



The Regulation and  
Quality Improvement  
Authority

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**Announced Care Inspection  
of  
Chester**

**14 May 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced care inspection took place on 14 May 2015 from 10.00 to 17.00.

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. A Quality Improvement Plan (QIP) is not included in this report.

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

### 1.1 Actions/Enforcement Taken Following the Last Care and Estates Inspection

RQIA undertook a review of the outcomes from the unannounced secondary care inspections carried out on 2 April 2014 and 16 June 2014, and the regulation 29 monthly monitoring reports submitted by the home, to assess the home's level of progress and compliance with the conditions imposed on the home. The conditions were:

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 visits/reports having been completed

Following the care inspections the first condition was removed from the registration of the home. It was considered that as the building works and refurbishment of the home had not been completed at the time of the care inspection of June 2014, the second condition would remain on the registration of the home.

An estates inspection was undertaken on 2 September 2014 at which time the building works and refurbishment had been completed. A review of the outcome of this inspection was considered by senior management in RQIA who advised the second condition should be removed from the registration of the home.

A new certificate of registration was issued to the home on 26 November 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

### 2. Service Details

<b>Registered Organisation/Registered Person:</b> Robert Desmond Wilson	<b>Registered Manager:</b> Gillian Dowds
<b>Person in Charge of the Home at the Time of Inspection:</b> Gillian Dowds	<b>Date Manager Registered:</b> 24 July 2014
<b>Categories of Care:</b> RC – LD RC – MP (E) RC – DE NH – PH NH - DE	<b>Number of Registered Places:</b> 39 Nursing 4 Residential 3 Day Care places
<b>Number of Patients Accommodated on Day of Inspection:</b> 36 Nursing 4 Residential	<b>Weekly Tariff at Time of Inspection:</b> £470 per week, residential rate £593 per week, nursing rate

### 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:

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
- the previous care inspection report
- pre inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 10 patients, four care staff, two nursing staff, two patients' representatives and the activities coordinator. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

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

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced estates inspection dated 2 September 2014. The completed QIP was returned and approved by the estates inspector. The estates inspector had recommended management consider blinds for the glass ceiling panels in the conservatory for patients comfort. The care inspector confirmed blinds were in place.

## 5.2

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16 (1), (2) (b)&amp;(c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p>Attention should be given to:</p> <ul style="list-style-type: none"> <li>• ensuring evidence of patient/representative consultation is present</li> <li>• care plans correspond to assessed need</li> <li>• where a concern is recorded an audit trail should evidence the action taken in relation to the concern</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of three patients care records confirmed patients and/or their representatives had been consulted in relation to the planning of care. The nursing process had been adhered to and information within care records evidenced regular review and evaluation.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>(i) evidence of regular infection control audits being undertaken and shortfalls addressed should be present</p> <p>(ii) an infection control link nurse in the home should be identified and the appropriate training given to the identified nurse</p> <p>(iii) all bathroom and toilet areas must have pedal bins</p> <p>(iv) there must be a suitable number of bins for the disposal of clinical waste in the home</p> <p>(v) equipment trolleys are to be provided for housekeeping staff</p> <p>(vi) the arrangements of the entrance and exit door to the kitchen should be reviewed in accordance with infection control and environmental guidelines. The inspector recognises this aspect may take longer than the two week time period identified for (i), (ii), (iii), (iv) and (v).</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The following was confirmed:</p> <ul style="list-style-type: none"> <li>• regular infection control audits had taken place and evidenced the remedial action taken, where applicable. The registered manager also completes a weekly audit which is validated by the areas manager when completing the monthly monitoring visit.</li> <li>• bathroom and toilet areas evidenced pedal bins and bins for the disposal of clinical waste were present</li> <li>• new equipment trolleys had been purchased for housekeeping staff</li> <li>• a link nurse for infection control had been identified and had assumed infection control responsibility in the home. Infection control audits are monitored by the manager and area manager</li> <li>• a Bain Marie had been purchased for the kitchen</li> </ul>	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 6 (a)&amp;(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall –</p> <p>(a) keep under review and, where appropriate, revise the statement of purpose and the patient’s guide; and</p> <p>(b) notify the Regulation and Improvement Authority and patients of any such revision within 28 days</p> <p>The statement of purpose should accurately reflect the dementia specific ethos of the home and reflect the changes to the home following building works.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The statement of purpose and the patient’s guide had been revised to reflect the dementia ethos of the home.</p>	<p><b>Met</b></p>
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended safe and healthy working practices are supported through the provision of information, training, supervision and monitoring of staff in the area of infection control.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of staff training records evidenced infection control training is completed on an annual basis. Training for the 2015 year is scheduled for July 2015.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.10</p> <p><b>Stated:</b> First time</p>	<p>It is recommended the necessary aids and equipment are available for patients/residents at mealtimes. The aids and equipment available should be in accordance with best practice in dementia care and the home's statement of purpose.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The observation of the midday meal evidenced new crockery had been purchased. The crockery in use was in accordance with best practice in dementia care. Discussion with staff evidenced their knowledge as to what level of assistance was required for individual patients.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended orientation cues are present on the doors which lead into a small corridor where patients/residents bedrooms are located.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The observational tour of the premises evidenced orientation cues/directions for patients in the identified areas were in place.</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 five staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

