, nine staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

"You have all been an amazing support to both … and us during a difficult time and are very special individuals."

"Thank you for the dignity and compassion you showed … in his final days."

"Thank you most sincerely for your gentle care and attention to …and for the kind expressions of support you showed me in the loss of my dear husband."

Discussion with the registered manager evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All of the 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

Areas for Improvement

Further opportunities, to discuss end of life care, should be created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.

Number of Requirements:	**0**	**Number of Recommendations:** *****One recommendation made is stated under Standard 19 above	**2**

5.5 Additional Areas Examined

5.5.1. Consultation with Patients and Staff.

Discussion took place with seven patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. Patients did not raise any issues or concerns about care delivery.

We did not have an opportunity to speak with any patient representatives therefore six questionnaires were issued. None were returned prior to the issue of this report.

Staff commented positively with regard to staffing and the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences.

Ten questionnaires were issued to nursing, care and ancillary staff. None were returned prior to the issue of this report.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Liz O'Rourke, 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	
Recommendation 1 **Ref**: Standard 36.2 **Stated:** First time **To be Completed by:** 5 January 2016	It is recommended that when the policies on communication, palliative care, death and dying and bereavement are reviewed and issued staff should receive an induction/training on the content.
	Response by Registered Person(s) Detailing the Actions Taken: All staff will receive induction training on new policies during planned training sessions.
Recommendation 2 **Ref**: Standard 39 **Stated:** First time **To be Completed by:** 5 January 2016	Training/development opportunities on communicating effectively with relatives, as part of end of life care, should be provide for staff.
	Response by Registered Person(s) Detailing the Actions Taken: Training is being provided for all staff on communicating effectively with relatives as part of end of life care, this is being provided by in house Palliative care nurse.
Recommendation 3 **Ref**: Standard 20.2 **Stated:** First time	Further opportunities, to discuss end of life care, should be created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.
To be Completed by: 5 January 2016	**Response by Registered Person(s) Detailing the Actions Taken:** Registered Nurses are currently working with relatives and patients regarding their expressed wishes with regard to end of life care including any wishes with regard to religious, spiritual or cultural needs and will be formulated into a care plan.

Registered Manager Completing QIP	Liz ORourke	**Date Completed**	05/01/16
Registered Person Approving QIP	Liam Lavery	**Date Approved**	05/01/16
RQIA Inspector Assessing Response	Sharon McKnight	**Date Approved**	5/01/16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address