



The Regulation and
Quality Improvement
Authority

The Martin Residential Trust
RQIA ID: 1380
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Glengormley
BT36 5HL

Inspector: Bridget Dougan
Inspection ID: IN022042

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**Unannounced Care Inspection
of
The Martin Residential Trust**

04 November 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 04 November 2015 from 10.00 to 14.00 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; however, some areas for improvement were identified 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 22 September 2014.

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	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Mrs Penny McCanny, registered manager and Mrs Lisa McFarland, director, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: The Martin Residential Trust Rev James Smiley Martin	Registered Manager: Mrs Penny McCanny
Person in Charge of the Home at the Time of Inspection: Mrs Penny McCanny	Date Manager Registered: 01 April 2005
Categories of Care: NH-LD, NH-LD (E)	Number of Registered Places: 19
Number of Patients Accommodated on Day of Inspection: 18	Weekly Tariff at Time of Inspection: £962.46 - £1205.42.

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

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
- previous care inspection report.

During the inspection, the inspector met with the majority of patients individually and with two nursing, six care and two ancillary staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- policies for communication, death and dying, and palliative and end of life care
- complaints and compliments records.

5. The Inspection

5.1. Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of The Martin Residential Trust was an announced estates inspection dated 16 June 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 Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.1 Stated: First time	The registered manager should ensure that all catering staff receive update training in nutrition.	Met
	Action taken as confirmed during the inspection: Review of training records evidenced that this recommendation had been met.	

5.3. Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively, however it did not reflect regional guidelines on breaking bad news. A recommendation has been made.

A sampling of training and induction records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training however did not include guidance for breaking bad news. A recommendation has been made accordingly.

Is Care Effective? (Quality of Management)

Three care records reflected patients' individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs, including sensory and cognitive impairments.

There was evidence within the 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 nurses consulted, demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident 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 taking the time to offer reassurance to patients as required.

The majority of patients were unable to verbally express their views of the care and services provided. Those patients who were able to verbalise their views stated that they were happy living in The Martin Residential Trust and enjoyed the activities provided. All patients appeared comfortable and relaxed in their surroundings.

Areas for Improvement

The policy on communicating effectively should be reviewed to reflect regional guidelines on breaking bad news.

Training on communicating effectively/breaking bad news should be provided to nursing and care staff relevant to their roles and responsibilities

Number of Requirements:	0	Number of Recommendations:	2
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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 being developed by the registered manager. A recommendation has been made to ensure these documents reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and include guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that nursing staff had completed a three day course on palliative and end of life care with Northern Ireland Hospice in 2013. Further update training is recommended for nursing and care staff in this regard. Registered nursing staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

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

Discussion with the registered manager, eight 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.

While a written protocol was not in place, nursing staff confirmed that the home had access to syringe drivers and other specialist equipment through the local Trust. They also confirmed that they were given the support of the community nursing team as required.

A palliative care link nurse had not been identified for the home. A recommendation has been made.

Is Care Effective? (Quality of Management)

A review of three 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. It is the policy of The Martin Residential Trust that a senior nurse/care assistant remains with the patient at all times, including any period of hospitalisation. This is commended. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the registered manager, eight staff and a review of three 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. Facilities had 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 had been provided by the staff team.

A review of notifications to RQIA evidenced that the home had notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

Is Care Compassionate? (Quality of Care)

Discussion with two nursing staff and a review of three 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. Two nursing consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

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.

From discussion with registered nursing and care staff and a review of compliments records, there was evidence that arrangements were sufficient to support relatives during this time; and relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home. No complaints were recorded since the previous care inspection on 22 September 2014.

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.

Areas for Improvement

The registered manager should review the policies and procedures on the management of palliative and end of life care to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

Further training on palliative and end of life care should be provided for all staff relevant to their roles and responsibilities.

A palliative care link nurse should be identified for the home.

Number of Requirements:	0	Number of Recommendations:	3
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5.5. Additional Areas Examined

5.5.1. Consultation with Patients and Staff

Discussion took place with the majority of patients individually. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. No concerns were brought to the attention of the inspector by any of the patients consulted. Two patients completed questionnaires. A few comments received are detailed below:

- “I’m very happy”
- “I enjoy music and dancing”
- “I go out on trips with my family”
- “I can express my choices through what I choose to eat. For example, If I am not hungry at lunch time, I can choose to eat later on as I will be re-offered my food”
- “I am treated with dignity and as an individual with my own set of needs and tastes. If something displeases me, I make staff aware and it will be addressed and rectified.”

No patient representatives were available at the time of this inspection.

5.5.2. Staff

The general view from staff cited in completed questionnaires (ten) and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. No concerns were raised by staff.

A few staff comments are detailed below:

- “the standard of care is excellent. If you are concerned or have any worries, our manager takes the time and listens. I am very happy working here and really enjoy my work”
- “within the Martin Residential Trust care home residents health and wellbeing are of the utmost priority. This makes it a very comfortable environment for residents and staff”
- “care is compassionate and person-centred, based on residents individual needs and wishes. Staff are given appropriate support during end of life care of the residents and our wishes are heard”
- “I believed MRT offers a very high standard of person centred care and staff training, considering the needs of not only every resident but also the staff”.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Penny McCanny 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 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 19.6</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The registered manager should review the policy on communicating effectively to ensure it reflects the regional guidelines on breaking bad news</p> <p>Reference: Section 5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All policies relating to palliative care are being reviewed. As part of this process a specific policy relating to communicating effectively will be included and will make reference to regional guidelines. These policies are due for completion before the end of January 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should provide training on communicating effectively/breaking bad news to nursing and care staff relevant to their roles and responsibilities</p> <p>Reference: Section 5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: In addition to the training and support provided on induction, an additional formal training and education session is being compiled and staff will be scheduled either to attend this session or to complete on-line training programme before the end of March 2016.</p>
<p>Recommendation 3</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 04 December 2015</p>	<p>The registered manager should ensure that a palliative care link nurse has been identified for the home.</p> <p>Reference: Section 5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Deputy Nurse Manager has been identified as the link nurse. She has already received some training in palliative care and is researching further development opportunities.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The registered manager should review the policies and procedures on the management of palliative and end of life care to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.</p> <p>Reference: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policies are presently being updated and will include reference to best practice guidance. These are due to be completed by 31st January 2016.</p>

Recommendation 5 Ref: Standard 32 Stated: First time To be Completed by: 31 March 2016	The registered manager should provide training on palliative and end of life care for all staff relevant to their roles and responsibilities Reference: Section 5.2		
	Response by Registered Person(s) Detailing the Actions Taken: We are presently researching further appropriate training for link nurse. We have arranged for the remaining staff to undertake suitable in-service or on-line training in palliative care and communicating effectively before 31 st March 2016.		
Registered Manager Completing QIP	PENNY MCCANNY	Date Completed	23/12/15
Registered Person Approving QIP	JAMES MARTIN	Date Approved	23/12/15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	31/12/15

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