



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Moneymore**

7 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 7 July from 10.00 to 15.30 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from 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.

For the purposes of this report, the term 'patients' will be used to describe those living in Moneymore 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 18 December 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	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Fionnuala Kidd, registered manager, 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	Registered Manager: Mrs Fionnuala Kidd
Person in Charge of the Home at the Time of Inspection: Mrs Fionnuala Kidd	Date Manager Registered: 17 July 2013

Categories of Care: RC-I, RC-PH(E), RC-MP(E), NH-I, NH-PH A maximum of 4 residential places. A maximum of 1 patient in category NH-PH	Number of Registered Places: 41
Number of Patients Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: £593 nursing; £491 residential

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

The inspector met with six patients individually and the majority of others in groups, one patients' representative, two registered nurses and two care staff.

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 quality improvement plan (QIP) from the previous inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff training records
- staff induction records
- staff duty rotas
- competency and capability assessments for registered nurses
- three care records
- a selection of policies and procedures
- care record audits
- complaints and compliments records

- staff meeting minutes
- regulation 29 monthly monitoring reports
- guidance for staff in relation to 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 care inspection on 18 December 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 18 (2) (c) Stated: Second time	The registered person shall having regard to the size of the nursing home and the number and needs of patients: Provide in rooms occupied by patients adequate furniture, bedding and other furnishings including curtains and floor coverings, and equipment suitable to the needs of patients.	Partially Met
	Action taken as confirmed during the inspection: An inspection of the premises evidenced that ten bedrooms had been redecorated and new furniture put in place. The manager confirmed that the rest of the rooms are to be redecorated on a phased basis. Please refer to section 5.5.2 for further information.	
	This requirement has been partially met and given the progress made will not be restated. The manager is to submit a detailed action plan for the planned refurbishment works with the return of the QIP. A recommendation has been made in this regard.	

<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. This relates specifically to domestic / ancillary staffing.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the duty rota found that three domestic staff were on duty most days. An inspection of the premises found that these were presented to a high standard of cleanliness throughout. Staff spoken with stated that the standard of cleanliness had improved in the home since the last inspection.</p> <p>This requirement has been met.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 1 (a)</p> <p>Stated: Second time</p>	<p>The registered person shall provide treatment, and any other services to patients, in accordance with the statement of purpose and shall ensure that the treatment and other services provided to each patient –</p> <p>Meets his individual needs. This is particularly in relation to patient access to call bells and response to patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Call bells were observed to be answered promptly and a review of staff meeting minutes found that this issue had been raised with staff.</p> <p>This requirement has been met.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p>	<p>The registered manager should review the care of patients currently subject to restraint of any kind and ensure that this is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances. Decisions should be appropriately documented.</p>	<p>Met</p>

	<p>Care provided should be reflective of best practice in relation to human rights legislation and guidance on Deprivation of Liberty (DOLS).</p> <p>Action taken as confirmed during the inspection: A review of patients requiring any form of restraint had been carried out. Those requiring any form of restraint had this well documented in their notes and the multi-disciplinary team and family had been consulted. Consent/ discussion forms were consistently completed for these patients. An up to date policy on restraint which reflected best practice guidelines was available in the home.</p> <p>This requirement has been met.</p>	
<p>Requirement 5</p> <p>Ref: Regulation 27 (b) (d) (h)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the premises are kept in a good state of repair; all parts of the home are kept clean and reasonably decorated and the communal space provided for patients is suitable for the provision of social activities appropriate to the circumstances of the patients.</p> <p>This is particularly in relation to the following:</p> <ul style="list-style-type: none"> • Damaged doors and door frames • Damaged walls and paintwork • Dirty grouting on wall and floor tiles • Cracked and loose wall and floor tiling • Damaged radiator cover • The setup of the smoking room. <p>Action taken as confirmed during the inspection: An inspection of the premises found that substantial refurbishment work had been undertaken. Doors and architraves had been replaced, walls painted and new flooring laid in the corridors. The smoking room had been repainted and was found to be clean.</p> <p>However, the remaining bedrooms still require refurbishment and there were some issues identified in bathrooms throughout the home. Please refer to section 5.5.2 for further information.</p> <p>This requirement has been partially met and given the progress made will not be restated.</p>	<p>Partially Met</p>

