Garvagh Care Home
RQIA ID: 1412
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Garvagh
Coleraine

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Inspector: Bridget Dougan
Inspection ID: IN022028

Unannounced Care Inspection
of
Garvagh Care Home

09 July 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 58258 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 09 July 2015 from 11 30 to 14 30 hours.

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

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Overall on the day of inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas for improvement on this occasion.

For the purposes of this report, the term 'patients' will be used to describe those living in Garvagh Care Home which provides both nursing and residential care.

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 13 May 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	0

The outcome of this inspection was discussed with Mrs Anne O' Kane, registered manager as part of the inspection process.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Mrs Anne O'Kane
Person in Charge of the Home at the Time of Inspection: Mrs Anne O'Kane	**Date Manager Registered:** 19 November 2014
Categories of Care: RC-I, NH-DE, NH-I, NH-PH, RC-DE, NH-LD	**Number of Registered Places:** 67
Number of Patients Accommodated on Day of Inspection: 50	**Weekly Tariff at Time of Inspection:** Nursing: £593.00 Residential: £470.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients
- review of records
- observation during an inspection of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan.

During the inspection, the majority of patients were consulted either individually or in small groups. Discussion was also undertaken with two registered nursing staff, six care staff and one patient's representative.

The following records were examined during the inspection

- validation of evidence linked to the previous care inspection QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- policies in regards to theme of inspection
- record of complaints
- compliments
- guidance information for staff in relation to theme inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 26 June 2014. The completed QIP was returned and approved by the pharmacy inspector.

Review of Requirement from the last care Inspection on 13 May 2014

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 20 (1) (c) (i) **Stated:** Second time	The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – Ensure that the persons employed by the registered person to work at the nursing home receive appraisal, mandatory training and other training appropriate to the work they are to perform.	**Met**
	Action taken as confirmed during the inspection: The inspector confirmed that appraisal had been completed for all staff. All staff had also completed mandatory training and other training appropriate to their roles and responsibilities.	

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and referred to regional guidance on “breaking bad news”. The guidance document on “breaking bad news” was available for staff.

A sample of staff 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)

Three care records evidenced that patients individual needs and wishes regarding the end of life care were appropriately recorded. Care interventions within records referenced the patient's specific communication needs.

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.

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

Two registered nurses and six care staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by sitting down with the patient and or patient representatives in a private area, speaking in a calm but reassuring tone and providing an opportunity to answer any questions or concerns and where appropriate offering gestures of affection and compassion.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care practices, including many staff / patient interactions confirmed that communication is well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with the majority of patients either individually or in small groups. All patients who were able to verbalise their views stated that they were very happy with the quality of care delivered and with life in Garvagh. They confirmed staff were polite and courteous and that they felt safe in the home. One patient's representative confirmed that they were very happy with standards maintained in the home.

Areas for Improvement

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

5.3 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 reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013, a copy of which were available in the home.

Training records evidenced that the majority of staff had completed training online on dying, death and bereavement. Workbooks were also completed by all care assistants. The manager advised that further face to face training was planned for all staff for July and August 2015.

Discussion with registered 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 and other specialist practitioners.

Discussion with the registered manager, registered nursing 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 local protocol was in place for the timely access to any specialist equipment or drugs and discussion with registered nursing staff confirmed their knowledge of the protocol.

The registered manager and a staff nurse are the palliative care link nurses for the home.

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 social, cultural and religious preferences were also considered and care interventions reviewed were very person centred. 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. This information was recorded in the patients care records and also displayed in the patient's bedroom.

Discussion with the registered manager, nursing and care staff and a review of care records evidenced that environmental factors had been considered when a patient was at end of life. 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 were provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported 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. Nursing and care staff 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 the registered manager and staff, relatives and a review of the compliments record, there was evidence 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.

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.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. Both the manager and staff advised that following a death, a service is held in the home and other patients are invited to attend.

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. The arrangements included support from management, peer support and also reflections at staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

5.4 Additional Areas Examined

5.4.1 Consultation with patients, their representatives and staff

As part of the inspection process the majority of patients were spoken with either individually or in small groups. Comments from patients regarding the quality of care, food and in general the life of the home were positive. A number of patients were unable to express their views due to the frailty of their condition. All patients appeared well kempt and comfortable in their surroundings. A few comments are detailed below;

- "Staff are very good."
- "I am happy here."
- "I have no complaints."

One patient's representative took the time to speak with the inspector. The relative was very complimentary regarding the care and services provided. One relative also completed a questionnaire. Comments received are detailed below:

- "I have no reservations about Garvagh Care Home. The carers and nursing staff, without exception, are excellent. My relative is really well cared for – always neat, tidy, clean and has a good relationship with all the staff. The laundry and catering facilities are excellent – meals very tasty and hot and plentiful. Thank you."

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection. Some comments received from staff are detailed below;

- "I like it here, homely. Good staff."
- "I am very satisfied with the training provided."
- "Good work environment."

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Anne O'Kane, 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 the 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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Anne O Kane	**Date Completed**	31.07.15
Registered Person	Dr Claire Royston	**Date Approved**	03.08.15
RQIA Inspector Assessing Response	Bridget Dougan	**Date Approved**	10.08.15

Please provide any additional comments or observations you may wish to make below:

***Please complete in full and returned to RQIA nursing.team@rqia.org.uk ***