

**Unannounced Care Inspection
of
Queenscourt**

08 September 2015

1. Summary of Inspection

An unannounced care inspection took place on 08 September 2015 from 09.30 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 24 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	1	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Libby Carson; nurse in charge and with Mr Eoghain King, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Manor Healthcare Ltd MR Eoghain King	Registered Manager: Mrs Geraldine Borelan
Person in Charge of the Home at the Time of Inspection: Mrs Libby Carson	Date Manager Registered: 01 April 2005
Categories of Care: NH-LD, NH-LD (E)	Number of Registered Places: 43
Number of Patients Accommodated on Day of Inspection: 42	Weekly Tariff at Time of Inspection: £599 -£933

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 20 patients, 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 Queenscourt was an unannounced care inspection dated 24 September 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
Requirement 1 Ref: Regulation 27 (2) (b) (d) Stated: Second time	<p>The registered person shall, having regard to the number and needs of the patients, ensure that-</p> <p>The premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the nurse in charge confirmed that the carpet on the ground floor corridor had been replaced, new chairs had been provided for the dining room and selected bedrooms had been repainted. Inspection of the interior of the premises evidenced that paint on a number of bedroom walls and the first floor corridor was chipped and marked and required re-painting.</p> <p>This requirement was discussed with the responsible person following the inspection who confirmed that painting and decorating was included in a schedule of ongoing maintenance and grounds work. The responsible person agreed to submit the schedule of work to RQIA with timescales for completion of repainting bedrooms and the first floor corridor.</p> <p>This requirement has been assessed as partially met and was stated for a third and final time.</p>	
Requirement 2 Ref: Regulation 15 (2) (a) Stated: First time	<p>The registered person shall ensure that the assessment of the patient's needs is kept under review.</p> <p>Risk assessments should be reviewed and updated at least monthly or more frequently in response to changes in the patient's condition.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspection of three care records evidenced that risk assessments were reviewed and updated at least monthly or more frequently in response to changes in the patient's condition.</p>	

Requirement 3 Ref: Regulation 16 (2) (b) Stated: First time	<p>The registered person shall ensure that the patient's care plan is kept under review.</p> <p>Care plans should be reviewed and updated at least monthly or more frequently in response to changes in the patient's condition.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspection of three care records evidenced that care plans were reviewed and updated at least monthly or more frequently in response to changes in the patient's condition.</p>	
Requirement 4 Ref: Regulation 13 (1) (a) Stated: First time	<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.</p> <p>The registered manager should ensure that the needs of the identified patient have been re-assessed and an appropriate care plan has been implemented to meet these needs.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The identified patient's care records were reviewed and evidenced that the patient's needs have been re-assessed and an appropriate care plan has been implemented to meet these needs.</p>	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 20.4 Stated: Second time	<p>The registered manager should ensure there is an identified first aider on duty for each shift.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The nurse in charge confirmed that there was an identified first aider on duty for each shift. This information was displayed on the notice board in the office.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>The registered manager should ensure that, for those patients identified as being at risk of developing a pressure ulcer, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant professionals. The following areas should also be addressed:</p> <ul style="list-style-type: none"> • assessments and care plans for management of pain are in place for patients assessed as having a wound/pressure ulcer and for all patients in receipt of prescribed analgesia • repositioning charts should be in place for patients identified as being at risk of developing a pressure ulcer and should evidence that patients' skin condition was inspected at each positional change • wound observation charts are maintained for all patients with pressure ulcers/wounds. The assessment recorded after each dressing renewal should include the dimensions of the wound, descriptions of the wound base, exudate, odour and the appearance of surrounding skin • appropriate pressure relieving equipment should be in place for patients identified as being at risk of developing a pressure ulcer. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of three care records confirmed that appropriate risk assessments and care plans were in place for the prevention of pressure ulcers for those patients assessed as being at risk. Repositioning charts were appropriately maintained for one patient on bed rest. There was evidence of pressure relieving equipment in use for patients identified as being at risk of developing a pressure ulcer. There were no patients with wounds/pressure ulcers at the time of the inspection.</p>	

