



The Regulation and
Quality Improvement
Authority

Slemish House
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28 Broughshane Road
Ballymena
BT43 7DX

Inspector: Lyn Buckley
Inspection ID: IN022004

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**Unannounced Care Inspection
of
Slemish House**

15 October 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 15 October 2015 from 10:30 to 15:20 hours.

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 areas of concern. A Quality Improvement Plan (QIP) is not included in 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 11 January 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	1

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

2. Service Details

Registered Organisation/Registered Person: Slemish House Ltd Mr Ciaran Henry Sheehan – Responsible Individual	Registered Manager: Mrs Dorothy McKeefry
Person in Charge of the Home at the Time of Inspection: Initially - Registered nurse Rosie Sloan	Date Manager Registered: 27 January 2014
Categories of Care: NH – I, PH and PH(E)	Number of Registered Places: 45
Number of Patients Accommodated on Day of Inspection: 39	Weekly Tariff at Time of Inspection: £593

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 by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection the delivery of care and care practices were observed. A review of the general environment was also undertaken. The inspection process allowed for consultation with seven patients individually and with others in small groups, two relatives, three care staff, two registered nurses, two housekeeping staff, two catering staff and one member of the office staff.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection themes
- duty rotas for week commencing 12 October 2015
- training records
- staff induction templates
- compliment records
- three patient care records including care charts
- palliative care/end of life/grievance and bereavement resource files.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Slemish House was an announced estates inspection dated 5 May 2015. The completed QIP was returned and approved by the estates 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 25(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that –</p> <p>(a) The Nursing and Midwifery Council (NMC) Code of Professional Conduct, Standards for Performance, Conduct and Ethics, and any other code of ethics or professional practice prepared by the NMC or body which is responsible for regulation of members of a healthcare professional is made available in the nursing home to nurse and healthcare professionals.</p> <p>Reference to this is made in that a review must be carried out with staff so that they are trained in ensuring that they have knowledge that entries to all care records must be legible and in accordance with the NMC standards on record keeping.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of records evidenced that this requirement had been met.</p>	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure dated May 2012 was available on communicating effectively.

Discussion with staff confirmed that they had knowledge of this policy and procedure but were not aware of the regional guidance document Breaking Bad News (February 2003)

Discussion with the registered manager, staff and a sampling of 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)

Care records reviewed included reference to the patient's specific communication needs and actions required to manage barriers such as, language, culture, cognitive ability or sensory impairment. There was also evidence that patients and their representatives were included in discussions regarding communication and treatments options, where appropriate.

There was evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Discussion with two relatives confirmed that communication was appropriate and effective.

Staff consulted clearly demonstrated their ability to communicate sensitively with patients and/or representatives. Care staff confirmed that when or if 'bad news' had to be communicated, they would refer relatives or the patient to the nurse in charge of the home regarding health and care matters; but that they would be comfortable and confident of managing the initial enquiry or concern raised.

Registered nurses consulted demonstrated awareness and knowledge of how to communicate sensitively and effectively with their patients, relatives, the staff team and management.

Is Care Compassionate? (Quality of Care)

Observation of care delivery and interaction between patients and staff clearly demonstrated that communication was compassionate and considerate of the patient's needs. Patients were treated with dignity and respect and responded to in a timely manner.

Patients who could verbalise their feelings on life in Slemish House commented positively in relation to the care they were receiving and the attitude of staff. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.

Positive comments were also viewed in letters and cards received by the home from relatives. Two relatives spoken with confirmed that staff were caring, compassionate and sensitive towards their loved one but also toward them. They described the home as "homely and relaxed"

Areas for Improvement

There were no areas for improvement identified in relation to this standard.

Number of Requirements:	0	Number of Recommendations:	0
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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)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. The policies were dated April – May 2012 and therefore would not have reflected regional best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Palliative Care and End of Life Care in Nursing Homes and residential Care Homes (December 2013).

Staff spoken with clearly demonstrated knowledge of care delivery in relation to palliative and end of life care. Staff described experiences and how they supported patients, relatives and colleagues. However, staff were not aware of the regional best practice guidelines which underpin their practice. A recommendation was made.

Training records evidenced that staff were trained in the management of palliative care, death, dying and bereavement.

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

Discussion with the registered manager, registered nurses, care staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place. There was evidence of input from local GP practices in advance care planning and support to enable patients and families to choose to be nursed in their home – Slemish House.

Is Care Effective? (Quality of Management)

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.

Discussion with the registered manager and staff evidenced that reasonable arrangements for relatives/representatives to be with patients who had been ill or dying were made. Staff confirmed that relatives were supported with tea, coffee, meals and advice as required.

