



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Craigdun Care Home**

27 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 27 May 2015 from 10:30 to 15:40.

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 23 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

A letter regarding a potential breach in relation to the home's categories of care was issued following discussion with senior management in RQIA on 2 June 2015. Refer to section 6.4.1 for details.

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	7

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

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	Registered Manager: Mrs Shirley Marshall
Person in Charge of the Home at the Time of Inspection: Registered nurse Marie McQuillan	Date Manager Registered: 1 April 2005
Categories of Care: NH - I, PH, PH(E), TI and DE RC – I, PH and PH(E) Maximum of 5 persons within RC; 1 patient within NH-DE and a maximum of 3 persons within NH-TI	Number of Registered Places: 35
Number of Patients Accommodated on Day of Inspection: Nursing: 22 Residential: 5	Weekly Tariff at Time of Inspection: £470 - £637

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

Please note that patients and residents will be referred to as patients for the purpose of this report.

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

- discussion with the regional manager
- discussion with patients
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 April 2015
- the registration status of the home
- any communication/information received by RQIA regarding the home since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection, the inspector spoke with 10 patients individually and with the majority of other in small groups; six staff and two visiting healthcare professionals. Six questionnaires for staff not on duty during the inspection were provided along with six relative/representatives questionnaires for distribution.

The following records were examined during the inspection:

- three patient care records including care charts
- staff training records and management overview and planner for 2015
- three staff induction records
- competency and capability assessments for two registered nurses and one care assistant
- reports of visits/quality assurance audit undertaken on behalf of the responsible individual
- policies and procedures regarding communication, death and dying, palliative and end of life care
- a record of compliments received by the home from relatives and patients.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 23 November 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
<p>Requirement 1</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that –</p> <p>(b) 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>Reference to this is made in that the door to the top of the stairs to the first floor must be made good.</p> <p>Action taken as confirmed during the inspection: Observation, review of records and discussion with the regional manager confirmed that this requirement had been addressed.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of patients, ensure that –</p> <p>(t) A risk assessment to manage health and safety is carried out and up dated when necessary.</p> <p>Reference to this is made in that all radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Action taken as confirmed during the inspection: Observation from a random selection of bedrooms, review of records and discussion with the regional manager confirmed that this requirement had been addressed.</p>	Met

<p>Requirement 3</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p>	<p>The registered person shall –</p> <p>(a) Have in place a current risk written assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in that an action plan with timescales must be submitted in writing to the home's aligned estates inspector, detailing how the recommendations from the fire safety risk assessment dated 5 August 2014 will be dealt with.</p> <p>Action taken as confirmed during the inspection: Observation, review of records and discussion with the regional manager confirmed that this requirement had been addressed.</p>	<p>Met</p>
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5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively. The regional manager confirmed that policies and procedures relating to the inspection themes had been reviewed and revised. Draft copies were available and would be disseminated when final approval was received.

Discussion with nursing and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. However, there was no awareness of the regional guidance on breaking bad news or of the regional guideline for end of life palliative care and end of life care in nursing and residential homes GAIN (Nov 2013).

A copy of the new DHSSPS Care Standards for nursing homes April 2015 was available in the main office and the standards relating to the inspection were available to patients, staff and relatives in the foyer of the home. However, while staff were aware of where policies/procedures were kept, they said they hadn't read them and had no knowledge of the regional guidance and standards. This was discussed with the regional manager during feedback. A recommendation is made.

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)

Review of care records reflected that patient individual needs and wishes regarding their care were appropriately recorded. Records included reference to the patient's specific

communication needs such as, when a patient required spectacles or a hearing aid or if a patient would have difficulty understanding.

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.

Care and nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. This was however, dependent on the staff member's experience; for example some of the care staff spoken with said they would refer the patient or relatives to the registered nurse immediately, while others said they would feel confident to reassure the patient or relative before referring them to the registered nurse.

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of occasions when patients were assisted by nursing and care staff in a professional and compassionate manner which ensured the patients' dignity was maintained. There was evidence of good relationships between patients and staff.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Craigdun Care home. Patients confirmed that staff were polite, caring and courteous and that they felt safe in the home.

One relative returned a questionnaire which indicated that this relative was 'most satisfied' with communication between them and the staff; that they were listened to and that they could talk to the staff if they had any concerns.

Areas for Improvement

It is recommended that staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home.

