



The Regulation and  
Quality Improvement  
Authority

Inspector: Sharon Loane  
Inspection ID: IN021873

Collegeland Nursing Home  
RQIA ID: 1480  
Lislasly Road  
Aughanlig  
Dungannon  
BT71 6SR  
Tel: 028 3889 1487

Email: [info@collegelandnursinghome.co.uk](mailto:info@collegelandnursinghome.co.uk)

**Unannounced Care Inspection  
of  
Collegeland Nursing Home**

**09 July 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 09 July 2015 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.**

On the day of inspection, the care 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.

### 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 2 July 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>	2	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ann Keppler, registered 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> Roughan Care Ltd Mr Patrick McAvoy	<b>Registered Manager:</b> Mrs Ann Keppler
<b>Person in Charge of the Home at the Time of Inspection:</b> Ann Keppler	<b>Date Manager Registered:</b> 13 March 2014
<b>Categories of Care:</b> RC-I, RC-PH, NH-DE, NH-I, NH-PH, NH-PH(E)	<b>Number of Registered Places:</b> 26
<b>Number of Patients Accommodated on Day of Inspection:</b> 26	<b>Weekly Tariff at Time of Inspection:</b> £593.00

### 3. Inspection Focus

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

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).

During the inspection, the delivery of care was 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 two registered nurses, three care staff and four patient's representatives. Four questionnaires were issued for staff not on duty during the inspection process. The registered persons were both available in the home during inspection carrying out their roles and responsibilities. The registered person was observed involving a patient in gardening and it was evident from interactions that patients and their representatives knew them. This is commended.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- four 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 staff
- policies and procedures regarding the theme of inspection
- a record of compliments received by the home from relatives and patients
- reports of visit/quality assurance audits undertaken on behalf of the responsible individual.

## 5.0 The inspection

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

The previous inspection of Collegeland Nursing Home was an unannounced care inspection dated 2 July 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last care inspection 2 July 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall introduce and ensure systems are maintained for the reviewing at appropriate intervals the quality of nursing and other services provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually. (A report on this review should be drawn up and a copy held in the home.)</p> <p><b>Action taken as confirmed during the inspection:</b> A copy of the Annual Quality Improvement Report for 2014 was reviewed and was available for relatives, staff and professionals to view. An action plan was developed as an outcome of the report findings.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20 (1 (c) (i))</p> <p><b>Stated:</b> First time</p>	<p>Staff as appropriate are required to be trained in the following areas;</p> <ul style="list-style-type: none"> <li>• Moving and Handling</li> <li>• Fire awareness/fire drill</li> <li>• Record keeping (registered nurses)</li> <li>• Restraint including the safe use of bedrails.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of staff training records evidenced that training had been completed in the identified areas.</p>	<b>Met</b>
Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 30.9</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that times of staff handover periods be recorded on staff duty rosters.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of staff duty rosters evidenced the time allocated for staff handovers.</p>	<b>Met</b>

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

Staff of all grades were observed communicating with patients appropriately, on a frequent basis and in an open and genial manner. There was a relaxed friendly atmosphere in the home and patients appeared empowered to give their opinions on various issues.

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)**

Four care records evidenced that patient's individual needs and wishes regarding end of life care were appropriately recorded. Recording within records included references to the patient's specific communication needs such as when a patient required spectacles or a hearing aid and the patient's ability to communicate their needs for example ability to express pain.

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

Nursing and care staff demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. One registered nurse demonstrated their ability to communicate sensitively with patients when breaking bad news by sitting down with the persons involved, speaking calmly and offering time to reflect on the information received and to ask any questions. The staff member acknowledged that recent training had provided useful information and guidance and that this was being embedded into practice.

#### **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 Collegeland. Patients confirmed that staff were polite, caring and courteous and they felt safe in the home. Three patient representatives discussed care delivery and confirmed that they were very happy with standards maintained in the home.

## Areas for Improvement

No areas for improvement were identified in regards to this standard.

<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.

The registered manager and registered nursing staff on duty during the inspection were aware of the Gain Palliative Care Guidelines November 2013; a copy of which was available in the home.

Training, induction and competency and capability records evidenced that staff had received training in palliative care and the management of death, dying and bereavement. The registered manager had provided training for the staff in association with external providers. Further training was scheduled. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support the patients and relatives at this time. Staff were able to advise the inspector of how the training received had increased their knowledge and how the learning had been embedded into practice.

Discussion with nursing staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Referral to specialist palliative services and the multidisciplinary team was clearly evidenced when reviewing patient care records.

Discussion with the registered 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.

The registered manager and a registered nurse were both palliative care link nurses for the home. The link nurses attend the link palliative group meetings organised by the Trust and the minutes of these meetings were available for reference in the home.

A protocol issued by the Southern Health and Social Care Trust identifying associated link services and out of hours contact details was available and discussion with registered nursing staff confirmed their knowledge of the protocol.

#### 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 control, however further consideration and if appropriate, discussion with relatives/representatives. A recommendation is made.

A named nurse was identified for each patient approaching end of life care.

Discussion with the registered manager, registered nurses and care staff and a review of care records evidenced that environmental factors had been considered when a patient was requiring end of life care. Staff informed the inspector that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have 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 have been provided by the staff team.

A review of notifications of death to RQIA evidenced that the home 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)**

Discussion with nursing and care staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their 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 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.