	The manager is to submit a detailed action plan for the planned refurbishment works with the return of the QIP. As previously stated, a recommendation has been made in this regard.	
<p>Requirement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: 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>In particular, systems of work and auditing practices should be sufficiently robust to ensure that cleanliness of the home is of an acceptable standard.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The manager stated that daily “head of department” meetings are held to include the domestic in charge that day and any items required to be actioned are raised. There was also evidence of meetings with the domestic staff and supervision sessions.</p> <p>A robust system for infection prevention and control audits was in place.</p> <p>This requirement has been met.</p>	Met
<p>Requirement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the premises evidenced that tubs of thickener were appropriately labelled and were kept in the correct patients’ bedrooms. There were no unlabelled tubs of thickener found in the dining rooms. The importance of this had been emphasised to staff and a new system introduced to ensure that thickener was given only to the patient for whom it was prescribed. Observations at the lunch time meal confirmed that this was the case.</p> <p>This requirement has been met.</p>	Met

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.2</p> <p>Stated: Second time</p>	<p>It is recommended that the registered manager and the cook consult with all patients/residents regarding the choice, quality and timing of meals. A record should be maintained of this consultation, including an action plan with timescales. This should be used to inform the planning of meals and meal times.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the residents meetings confirmed that patients had been consulted around their meals and in response the main meal was now served at lunch time. Those patients spoken with raised no complaints about the food provided.</p> <p>This recommendation has been met.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 20.1</p> <p>Stated: Second time</p>	<p>The registered manager should ensure that guidance documents such as Nursing Midwifery Council (NMC) guidance and the Resuscitation Guidelines 2010 from the Resuscitation Council UK are available for reference in the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A resuscitation policy was available in the home but referenced out of date guidelines. The updated guidelines were printed out on the day of inspection and placed in the communication folder for staff to view and sign that these had been read.</p> <p>A further recommendation has been made to ensure that these guidelines are shared with staff.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 26.6</p> <p>Stated: First time</p>	<p>The following specified policies must be reviewed and updated as required and ratified by the responsible person:</p> <ul style="list-style-type: none"> • Contenance Care • Catheter care • Ileostomy and colostomy care • Digital rectal evacuation • Bowel Care 	Not Met

	<p>Action taken as confirmed during the inspection: These policies are under review but have not yet been updated. This recommendation has been stated for a second time.</p>	
<p>Recommendation 4 Ref: Standard 19.2 Stated: First time</p>	<p>The registered person should ensure that the following best practice guidelines are readily available to staff for reference and use when required:</p> <ul style="list-style-type: none"> • British Geriatrics Society Contenance Care in Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence. <p>Action taken as confirmed during the inspection: A comprehensive resource folder containing best practice in continence care was available for staff to consult.</p> <p>This recommendation has been met.</p>	Met
<p>Recommendation 5 Ref: Standard 10.5 10.7 Stated: First time</p>	<p>All staff should update their knowledge and competence in relation to best practice in the use of restrictive practices, through training or other means, to ensure these are used as a last resort when other restrictive strategies are unsuccessful.</p> <p>In addition, up to date evidence based guidance in relation to restrictive practice should be made available to staff for use on a daily basis.</p> <p>Action taken as confirmed during the inspection: The majority of staff had undertaken training in deprivation of liberty and restraint. There was also an up to date policy available for staff to consult which referenced current best practice guidelines and relevant legislation.</p> <p>Those staff spoken with were knowledgeable about the correct procedures to follow when considering any restrictive practice.</p> <p>This recommendation has been met.</p>	Met

<p>Recommendation 6</p> <p>Ref: Standard 30.1</p> <p>Stated: First time</p>	<p>A review of staff deployment during meal times should be undertaken in order to ensure that the needs of the patients/residents are met in a timely way.</p> <p>Action taken as confirmed during the inspection:</p> <p>The manager stated that the deployment of staff at meal times had been reviewed. Staff spoken with confirmed that the meal time service had been reorganised and confirmed that patients were being provided with a hot meal and given the appropriate assistance.</p> <p>The lunch time meal was observed and found to be calm and well organised.</p> <p>This recommendation has been met.</p>	<p>Met</p>
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5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was not available on communicating effectively, however this was included in a new palliative care manual currently under development. The regional guidelines on Breaking Bad News were available in the palliative care resource folder for staff to consult.

A sample of training records evidenced that staff had not completed training in relation to communicating effectively with patients and their families/representatives. However, nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

Is Care Effective? (Quality of Management)

Care records reflected patient 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.

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

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by providing time and privacy for any discussions.

Is Care Compassionate? (Quality of Care)

Staff spoken with confirmed that they preferred to discuss any issues with patients and their relatives in a private venue and allow sufficient time for the discussion. One staff nurse was observed talking to a patients' relative and was heard to encourage them to come to them at any time.

Patients consulted were very positive about the staff and stated that they were very kind and caring. Staff were observed to be compassionate and caring in their approach to patients and were responding promptly to their needs. Good relationships between patients and staff were evident.

