



The Regulation and  
Quality Improvement  
Authority

The Court Care Home  
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1a Queens Avenue  
Ballymoney  
BT53 6DF

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## Unannounced Care Inspection Of

**The Court Care Home**

**17 February 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 17 February 2016 from 11.30 to 17.00 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 inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within 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 04 March 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

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

## 3. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons (No 11) Ltd Dr Maureen Claire Royston	<b>Registered Manager:</b> Mrs Louise McIlwrath
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Louise McIlwrath	<b>Date Manager Registered:</b> 3 April 2013
<b>Categories of Care:</b> NH-DE, NH-I, NH-PH	<b>Number of Registered Places:</b> 45
<b>Number of Patients Accommodated on Day of Inspection:</b> 38 patients	<b>Weekly Tariff at Time of Inspection:</b> £581 - £624

## 4. 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)**

## 5. Methods/Process

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

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

Prior to inspection the following records were analysed:

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

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

## 6. The Inspection

### 6.1 Review of requirements and recommendations from the previous inspection

The previous inspection of the home was an announced finance inspection dated 28 May 2015. The completed QIP was returned and approved by the finance inspector.

#### **Review of requirements and recommendations from the last care**

No requirements or recommendations were made following the previous care inspection.

### 6.4 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 six staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that nursing and care staff had completed an e-learning programme on palliative and end of life care. This training included guidance for breaking bad news. Discussion with the registered manager confirmed that further face to face training in palliative and end of life care, including communicating effectively, has been arranged for 8 March 2016.

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

Four care records reflected patients' individual needs and wishes regarding the end of life care. Reference had been made to patients' specific communication needs. Discussion with the registered manager and nursing staff evidenced that they were aware of patients spiritual /cultural/ religious needs, however these had not been documented in three of the four end of life care plans reviewed. A recommendation was made in this regard.

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 care 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 twenty patients individually and with a number of other patients in small groups 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.

### **Areas for Improvement**

End of life care plans should reflect patients' spiritual, cultural and religious needs and preferences.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **6.5 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013, a copy of which were available in the home.

Training records evidenced that not all staff had completed training in palliative and end of life care. As stated under standard 19 above, further training had been planned for 8 March 2016.

Discussion with registered nursing staff and a review of four care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and other specialist practitioners.

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

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

Staff confirmed that they are able to source a syringe driver via the community nursing team if required.

A palliative care link nurse had not been identified for the home. A recommendation was made accordingly.

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

A review of four 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. However, as identified in standard 19, evidence was not available to confirm that the spiritual needs and preferences of all patients had been 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.

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

Facilities had been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were provided by the staff team.

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

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

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the registered manager and staff, and a review of compliments records there was evidence that arrangements in the home 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. The arrangements included for example bereavement support, staff meetings and 1:1 counselling if deemed appropriate.

Information leaflets on palliative care and grief and bereavement were available at the entrance to the home.

### **Areas for Improvement**

A palliative care link nurse should be identified for the home.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **6.6 Additional Areas Examined**

### **Consultation with patients, patient representatives and staff**

#### **Patients**

As part of the inspection process the majority of patients were spoken with either individually or in small groups. Comments from patients regarding the quality of care, food and life in the home were positive.

A few patients' comments are detailed below;

- "everything is very good."
- "staff are excellent"
- "I enjoyed the service in the home this afternoon"

### **Patient representatives**

One patient's representative took the time to speak with the inspector. The relative was very complimentary regarding the care and services provided.

### **Staff**

Two nurses and four care staff spoke with the inspector. Some comments received from staff are detailed below;

- "the care is excellent. I have no concerns"
- "we get plenty of training"
- "we work well as part of a team"

## **7. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Louise McIlwrath, 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.

### **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](mailto:nursing.team@rqia.org.uk) (non-paperlite) 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

**Statutory Requirements: No requirements resulted from this inspection.**

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 32.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>31 March 2016</b></p>	<p>The registered manager should ensure that patient's spiritual, cultural and religious needs and preferences have been documented in end of life care plans.</p> <p><b>Ref: Section 6.4</b></p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Each Registered Nurse will liaise with the Activity Therapist and the resident (where possible) and family members to ensure that the religious and spiritual needs of the clients are documented in the end of life care plans. Compliance with this will be monitored via the Resident care Traca</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 32.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>30 April 2016</b></p>	<p>The registered manager should identify a palliative care link nurse for the home.</p> <p><b>Ref: Section 6.5</b></p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A Palliative Care link Nurse has been identified.</p>		
<b>Registered Manager Completing QIP</b>	Louise McILwrath	<b>Date Completed</b>	22.03.16
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	23.03.16
<b>RQIA Inspector Assessing Response</b>	B. Dougan	<b>Date Approved</b>	30.03.16

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**