



The Regulation and
Quality Improvement
Authority

The Model Care Centre
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**Unannounced Care Inspection
of
The Model Care Centre**

27 October 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 27 October 2015 from 11.30 to 15.30 hours.

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

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.

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 11 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
Total number of requirements and recommendations made at this inspection	0	0

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Mrs Bernadette Kelly, 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 (No8) Limited Dr Maureen Claire Royston	Registered Manager: Ms Bernadette Kelly
Person in Charge of the Home at the Time of Inspection: Ms Bernadette Kelly	Date Manager Registered: 08 November 2010
Categories of Care: NH-LD (E), NH-I, RC-I, RC-PH	Number of Registered Places: 36
Number of Patients Accommodated on Day of Inspection: 27	Weekly Tariff at Time of Inspection: £470 - £593

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 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 returned QIP from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, 15 patients, two registered nurses and four care staff were consulted.

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 and guidance documents relating to the inspection focus
- regulation 29 reports
- complaints and compliments records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of The Model was an announced finance inspection dated 23 March 2015. The completed QIP was returned and approved by the finance 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 13 (4) (b)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that this matter was addressed immediately following feedback from the inspector. All nursing staff were reminded of their responsibilities regarding immediate replacement of any prescribed medication. No further medication issues were observed during the course of this inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (p)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the heating system in all parts of the home is suitable for the purpose for which it is to be used.</p> <p>Action taken as confirmed during the inspection: Regular temperature checks were maintained in all areas of the building and contingency plans were in place should the temperature fall below the recommended levels. The temperature of the bedrooms was comfortable and the two patients accommodated in the older part of the building stated they were happy with the temperature of their bedrooms and had no complaints.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>It is recommended that where a patient/resident has been assessed as being at risk of developing pressure ulcers, a record is maintained of the condition of their skin at each change of position.</p> <p>Action taken as confirmed during the inspection: Review of a sample of three patients care records evidenced that this recommendation has been met.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>The registered manager should review the communication system between registered nurses and care assistants to ensure that outcomes of care are regularly reviewed and care plans meet the individual's assessed needs and comfort.</p> <p>It is recommended that care assistants are provided with a hand-over report for all patients/residents at the beginning of their shift.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and four care assistants confirmed that care assistants are provided with a handover report at the beginning of their shifts. This is regularly reviewed and updated by the registered manager or charge nurse.</p>		

5.3 Standard 19 - Communicating Effectively

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 four care staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of six 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 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 fifteen 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.

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 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 all nursing staff had completed online training in 2015 in respect of palliative/end of life care. The majority of care assistants had completed face to face training and workbooks on death, dying and bereavement. Further face to face training had been arranged for all staff for November 2015.

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 been identified 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 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 four 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 manager 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 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.

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

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.

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

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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5.5 Additional Areas Examined

5.5.1 Consultation with Patients and Staff

Fifteen patients were spoken with individually. Ten questionnaires were completed and returned. Patients were complimentary regarding the care delivered, staff, food and activities provided. Comments included:

- “it’s fantastic. Staff are all really great”
- “I’m very happy here”
- “I’m well looked after”
- “staff are first class”
- “nice and friendly”

No patients’ representatives were available at the time of this inspection.

5.5.2 Staff

Six staff took the time to speak with the inspector. A further eight staff completed questionnaires. The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. No concerns were raised.

A few staff comments are detailed below:

- “I personally think this is a very good home with great nurses and excellent carers. I always liaise with the residents and make sure I can fulfil their needs and making sure they have a variety of choices daily”
- “there is an excellent group of nurses here – very caring and supportive of residents and relatives. It is them that really make this a special homely place”

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Bernadette Kelly	Date Completed	03.12.15
Registered Person	Dr Claire Royston	Date Approved	03.12.15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	14/12/15

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

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