Recommendation 3 Ref: Standard 5.1 Stated: First time	<p>The registered manager should ensure that body mapping charts are completed for all patients on admission and reviewed and updated when any changes occur to the patient's skin condition.</p> <p>Action taken as confirmed during the inspection: Review of three patients care records evidenced that body mapping charts were maintained appropriately and reviewed and updated when any changes occur to the patient's skin condition.</p>	Met
Recommendation 4 Ref: Standard 8.3 Stated: First time	<p>A recommendation has been made to ensure that, for those patients identified as being at risk of inadequate or excessive food and fluid intake:</p> <ul style="list-style-type: none">• a fluid intake target over 24 hours is recorded in the relevant care plan and on fluid balance charts• an effective reconciliation of the total fluid intake against the fluid target established• action to be taken if targets were not being achieved. <p>Action taken as confirmed during the inspection: Food and fluid records were maintained for those patients identified as being at risk of inadequate or excessive food and fluid intake. These records were maintained appropriately.</p>	Met

Recommendation 5 Ref: Standard 11.7 Stated: First time	<p>It is recommended that:</p> <ul style="list-style-type: none"> • all registered nurses undertake wound care training and their competency is assessed to ensure training has been embedded into practice • all care staff complete training in relation to pressure area care and the prevention of pressure ulcers and their competency is assessed to ensure training has been embedded into practice. <p>Action taken as confirmed during the inspection: Discussion with registered nurses and review of training records evidenced that six nurses and eleven care assistants attended tissue viability training on 16 December 2014 and 3 February 2015. Wound care is included in the competency assessments for registered nurses.</p>	Met
Recommendation 6 Ref: Standard 25.11 Stated: First time	<p>The registered manager should ensure that an action plan has been developed to address any deficits or areas for improvement identified through the regular monthly audits of care records.</p> <p>Action taken as confirmed during the inspection: Review of a sample of care audits confirmed that an action plan had been developed to address any deficits or areas for improvement identified as a result of the audits.</p>	
Recommendation 7 Ref: Standard 8.1 Stated: First time	<p>It is recommended that the Malnutrition Universal Screening Tool (MUST) is used as the tool for the assessment of patients nutritional risk assessments.</p> <p>Action taken as confirmed during the inspection: Review of a sample of three care records evidenced that the Malnutrition Universal Screening Tool (MUST) is used as the tool for the assessment of patients nutritional risk assessments.</p>	Met

<p>Recommendation 8</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p>	<p>It is recommended that the following research and guidance documents should be made available in the home for staff to access:</p> <ul style="list-style-type: none"> • DHSSPS 'Promoting Good Nutrition' A Strategy for good nutritional care in adults in all care settings in Northern Ireland 2011-16 • The Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes • The National Institute for Health and Clinical Excellence (NICE) for the management of pressure ulcers in primary and secondary care • The European Pressure Ulcer Advisory Panel (EPUAP). <p>Action taken as confirmed during the inspection: The above guidance documents were available in the home for staff to access.</p>	<p>Met</p>
<p>Recommendation 9</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>The registered manager should ensure that catering staff receive written confirmation of the guidance provided by dieticians and other professionals for those patients on therapeutic or special diets.</p> <p>Action taken as confirmed during the inspection: Discussion with the cook and review of documentation evidenced that catering staff receive written confirmation of the guidance provided by dieticians and other professionals for those patients on therapeutic or special diets.</p>	<p>Met</p>
<p>Recommendation 10</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p>	<p>It is recommended that update training on the importance of record keeping is provided for staff commensurate with their roles and responsibilities in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the nurse in charge and review of training records confirmed that this training had been provided for all staff on 10 November 2014.</p>	<p>Met</p>

Recommendation 11 Ref: Standard 10.6 Stated: First time	<p>The registered manager should ensure that all relevant staff have training in responding to patients behaviour.</p> <p>Team reviews of all behaviour management interventions should be held to provide learning and practice development.</p>	Met
	<p>Action taken as confirmed during the inspection: All nursing and care staff have received training in behaviour management in October 2014. The nurse in charge confirmed that team reviews of all behaviour management interventions were discussed after issues occur.</p>	
Recommendation 12 Ref: Standard 11.3 Stated: First time	<p>The registered manager should ensure that repositioning charts are in place for those patients identified as being at risk of developing a pressure ulcer. Repositioning charts should evidence that patients' skin condition was inspected at each positional change.</p>	Met
	<p>Action taken as confirmed during the inspection: Repositioning charts were appropriately maintained for all patients identified as being at risk of developing a pressure ulcer. Repositioning charts evidenced that patients' skin condition was inspected at each positional change.</p>	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with two nursing and six care staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. Training on palliative and end of life care included guidance for breaking bad news as relevant to staff roles and responsibilities. This training was completed in May 2015 with further training arranged for September 2015. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

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.