Areas for Improvement

A recommendation has been made that staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.

Number of Requirements:	0	Number of Recommendations:	1
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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)

A palliative and end of life care manual is currently under review by Four Seasons Healthcare to ensure that they are reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013). A copy of the draft manual was reviewed and included guidance on the management of the deceased person's belongings and personal effects.

There was evidence in the training records that a number of staff had undertaken e-learning training in palliative and end of life care. A new palliative care workbook had also been issued for staff to complete. Nursing staff stated that they had undertaken syringe driver training.

Discussion with the nursing staff and manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Staff commented positively on the value of these services.

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

The home had access to syringe drivers through the local Trust and confirmed that they were given the support of the community nursing team as required.

Is Care Effective? (Quality of Management)

A review of 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 key worker/named nurse was identified for each patient approaching end of life care.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered as patients neared the end of life. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been appropriately managed.

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 wished with the person. Staff confirmed that relatives were made very welcome and were offered regular drinks and snacks. There was also a relatives' room available and there was a bed settee which staff could make up if required to facilitate overnight stays.

From discussion with the manager and staff, one relative 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 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. They stated that the deceased person's remains left through the front door and staff formed a guard of honour as they left the home.

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 the support of others in the team and the manager.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included leaflets from the bereavement network.

Areas for Improvement

As previously stated, a recommendation has been made that staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.

Number of Requirements:	0	Number of Recommendations: *1 recommendation made is stated under Standard 19 above	1
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5.5 Additional Areas Examined

5.5.1 Comments by staff, patients and patient representatives

Patients

Patients did not complete questionnaires but made comments during discussion which included:

“The home is very good and the staff do their best.”

“The home is very, very good. It’s not home but staff are more than good. I love my room and my new furniture.”

“It’s not home but I am happy with my care. Staff do tend to leave very quickly and do not ask if you need anything else.”

Patients’ Representatives

The inspector spoke with one patient’s relative who was very happy with the care provided and had no complaints regarding the home or the staff. They confirmed that they were always made very welcome.

Staff

Questionnaires were issued to staff but none were returned. Staff spoken with were generally happy working in the home. Nursing staff commented that they found that they spent a lot of time on paperwork. The care records were found to be well organised and up to date.

Comments of patients and staff were fed back to the registered manager for information and action as required.

5.5.2 Environment

The home had undergone substantial refurbishment since the last inspection including replacement of doors and architraves, new corridor flooring and extensive repainting works. Ten bedrooms had been refurbished and new furniture supplied. The manager stated that there are plans to refurbish the remaining bedrooms. There were also some issues identified in bathrooms throughout the home including, damage to wall and floor tiles, toilet cisterns, vinyl floor coverings and radiator covers.

The manager assured the inspector that the bathrooms were to be included in the refurbishment programme. A detailed plan of works was requested during the inspection but this could not be supplied. However, there was evidence in the monthly quality reports and relatives meetings that these works were planned. It was agreed that the manager would submit an action plan detailing all the works to be completed and the expected timeframe along with the return of the QIP. A recommendation has been made in this regard.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Fionnuala Kidd, 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.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 26.6</p> <p>Stated: Second time</p> <p>To be Completed by: 7 September 2015</p>	<p>The following specified policies must be reviewed and updated as required and ratified by the responsible person:</p> <ul style="list-style-type: none"> • Contenance Care • Catheter care • Ileostomy and colostomy care • Digital rectal evacuation • Bowel Care <p>Response by Registered Person(s) Detailing the Actions Taken: The policy's above are awaiting approval and ratification.</p>
<p>Recommendation 2</p> <p>Ref: Standard 39 Criterion 9</p> <p>Stated: First time</p> <p>To be Completed by: 7 August 2015</p>	<p>The registered manager should ensure that staff are made aware of guidance documents such as Nursing Midwifery Council (NMC) guidance and the Resuscitation Guidelines 2010 from the Resuscitation Council UK.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The resuscitation file is in place for all staff and this was cascaded at the staff meeting on 10.07.2015.</p>
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 7 September 2015</p>	<p>Staff should receive training/supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The draft palliative care policy and manual are available for all staff. Staff nurses have completed the booklet. Supervisions are on-going with care staff. The new policy will be cascaded through staff supervision and staff meetings</p>
<p>Recommendation 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: With return of the QIP</p>	<p>An action plan should be submitted detailing the works to be undertaken and the timeframe for these works with the return of the QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Action plan attached with QIP</p>

Registered Manager Completing QIP	F Kidd	Date Completed	14.08.15
Registered Person Approving QIP	Dr M Claire Rosyston	Date Approved	16.08.2015
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	2/9/15

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

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