Number of Requirements:	0	Number of Recommendations:	1
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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. As stated in 6.2 the regional manager confirmed that these had been reviewed and revised and would be disseminated once approved.

A care manual for staff had also been developed and would be available within the home soon.

Training, induction and competency and capability records evidenced that staff were provided with awareness and training in the management of death, dying and bereavement. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support patients and relatives during this time. As stated in section 6.2 a recommendation has been made in regard to the staffs' knowledge of policies/procedures, guidance and standards that underpin the delivery of this care.

The regional manager confirmed that registered nurses could access specialist palliative care services for patients via the local GP practices and the NI Hospice.

Discussion with 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.

Is Care Effective? (Quality of Management)

A review of care records evidenced that patients' needs for palliative and end of life care were being met but had not been specifically assessed and reviewed. Care plans were in place to manage assessed needs but contained information which was no longer relevant. For example mobility and nutritional care plans had been reviewed on a monthly basis but were not reflective of the current care delivery. A recommendation is made.

Care plans were in place to direct staff on the management of pain and were reflective of the prescribed analgesia.

Discussion with the regional manager, staff and observation of the environment evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who were ill or dying.

A key worker/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 were instructions had been provided, these were evidently adhered to.

A review of notifications to RQIA evidenced that the home 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 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.

Management and staff confirmed that arrangements for relatives/representatives to be with patients who had been ill or dying were in place and viewed as being 'as important' as caring for the dying patient. Staff described arrangements with ease and had confidence in their ability to provide this support.

There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient. Comments included:

'our family took great comfort in the knowledge that our beloved...was being looked after so well at Craigdun'

'many thanks for all your care and kindness'

'the behaviour and dedication of the staff made it much easier for us as a family to cope'

'your job is invaluable and so much appreciated'

'It has been good for me to have your support'.

Discussion 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 confirmed that they were given an opportunity to pay their respects after a patient's death. This included staff contributing to a sympathy card which was sent to the next of kin.

Areas for Improvement

A recommendation is made that care records for patients identified as requiring palliative care or for patients who are dying are reviewed to ensure that the care plans are relevant and reflect current nursing needs.

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

6.1 Categories of care

As discussed in section 1.2 a letter regarding a potential breach in relation to the home's categories of care was issued following discussion with senior management in RQIA on 2 June 2015. The letter required that a review be undertaken in respect of the categories of care patients were admitted under. As both the registered manager and regional manager were on leave following the inspection, an acting regional manager addressed concerns raised and forwarded their review to RQIA by email on 2 June 2015. Matters arising will be addressed with the registered persons under separate cover.

6.2 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms. The home was found to be warm, well decorated and clean throughout.

A number of concerns identified were raised with the regional manager;

- both doors of the lounge beyond the dining room had been propped open with footstools – this was concerning as these doors were already held open with magnets linked to the fire system. The additional propping open of the doors would have prevented the doors from closing automatically in the event of the fire alarm sounding. The regional manager confirmed she would address this risk with staff immediately following feedback. A requirement is made.
- the flooring beneath the carpet outside the bathroom/back staircase on the first floor was found to be loose. A recommendation is made that this is reviewed and repaired as soon as possible.
- two bedrooms on the first floor were being used to store equipment. . Discussion during feedback evidenced that this issue had been identified by the regional manager and raised with the Regulation 29 report. A recommendation is made that this issue is addressed. If the registered person wishes to continue to use these bedrooms as stores then a variation of use application must be submitted to RQIA for consideration
- protective bumpers used on bed rails were showing signs of wear and tear. Discussion during feedback evidenced that this issue had been identified by the regional manager and raised within the Regulation 29 report. A recommendation is made that the registered person ensures that equipment is regular auditing to ensure it is fit for purpose and any deficits are addressed.

6.3 Records and record keeping

RQIA had received a number of notifications which raised concerns regarding the content of the information and how the form was completed by registered nursing staff in the absence of the registered manager. Details were discussed with the regional manager who evidenced that this issue had been identified and raised within the Regulation 29 report. A recommendation is made that notifications submitted to RQIA are accurately recorded and that the content is recorded in keeping with best practice guidance and professional standards.

The inspector reviewed a random selection of care charts which were retained in patients' bedrooms. Staff spoken with confirmed that they would complete these records after lunch and advised they would check with colleagues regarding the details of care delivery and or food and fluid intake. This was discussed with the regional manager during feedback. It is recommended that care records are completed by the staff member delivering the care and are completed contemporaneously to ensure they accurately reflect care interventions.