Discussion with twenty patients individually evidenced that patients were happy living in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. No concerns were expressed by any of the patients. Comments received included:

- "Everything is great."
- "I like it here."

Areas for Improvement

No areas of improvement were identified in regards 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. These documents did not include guidance on the management of the deceased person's belongings and personal effects. A recommendation has been made.

Training records evidenced that eight nursing staff had completed training in palliative and end of life care in May 2015. Further training had been arranged for September 2015 for the remaining nursing and care staff. Registered nurses were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with two nursing 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. 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 was made in this regard.

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 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 and where instructions had been provided, these were evidently adhered to.

Discussion with two nursing and six care staff 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)

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 nurse in charge 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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with nursing and care staff, it was evident that staff would appreciate some additional support following the death of a patient. This could include, for example, bereavement support, a staff meeting and/or 1:1 counselling if deemed appropriate. A recommendation has been made. Refer also to section 5.5.1.

Information leaflets on palliative care and grief and bereavement were available and accessible for staff, patients and their relatives.

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.

A written protocol should be developed for timely access to any specialist equipment or drugs out of hours.

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

The registered manager should review the arrangements to support staff following the death of a patient.

Number of Requirements:	0	Number of Recommendations:	4
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5.5 Additional Areas Examined

5.5.1 Consultation with patients, patient representatives and staff

In addition to speaking with patients and staff, questionnaires were distributed to staff not on duty during the inspection and for patients and patient representatives to complete.

Overall, the feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Wheatfield.

A few patient comments are detailed below:

'I really like it here.'

'I love it here.'

'It's good.'

One relative stated that she was down every day to see her son and she felt that Wheatfield was very family orientated. The relative said her son was very happy living in Wheatfield which made her happy.

In general, the staff were satisfied and enjoyed working in Wheatfield.

A few staff comments are as follows:

'I love it here. We're like one big family.'

'Wheatfield is a great place to work. The care of our clients is utmost in our work.'

'I love getting to know all the personalities.'

'We all get on very well, there's great teamwork here.'

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Libby Carson; nurse in charge and with Mr Eoghain King, responsible person, 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

Statutory Requirements	
Requirement 1 Ref: Regulation 27 (2) (b) (d) Stated: Third time To be Completed by: 31 December 2015	<p>The registered person shall, having regard to the number and needs of the patients, ensure that-</p> <p>The premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally.</p> <p>The registered person must ensure that the remaining patients' bedrooms and the corridor walls on the first floor have been repainted.</p> <p>Reference: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Painting has commenced with all bedrooms, bathrooms, toilet areas being included in the project.</i></p>
Recommendations	
Recommendation 1 Ref: Standard 20.1 Stated: First time To be Completed by: 31 October 2015	<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 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Policies have been reviewed and updated Standard 14 and Standard 20.</i></p>
Recommendation 2 Ref: Standard 32.5 Stated: First time To be Completed by: 30 September 2015	<p>The registered manager should ensure that a written protocol has been developed for timely access to any specialist equipment or drugs out of hours.</p> <p>Reference: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Written protocol has been completed.</i></p>
Recommendation 3 Ref: Standard 32.3 Stated: First time To be Completed by: 30 September 2015	<p>The registered manager should ensure that a palliative care link nurse has been identified for the home.</p> <p>Reference: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>A palliative care link nurse has been identified within the home.</i></p>

Recommendation 4 Ref: Standard 32 Stated: First time To be Completed by: 30 September 2015	The registered manager should review the arrangements to support staff following the death of a patient. Reference: Section 5.4		
	Response by Registered Person(s) Detailing the Actions Taken: Group discussion, staff to discuss their feelings mood, supported by management and fellow staff.		
Registered Manager Completing QIP	C. Borelan	Date Completed	27/10/15
Registered Person Approving QIP	Eof. Li	Date Approved	27.10.15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	4/11/15

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