#### Is Care Effective? (Quality of Management)

Three care records reflected patients individual needs and wishes regarding the end of life care. Recording within care records included reference to the patient's specific communication needs. Staff had undertaken training in dementia care which included communication. Staff were aware of and demonstrated their knowledge of communicating to persons with dementia and/or sensory impairment.



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

Three care staff and two registered nurses were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures.

### **Is Care Compassionate? (Quality of Care)**

Discussion was undertaken with staff regarding how staff communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with two visiting relatives. Relatives confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Chester Nursing Home.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 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.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A review of staff training records evidenced that staff had completed training in respect of palliative/end of life care on an annual basis.

Discussion with 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.

Discussion with the manager, five staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

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

### **Is Care Effective? (Quality of Management)**

Whilst there were no patients identified as requiring palliative or end of life care at the time of inspection three patients were identified having 'do not attempt resuscitation' notices. The review of documentation associated with this evidenced a multidisciplinary input and the involvement of the patient and/or representative. Holistic and comprehensive care plans were in place which included the management of hydration and nutrition, pain management and symptom management. The care records reviewed were current and up to date in accordance with patient's needs. A key worker/named nurse was identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's GP.

Discussion with the manager, staff and a review of three care records evidenced that environmental factors had been considered. Management had made, in the past, reasonable arrangements for relatives/representatives to be with patients who had been ill or dying, for example open visiting and the provision of meals and snacks.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

Relatives stated they felt the home would be supportive of them should family/friends wish to spend as much time as they wish with their relative if they were poorly or approaching end of life.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. 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 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.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included for example, bereavement support; staff meeting and 1:1 counselling, if appropriate.

### Areas for Improvement

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### Questionnaires

As part of the inspection process we issued questionnaires to staff and patients.

Questionnaires issued to	Number issued	Number returned
Staff	6	6
Patients	3	2
Patients representatives	2	2

Staff did not make specific comment regarding the home however all questions were answered as either 'satisfied' or 'very satisfied'.

### Patient's representatives' views

All questions on the questionnaires were rated as 'very satisfied'. One comment was written and was:

'appreciate the entertainment in the home; my relative enjoys music and dancing'

### The Environment

An observational tour of the premises evidenced the building and refurbishment which took place in the home last year has been effective and positive for persons with dementia. The ground floor has undergone the greatest change and a dementia friendly and enabling environment has been created. Staff have high visibility of patients without being obtrusive and furnishings and colour schemes are attractive and homely. Patients' bedrooms have been upgraded and have also had new colour schemes, furniture and furnishings. The dining experience for patients has been enhanced with the provision of new crockery, table settings and the arrangement of tables. Two secure and attractive garden areas have been created. The outside area is pleasant for patients to relax in and has points of interest i.e. raised beds and seating. The outcome of the investment in the dementia environment is commendable.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	Gillian Dowds	<b>Date Completed</b>	11.06.2015
<b>Registered Person</b>	Desmond Wilson	<b>Date Approved</b>	11.06.2015
<b>RQIA Inspector Assessing Response</b>	Heather Sleator	<b>Date Approved</b>	11/06/2015

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](mailto:nursing.team@rqia.org.uk) \**