6.4 Consultation with patient, staff and relatives

In addition to speaking with patients, staff and visitors, questionnaires were issued for staff not on duty during the inspection and for relatives.

Six questionnaires were left for staff, none were returned. Discussion with six staff, during the inspection, confirmed that staff had received mandatory training felt that they delivered a high standard of care and that they were at ease and confident in dealing with sensitive areas of care delivery such as palliative care. There were no concerns raised with the inspector.

Out of six questionnaires left for relatives, one was returned. The relative indicated that the quality of care was good, that staff were attentive and caring and that they were kept informed of changes to their loved one's care. The respondent recorded the following comments, 'care is very compassionate' and 'care excellent'.

Ten patients were spoken with individually and the majority of others in smaller groups. Patients were complementary regarding the care delivered, staff, food and the environment. There were no concerns raised with the inspectors.

7.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Patricia Greatbanks, regional 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.

7.1 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.

7.2 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.

7.3 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 27(4) Stated: First time To be Completed by: 30 June 2015	The registered person must ensure that fire doors are not propped or wedged open. Response by Registered Person(s) Detailing the Actions Taken: All staff have completed supervision on fire safety and the danger of having Fire Doors wedged Open also fire training has been arranged for the 22/07/15
Recommendations	
Recommendation 1 Ref: Standard 36 Stated: First time To be Completed by: 30 July 2015.	The registered person must ensure that staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home. Response by Registered Person(s) Detailing the Actions Taken: All new policies/procedures, Regional Guidance and Standards are made available for staff to read and when completed they are required to sign they have read and understood the contents
Recommendation 2 Ref: Standard 32.1 Stated: First time To be Completed by: 30 July 2015.	The registered person must ensure that care records for patients identified as requiring palliative care or for patients who are dying are reviewed to ensure that the care plans are relevant and reflect current nursing needs. Response by Registered Person(s) Detailing the Actions Taken: Currently there are no Residents identified as requiring palliative care/end of life care. Palliative Care training for Registered Nurses/Care Staff has been arranged for 30.07.15 with a Care Planning workshop for Registered Nurses in the afternoon
Recommendation 3 Ref: Standard 44.8 Stated: First time To be Completed by:	The registered person must ensure that the loose flooring beneath the carpet outside the bathroom/back staircase on the first floor. is reviewed and repaired as soon as possible. Response by Registered Person(s) Detailing the Actions Taken: The damaged flooring outside the bathroom/ back staircase has been replaced with new flooring

30 July 2015.

<p>Recommendation 4</p> <p>Ref: Standard 44.11</p> <p>Stated: First time</p> <p>To be Completed by: 30 July 2015.</p>	<p>The registered person must ensure that two bedrooms on the first floor used to store equipment are returned to the purpose of bedrooms or if required a variation to change the use of this bedrooms is raised with RQIA.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The 2 upstairs bedrooms are remaining as storage keypad locks and signage are in place. A variation form is in the process of being completed and will be forwarded to RQI by the 31st July 2015</p>		
<p>Recommendation 5</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be Completed by: 30 July 2015.</p>	<p>The registered person must ensure that equipment is regular audited in line with best practice guidance to ensure it is fit for purpose and any deficits are addressed.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All equipment is audited weekly or monthly as per guidance and records are available for inspection</p>		
<p>Recommendation 6</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be Completed by: 30 July 2015.</p>	<p>The registered person must ensure that notifications submitted to RQIA are accurately recorded and that the content is recorded in keeping with best practice guidance and professional standards.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Registered Nurses have completed supervision on the completion of Notifications and the Manager is quality assuring these.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p> <p>To be Completed by: 30 July 2015.</p>	<p>The registered person must ensure that any care records are completed contemporaneously to ensure they accurately reflect the delivery of care.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff are now completing the records as required throughout the shift at regular intervals.</p>		
<p>Registered Manager Completing QIP</p>	<p>Shirley Marshall</p>	<p>Date Completed</p>	<p>20/07/2015</p>
<p>Registered Person Approving QIP</p>	<p>Dr Claire Royston</p>	<p>Date Approved</p>	<p>20.07.15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Lyn Buckley</p>	<p>Date Approved</p>	<p>10/08/2015</p>

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

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.