



The Regulation and
Quality Improvement
Authority

Maine Nursing Home
RQIA ID: 1383
50a Ahoghill Road
Randalstown
BT41 3DG

Inspector: Lyn Buckley
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**Unannounced Care Inspection
of
Maine Nursing Home
30 September 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 30 September 2015 from 10:30 to 16:10 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 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 20 February 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	2

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

2. Service Details

Registered Organisation/Registered Person: Ardarra Developments Ltd Mr Ian McGoldrick- responsible individual	Registered Manager: see box below
Person in Charge of the Home at the Time of Inspection: Deputy manager Sharon Irvine - initially	Date Manager Registered: Colleen McWilliams - application received - registration pending.
Categories of Care: NH - LD and LD(E)	Number of Registered Places: 25
Number of Patients Accommodated on Day of Inspection: 17	Weekly Tariff at Time of Inspection: £624 - £986

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:

- 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 inspections undertaken in the previous inspection year
- 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 interaction with patients individually and with others in small groups, discussion with three care staff, one registered nurse and two ancillary staff.

Six staff and six patient representative questionnaires were left with the manager for distribution.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection themes
- the manager's governance records
- training records
- staff induction templates
- compliment records
- three patient care records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Maine Nursing Home was an unannounced pharmacy medicines management inspection dated 23 July 2015. The completed QIP was returned and approved by the pharmacy inspector.

Discussion during this inspection evidenced that the manager was progressing with the areas of improvement identified.

5.2 Review of Requirements and Recommendations from the last care inspection.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (2) Stated: First time	The acting manager and responsible individual must ensure that sluice room doors are maintained locked to eliminate the risk of any patient accessing chemicals and in accordance with COSHH requirements.	Met
	Action taken as confirmed during the inspection: Observations of sluice rooms evidenced that this requirement had been met.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.2 Stated: First time	Guidelines should be made readily available to staff on the management of urinary and faecal incontinence, the management of urinary catheters and if applicable, the management of stomas.	Met
	Action taken as confirmed during the inspection: Guidelines were available.	

<p>Recommendation 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The acting manager should ensure that staff record bowel patterns using the Bristol Stool Chart.</p> <hr/> <p>Action taken as confirmed during the inspection: Records evidenced that staff referenced the Bristol stool chart when recording.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>Management should consider the introduction of an 'in house' training/awareness programme for staff in the management and care of the bladder and bowel, promotion of continence and management of incontinence.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records confirmed that staff had received incontinence product training. The manager was developing a more detailed training programme which was to be delivered to nursing and care staff before the end of the year.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>Management should consider including a section of continence/incontinence management within the induction programme for nursing and care staff.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of induction templates sent to RQIA by email on 6 October 2015, evidenced that this recommendation had been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 25.19</p> <p>Stated: First time</p>	<p>The responsible individual and acting manager should ensure that a robust system is established and implemented to ensure that each registered nurse's registration status is checked at the time of expiry.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records evidenced that this recommendation had been met.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure on communicating effectively was in place dated February 2003. The manager confirmed that she and the manager from the 'sister' home Ladyhill Lodge were reviewing policies and procedures in relation to the inspection themes. However, staff were not aware of regional guidance in relation to communications/breaking bad news and relevant guidance for persons with a learning difficulty. A recommendation was made.

Discussion with staff confirmed that they were knowledgeable regarding how to communicate effectively with patients, relatives, other healthcare professionals and each other.

Staff confirmed that they were aware of the importance of communicating effectively through their training and the experience of caring for their patients.

Training analysis was not available; however, the manager agreed to forward the information to RQIA by email. Review of the information submitted on 6 October 2015 confirmed that staff received information and/or training on communication through the induction process and through the home's e-learning programme. The manager confirmed that she monitored compliance levels with the e-learning requirements.

Is Care Effective? (Quality of Management)

Patient care records included reference to the patients' specific communication needs and actions required to manage barriers such as cognitive ability or sensory impairment. Care planning associated with communicating were evidenced to be comprehensive and individualised.

A review of 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. Staff confirmed that arrangements for end of life/dignity plans were agreed and in place, if appropriate.

Observation of patient and staff interactions evidenced the ability of staff to communicate sensitively and effectively with patients. Discussion confirmed that effective communication was achieved. Staff demonstrated a high level of knowledge regarding patients' individual needs and were able to anticipate need, non-verbal cues and behaviour patterns. This was commended.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was evident that communication was compassionate and considerate of the individual patient's needs and that patients were treated with dignity and respect.

The inspection process allowed for interaction with the majority of the patients. Patients by their demeanour were observed to be relaxed and comfortable in their surroundings and with staff.

Areas for Improvement

It was recommended that staff are made aware of the revised policies and procedures, relating to the inspection themes, when approved. Staff should also be made aware of the regional and best practice guidance commensurate with their role and function.

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)

Policies and procedures on the management of end of life care and death and dying were available in the home. Some of the policies were dated February 2003 and others had no date recorded. As stated previously in section 5.2 above, the manager confirmed that she and the manager from the 'sister' home Ladyhill Lodge were reviewing policies and procedures in relation to the inspection themes. A recommendation has been made.

Discussion with staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating and/or nearing end of life and that appropriate actions had been taken. Staff were also able to make referrals to specialist palliative care services.

The manager confirmed that she was establishing links with the local GP practice to enable and facilitate discussion around palliative care with patients' families and patients, if appropriate. The outcome from these discussions would inform the care planning process.

