



The Regulation and  
Quality Improvement  
Authority

Hockley Private Nursing Home  
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**Unannounced Care Inspection  
of  
Hockley Private Nursing Home**

**20 August 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 20 August 2015 from 11.00 to 17.45 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 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. 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 Hockley Private Nursing 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 20 May 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>	1	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Marion Wilson (Registered Manager) and Elaine Hill (General Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Elim Trust Corporation Pastor Edwin Michael	<b>Registered Manager:</b> Mrs Marion Wilson
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Marion Wilson	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> NH-I, RC-I	<b>Number of Registered Places:</b> 60
<b>Number of Patients Accommodated on Day of Inspection:</b> 55	<b>Weekly Tariff at Time of Inspection:</b> £470.00 - £593.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection 20 May 2014 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

Prior to inspection the following records were analysed:

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

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

During the inspection, care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with five patients individually and with the majority of others in small groups. Discussion also took place with three registered nurses, three care staff and four patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP

- three patient care records including supplementary care charts
- the staff duty rota
- staff training records and training schedule for 2015
- the template document for competency and capability assessments for registered nurses and induction programmes for care & registered nursing staff
- policies and procedures regarding the standards & theme of inspection
- a record of compliments received by the home from relatives and patients
- a record of complaints.

## 5. The Inspection

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

The previous inspection of Hockley Private Nursing Home was an unannounced medicines management inspection dated 02 July 2014. The completed QIP was returned and approved by the pharmacy inspector on the 22 August 2014.

### 5.2 Review of Requirements and Recommendations from the last care inspection 20 May 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time	Staff as appropriate are required to be trained in the following areas: <ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Preparation and presentation of pureed meals</li> <li>• Fortification of foods.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of training records evidenced that staff had completed training in the identified areas.	
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.7  <b>Stated:</b> First time	It is recommended that the monthly or more often reviews of care plans and supplementary assessments fully reflect the care prescribed in care plans and the outcome of assessments	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three care records evidenced that care plans and supplementary assessments were reviewed at a minimum of monthly intervals and were reflective of recorded care interventions.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	It is recommended that suitable table cloths be provided on the tables in the dining rooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Dining tables were appropriately set providing all necessary aids.	
<b>Recommendation 3</b> <b>Ref:</b> Standard E53 <b>Stated:</b> First time	It is recommended that a computer with printing equipment for staff use be provided in each unit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Computers and printing equipment have been installed in both the Mews and Lodge wings.	

### 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 the regional guidelines on Breaking Bad News. Discussion with nursing and care staff confirmed that they were knowledgeable regarding this policy and procedure.

No formal training on communication skills including breaking bad news had been provided for staff. However, registered nursing and care staff spoken with were knowledgeable about the important aspects to consider when communicating in relation to this sensitive subject.

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

Three care records examined reflected patients individual needs and wishes regarding end of life care. Whilst this referenced resuscitation status (DNAR) there was limited consideration of fundamental choices such as religious or cultural needs or specific patient / family wishes. This is referred to further in section 5.4. Staff did appear knowledgeable regarding the patients DNAR status.

There was evidence within all 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 members experience and some staff felt they would benefit from further training in this area and a recommendation is made.

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

Patients were observed to be treated with compassion, 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 ensuring their dignity was respected at all times. There was evidence of good relationships between staff and patients.

Staff spoke about patients in a caring and compassionate manner and it was evident that the registered manager and all grades of staff knew their patients well.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Hockley Private Nursing Home. Patients confirmed that staff were polite, caring and courteous and they felt safe in the home. Four patient representatives discussed care delivery and confirmed that they were very happy with standards maintained in the home.

### Areas for Improvement

Training in communication skills including breaking of bad news for staff will further enhance the quality of life in the home.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</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. The policies reviewed did not include the management of the deceased person's belongings and personal effects and did not reference best practice guidance such as the Gain Palliative Care Guidelines, November 2013. Discussion with some staff indicated that not all staff were knowledgeable of the policies or best practice guidance information. These matters were discussed with the registered manager who agreed to review the policies to ensure the inclusion of information and to ensure staff were knowledgeable in regards to same. A copy of the Gain Palliative Care Guidelines, November 2013 were available in the home.

Training records evidenced that some staff were trained in the management of death, dying and bereavement. The registered manager and a number of nurses had completed training delivered by the Northern Ireland Hospice and some staff had attended training provided by the designated link nurse for the home. Induction programmes for both registered nurses and care staff did reference palliative care, death and dying. A review of the competency and capability assessment for the nurse in charge did not include areas of practice pertaining to the theme and standards inspected. Discussion with the registered manager agreed this would be considered and reviewed accordingly.

Discussion with the registered manager and registered nurses and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and 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.

The home maintains two registered nurses as palliative care link nurses. The link nurses attend the regular palliative care group meetings and minutes were available for reference in the home. Registered nurses spoken with confirmed the information is disseminated accordingly for additional learning.

The registered nurses confirmed that they were able to source a syringe driver via the community nursing team if required. It was also confirmed that the majority of registered nurses are trained in the use of this specialised equipment and further training is scheduled.

### **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. Care records evidenced some discussion between the patient, their representative and staff in respect of death and dying. However, this mostly referred to the establishment of a DNAR directive and did not wholly consider other end of life situations. Therefore patient's wishes for end of life care may be missed. This was discussed with the registered manager and registered nurses and there is a need for additional training in death and dying and palliative /end of life care to ensure staff have the knowledge and skills required of how to approach this sensitive subject. A recommendation is made.