A review of notifications to RQIA since the previous inspection confirmed that any death occurring in the home was notified appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan.

Staff spoken with demonstrated clearly their compassion for the patients, their relatives and friends. The inspector commended how staff interacted with patients and of the detailed knowledge demonstrated to ensure patients were afforded privacy, dignity and respect.

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. All staff spoken with informed the inspector of how they could provide support to families who were 'sitting with loved ones'. Discussion with the registered manager and staff regarding a recent event within the home clearly demonstrated compassionate care. This was commended by the inspector.

Discussion with the registered manager, staff and a review of the compliments record evidenced 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. Some examples of comments made by relatives included the following:

"A simple note to try to express the gratitude which we as a family feel towards you all; from the care

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. You gave... the attention and kindness to all of us was second to none."

"...stay was short but the support and kindness was very much appreciated."

"The care and attention was excellent."

"Your excellence and professionalism was shown to all at the funeral when you came to the roadside [outside the home] to pay your respects. We were all very moved."

"Your support meant a lot to us during this difficult time. We could never thank you enough."

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. Staff described how they supported colleagues and that they had an opportunity to pay their respects by attending the funeral or, if the funeral service was held in the local church adjacent to the home staff stood at the front of the home as the cortege passed. Staff said they found this helpful in expressing their sympathy toward the family and in paying their last respect to the patient.

Information leaflets on bereavement and grieving were available for staff and relatives.

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

Areas for Improvement

It was recommended that policies and procedures are reviewed in line with minimum standards and current regional guidance; and staff should be made aware of the content of the revised policies/procedures including regional guidance, commensurate with their role and function.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Consultation with patients, staff and patient representative/relatives

Patients

The inspector met and spoke with seven patients individually and with others in small groups. Patients were complimentary regarding the standard of care they received, the attitude of staff and the food provided. There were no concerns raised with the inspector.

Eight questionnaires for patients were left with the registered manager for distribution. However, none had been returned at the time of writing this report.

Staff

In addition to speaking with staff on duty eight questionnaires were provided for staff not on duty. The registered manager agreed to forward these to the staff selected. At the time of writing this report four had been returned. Comments recorded evidenced that staff had attended training in relation to the inspection focus, safeguarding of vulnerable adults and how to report poor practice/whistleblowing. Staff were either satisfied or very satisfied that care delivered was safe, effective and compassionate.

Additional comments recorded included:

...'there is a high quality of care delivered to all residents in [Slemish Nursing Home] which makes me happy at work.'

'Slemish House have very high standards of care and I'm very happy to be part of the team.'
'...we [meaning the staff] continue to support families and relatives at this time.'

'I am proud to be part of the team.'

Representatives/relatives

Eight questionnaires were provided for patient representatives/relatives, seven were returned. Comments recorded evidenced that relatives were either satisfied or very satisfied with the care provided for their loved one.

Additional comments recorded included:

'We are more than happy with the quality of care given by Slemish House. One of the best in the town.'

'All the staff treat ... with dignity and respect, they very quickly got to know ... likes and dislikes. We are always made welcome and nothing ever seems to be a bother to any member of staff.'

'Privacy is very important to my ...and the manager and staff have been excellent in providing this to ...and us as a family as well.'

'Access to the home is always available.'

In relation to the staff...'Very approachable and answer any questions we the family might have.'

5.5.2 Environment

A review of the home's environment was undertaken which included observation of a random sample of bedrooms, bathrooms, lounge and dining rooms and stores on each floor. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients were observed relaxing in their bedrooms or in one of the lounge areas available. Patients and two relatives spoken with were complimentary in respect of the home's environment.

5.5.3 Care records

Care records examined were found to be maintained in accordance with, regulatory, professional and minimum standards. Additional care charts maintained in patient's bedrooms were found to be recorded contemporaneously and therefore accurate in relation to the delivery of care.

Areas for Improvement

There were no areas for improvement identified in relation to additional areas examined.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dorothy McKeefry, 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 36</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</p>	<p>It is recommended that policies and procedures are reviewed in line with minimum standards and, up to date, regional guidance and staff should be made aware of the content of the revised policies/procedures, including regional guidance, commensurate with their role and function.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The Policy on End of Life Care has been updated to reflect the GAIN Guidelines for Palliative and End of Life Care and is available to all staff. A copy of the GAIN Guidelines is also available for all staff to read.</p>

Registered Manager Completing QIP	Dorothy McKeefry	Date Completed	17.11.15
Registered Person Approving QIP	Chris Walsh	Date Approved	20.11.15
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	24/11/15

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