Is Care Effective? (Quality of Management)

Discussion with the manager confirmed that when a patient was identified as requiring palliative care, care records would be reviewed on an ongoing basis.

Patient records reviewed confirmed that patient wishes and preferences were considered. For example, a 'dignity' plan was in place for the majority of patients. This plan addressed end of life arrangements.

Discussion with staff evidenced that environmental factors were considered in meeting the needs of patients who were seriously ill or dying. Family and friends were welcome to visit as often as they and/or the patient wished and relatives could stay with the patient overnight if desired.

A review of notifications sent into RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005, over the past inspection year, evidenced that RQIA were notified appropriately. The manager was aware of the requirements for notifying RQIA of any death occurring in the home.

Discussion confirmed that, if required, referrals could be made to the specialist palliative care team and any recommendations made would be incorporated in the patient's care plan.

Discussion with the manager confirmed that she was aware of the reporting requirements in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 detailed knowledge of patients' expressed wishes and needs as identified in their care plan. Staff gave examples of their knowledge and how this affected the delivery of care.

There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards family and patients. The manager confirmed that the majority of compliments were received verbally and by the provision of sweets as a gift for staff, usually at Christmas. Discussion took place in regard to the recording of compliments and how this might be completed in the future.

Staff consulted confirmed that they 'worked well as a team', provided support to others within the team and that they felt confident in the home manager's ability to address/action areas of concern brought to her attention.

Areas for Improvement

A recommendation was made previously in section 5.2 that staff are made aware of the revised policies and procedures, relating to the inspection themes, when approved. Staff should also be made aware of the regional and best practice guidance commensurate with their role and function.

Number of Requirements:	0	Number of Recommendations: *recommendation is stated under Standard 19 above.	*1
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5.5 Additional Areas Examined

5.5.1 Consultation with patients, staff and patient representative/relatives

The inspector met the majority of patients in the home. Patients were content and relaxed in their home and with staff. Interactions observed between patients and staff were appropriate, caring and compassionate.

Staff spoken with confirmed that they enjoyed their work and felt that they made a difference to patient's quality of life. Staff also confirmed that they were expected to undertake mandatory training and felt that nursing staff and management supported them. There were no expressions of concern raised.

In addition to speaking with staff on duty, six questionnaires were provided for staff not on duty. The manager agreed to forward these to the staff selected. At the time of writing this report, two had been returned. Staff confirmed that they had been provided with training in relation to the inspection focus and theme and other mandatory training. Responses

confirmed that staff were either satisfied or very satisfied that care was effective and compassionate.

One additional comment was recorded as follows: "great place to work."

There were no relatives/representatives visiting during the inspection.

Six questionnaires were also provided for patient representatives. At the time of writing this report, none had been returned.

5.5.2 Environment

A general review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, sluices rooms and communal areas. The home was found to be warm and clean throughout. Two empty bedrooms were observed to be used to store a range of equipment and furniture. This was discussed with the manager who confirmed that management were aware of this. It was agreed that arrangements would be made to have the bedrooms cleared of the storage. Verbal confirmation on 23 October from the manager confirmed that the majority of the storage had been removed and that she would confirm in writing when this was completed.

Discussion took place in relation to folders containing patient information which were left on the handrail outside each bedroom door. Following discussion, it was agreed that this information pertained to the patient and formed part of the patient's record and should therefore be held confidentially as per the home's own policy. A recommendation was made.

Areas for Improvement

It was recommended that the registered person ensures that all patient information is held in a confidential manner to safeguard the privacy and dignity of patients.

Number of Requirements:	0	Number of Recommendations:	1
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5.5.3 Conditions of registration

Following enforcement action in 2012/13, two conditions of registration were imposed in June 2013 on the registration of the home as follows:

1. The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties.
2. The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visit/reports having been completed. This condition will continue until such times that RQIA is satisfied that the home is operating in sustained compliance with the Nursing Homes regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008.

Since the previous care inspection in February 2015, Colleen McWilliams, was appointed as the permanent full time manager and took up post in June 2015. Registration with RQIA was applied for and registration is pending.

In accordance with the conditions of registration, the responsible individual has continued to provide RQIA with:

- a copy of the 'worked' nursing and care staff duty rota on a weekly basis
- a copy of completed regulation 29 reports undertaken by or on behalf of the responsible individual within three working days.

The responsible individual and the manager inform RQIA of any changes to the planned manager's hours.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager, Colleen McWilliams, 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 39.8</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p>	<p>It is recommended that staff are made aware of the revised policies and procedures, relating to the inspection themes, when approved. Staff should also be made aware of the regional and best practice guidance commensurate with their role and function.</p> <p>Ref: Sections 5.3 and 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: As the policies are being rewritten staff have to read the policy and sign on a form at the back of each policy that this has been read and understood. The policies are being revised one at a time the sick leave policy is complete and the death and dying policy is in progress.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>It is recommended that patient information is held in a confidential manner to safeguard the privacy and dignity of patients.</p> <p>Ref: Section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All of the daily care sheets that were previously kept at the door of each residents room have now been moved to a communal file within the nursing station in order to maintain confidentiality.</p>		
Registered Manager Completing QIP	Colleen McWilliams	Date Completed	2/12/15
Registered Person Approving QIP	Ian McGoldrick	Date Approved	2/12/15
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	02/12/15

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