Staff discussed openly how the home had been able to support the family members in staying overnight with their loved ones. A representative visiting the home at time of inspection confirmed information provided by staff and highly commended staff and the home. In addition, 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 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. This included a memorial service held within the home when other patients, relatives and staff are given the opportunity to attend. A guard of honour is held for the removal of the deceased patient and staff attend the funeral to represent the home.

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 1:1 support and information on bereavement/counselling services were available for staff and relatives.

### **Areas for Improvement**

A recommendation is made to develop care plans in regards to patient's individual wishes/beliefs towards end of life care to facilitate the delivery of person centred care.

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

### 5.5.1 Environment and infection control issues

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. However some décor and furnishings appeared worn, faded and in need of replacing. The registered manager did advise that some refurbishment work had been completed and there were plans for more improvements.

Equipment was inappropriately stored in shower/bathrooms and toilets making access for patient and staff difficult. This was evidenced by staffing attending to patients individual toileting needs in their bedrooms. Staff informed the inspector this was due to the facilities not being suitable for moving and handling. This was discussed with the registered manager who agreed to contact RQIA to advise that shower/bathrooms and toilets had been cleared of inappropriate equipment and that the environment was conducive to meet the safe toileting needs of the patients. On 20 July 2015 the registered manager confirmed by telephone/email that these concerns had been addressed. These matters will be monitored during the next inspection.

Other areas relating to the environment were identified as follows:

- The bedpan washer in the sluice was not working and a unit for storage was also damaged with bare wood exposed
- A number of bedrooms had furniture which was damaged and worn
- A floor covering in an identified bedroom was worn
- Curtains in a number of rooms examined were observed torn. The registered manager advised that replacement curtains were on order to replace existing ones; this action was acknowledged by the inspector as satisfactory
- A number of easy chairs were worn and areas of foam exposed and seat cushions were "bottomed out"
- A number of windows had condensation within the glass panels
- A wooden partition between the lounge and dining room was damaged and areas of bare wood exposed.

The issues as listed above are not consistent with health and safety and regional infection control guidance. A requirement is made.

Whilst RQIA acknowledge the plans for environmental improvements as advised by the registered manager, a requirement is made that the issues listed above pertaining to the maintenance of the general environment are addressed

The aligned estates inspector has been informed of the findings and has agreed to follow-up in an announced Estates Inspection.

### 5.5.2 Consultation with patient, staff and relatives

In addition to speaking with patients, staff and visitors, questionnaires were distributed to staff not on duty and left for relatives to complete.



## Staff

Ten questionnaires were issued for staff to complete, eight were returned. Respondents indicated that they had received training in relation the standard and themes inspected and advised of further training scheduled for this area. Staff also stated that they were 'most satisfied' with the standards of care provided and that patients and families were respected and treated with dignity. One staff member spoken with raised a concern regarding the lack of personal toiletries provided for some patients by their representatives. This was discussed with the registered manager who addressed this concern immediately.

Comments recorded on the returned questionnaires, by staff included:

- "Quality of care in this home is excellent. There are regular updates and training provided for all staff."
- "Collegelands PNH is a well-run home, as a cook the improvements in the menus are good."
- "Care staff are very sensitive to the needs of the patients in the home."

## Patient representatives

Two questionnaires were completed and returned. Responses indicated that the quality of care was excellent, staff were attentive and caring and that they were kept informed of changes to their loved ones care. Comments included;

- "Excellent care received. We as a family are content when leaving her as we know she is in great care."
- "Always a warm welcome and ... is clean, content, fed really well and loved."

## Patients

Five patients were spoken with individually and the majority of others in smaller groups. Three questionnaires were completed. Patients were complimentary regarding the care delivered, staff, food and the activities provided. Comments included;

- "The home is warm and comfortable ... all facilities are here for you."
- "Happy and content in Collegeland."

No concerns were raised.

## 6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ann Keppler 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.

## 6.2 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.

## 6.3 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.

## 6.4 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 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

### Statutory Requirements

<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> 9 September 2015</p>	<p>The registered person shall ensure that all issues identified in section 5.5.1 of the report pertaining to infection control 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> Ongoing work to repair furniture and floor covering in bedrooms. Rooms have been decorated and plans are in place to replace chairs that are worn or "bottomed out". The wooden partition between lounge and sitting room will be replaced as part of future building project work.</p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27(2)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 9 September 2015</p>	<p>The registered person shall ensure that areas identified in section 5.5.1 of the report in regards to the condition of the premises are actioned to ensure a good state of repair externally and internally.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Glass panels replaced in windows and curtains replaced. Cupboard in sluice removed, plans in place to have bedpan washer removed.</p>

### Recommendations

<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> 9 September 2015</p>	<p>It is recommended that care plans are developed to include patients/family wishes with regards to end of life care, death and dying to enhance the delivery of person centred care in this regard.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care plans have been developed to include the wishes of patients and family with regards to end of life care.</p>

<b>Registered Manager Completing QIP</b>	Ann Keppler	<b>Date Completed</b>	20/08/15
<b>Registered Person Approving QIP</b>	Patrick McAvoy	<b>Date Approved</b>	20/08/15
<b>RQIA Inspector Assessing Response</b>	Sharon Loane	<b>Date Approved</b>	26/08/2015

*\*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\**