A named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to relevant healthcare professionals and where instructions had been provided, these were evidently adhered to.

Discussion with the manager and 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.

Through discussion there was evidence that staff had managed shared rooms and this was also referenced in the policy reviewed.

A review of notifications to RQIA during the previous inspection year evidenced that the home had submitted death notifications in accordance with Regulation 30 of The Nursing Homes Regulations (NI) 2005.

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

Discussion with registered nurses indicated that patients and/or their representatives were consulted in respect of their cultural and spiritual preferences regarding end of life care however, this was not always recorded in the patients care plan. Nursing and care staff consulted were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives in their care plan. Care plans should be developed to reflect patients/patient representative's wishes regarding spiritual and end of life wishes. A recommendation is made.

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. These arrangements included making provision for overnight stays and refreshments.

From discussion with the manager and staff, 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. Comments included:

- “Dad benefitted from the quiet room he had. While his time at Hockley turned out to be very short he was able to have some peace and become ready to receive complete peace with the Lord.”
- “At the time of ... death your calm approach and ability to listen was so helpful even when everything else seemed chaotic.”

Discussion with the registered manager and a review of the complaints record 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 and where possible management staff attended the funeral service.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient.

### Areas for Improvement

Care records need to be developed /updated to fully reflect the discussion outcomes with patients and their representatives and care plans should include the spiritual, cultural and personal wishes of the patient in relation to the end of life care.

Additional training in palliative care, death and dying should be provided for staff to further enhance the staff’s knowledge of this important area.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b> <b>*1 recommendation made is stated under Standard 19 above</b>	2
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## 5.5 Additional Areas Examined

### 5.5.1. Consultation with patients, patient representatives and staff

#### Patients

As part of the inspection process five patients were spoken with individually and the majority of others in small groups. In addition, four patients completed questionnaires. Those patients who were unable to communicate verbally indicated by their demeanour that they were relaxed and comfortable in their surroundings and with staff. Comments from patients regarding the quality of care, food and in general life in the home were positive. A few comments received are detailed below:

“It is very good.”



“The food is excellent.”

“When I request help I get it.”

“The staff are great and the manager is a great lady.”

Some additional comments were recorded and these were discussed with the registered manager and with the general manager who agreed to address the issues identified.

### **Patient representatives**

Some patient representatives were spoken with during the inspection and discussed the quality of care delivery and advised they were very happy with the standards of care and services provided.

Four questionnaires were completed and comments included:

“I’ve always been impressed by the level of care given to patients in this home.”

No concerns were raised.

### **Staff**

Questionnaires were issued to a number of nursing, care and ancillary staff and eight were returned during the inspection visit. The general findings from all questionnaires confirmed that staff felt that care delivered in Hockley was safe, effective and compassionate. Comments included:

“I feel there is a high standard of care within Hockley. Staff are trained well and enthusiastic to care for the elderly.”

“The home is very clean. The food is good.”

“Maintenance is always done quickly and to a high standard.”

Some additional comments were recorded and these were discussed with the registered manager and with the general manager who agreed to follow-up with staff.

## **5.5.2. Environment & Infection Prevention and Control**

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms and other facilities within the home. The home was found to be warm and clean. A number of issues were identified as follows:

- a number of chairs and pressure relieving cushions were observed as worn and damaged
- a number of clinical waste bins were rusted
- a number of over bed tables were worn and surfaces damaged
- a number of door architraves were damaged.
- identification labels were attached to wheelchairs using adhesive tape.

These identified issues are not in keeping with infection prevention and control guidance. This was discussed during feedback and an audit of the environment including equipment and

furnishings should be completed to ensure that best practice in regards to infection prevention and control are adhered to. A requirement is made.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP.

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](mailto: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 any 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.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 19 October 2015</p>	<p>The registered manager/registered person(s) must ensure that all issues identified in section 5.5.2 of the report pertaining to infection prevention and control and findings from the audit completed post inspection are addressed to minimise the risk of infection and spread of infection between patients and staff.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> As a result of the audit, an order was placed for: pressure relieving cushions and bed tables; clinical waste bins are being re-painted; redecoration is continually ongoing in the Home and several areas of woodwork have been repainted due to damage from hoists and wheelchairs; an alternative method of identifying wheelchairs has been implemented; chairs are being replaced/recovered in order of priority.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 19 October 2015</p>	<p>It is recommended that the registered manager/person(s) should ensure that end of life and after death arrangements should be discussed with the patient / their representatives, as appropriate, and documented in their care plan. This should include the patient's wishes and take account of their cultural and spiritual preferences and preferred place of death/care.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> These discussions have begun and the patients' individual care plans are being expanded so as there is a record of the wishes that have been expressed.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 November 2015</p>	<p>It is recommended that the registered manager/person(s) ensures that staff receive training on the following;</p> <ol style="list-style-type: none"> <li>1. Palliative /End of life care</li> <li>2. Communication including the "breaking of bad news".</li> </ol> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Further training has taken place. There are more sessions scheduled to give opportunity to those staff who have been unable to attend. The palliative care link nurse who cascades the information at the awareness sessions has received training regarding 'Breaking Bad News'. This is incorporated in the content of the discussion. Formal training regarding communication skills in this area is currently being sourced.</p>

<b>Registered Manager Completing QIP</b>	Marion Wilson	<b>Date Completed</b>	13/10/15
<b>Registered Person Approving QIP</b>	Elaine Hill	<b>Date Approved</b>	13/10/15
<b>RQIA Inspector Assessing Response</b>	Sharon Loane	<b>Date Approved</b>	20/10/15

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