



The Regulation and  
Quality Improvement  
Authority

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## Unannounced Care Inspection of Copperfields

10 June 2015

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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## 1. Summary of Inspection

An unannounced care inspection took place on 10 June 2015 from 10:00 to 14:00 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 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 Copperfields 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 10 June 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or 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>	0	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Cherith McKeown (manager) and Mr Henry Edwards (responsible person) 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> Mr William Henry Hume Edwards	<b>Registered Manager:</b> Mrs Cherith McKeown
<b>Person in Charge of the Home at the Time of Inspection:</b> Cherith McKeown	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-DE, NH-I, NH-LD,NH-LD(E),RC-I	<b>Number of Registered Places:</b> 32
<b>Number of Patients Accommodated on Day of Inspection:</b> 31	<b>Weekly Tariff at Time of Inspection:</b> £470 - £688

## 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 registered person
- discussion with the home manager
- discussion with staff
- discussion with patients'
- discussion with one patient representative
- 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 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 inspectors met with the majority of patients either individually or in small groups. Discussion was also undertaken with two registered nursing staff, six care staff, the cook, and one patient's representative.

The following records were examined during the inspection:

- validation of evidence linked to the previous care inspection QIP
- staff duty rota
- four patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- minutes of staff meetings
- policies in regards to theme of inspection
- record of complaints
- compliments
- guidance information for staff in relation to theme inspected.

## 5. The Inspection

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

The previous inspection of the home was an unannounced medicines management inspection dated 5 February 2015. As a result of this inspection no requirements or recommendations were made.

### 5.2 Review of Requirements and Recommendations from the last care inspection 10 June 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1)(c)(i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that staff as appropriate are required to be trained in the following areas:</p> <ul style="list-style-type: none"> <li>• Management of nutrition</li> <li>• Fortification of foods</li> <li>• Preparation and presentation of pureed meals</li> <li>• Dysphagia awareness</li> <li>• Nutritional guidelines and Menu Checklist for Residential and Nursing Homes (2014)</li> <li>• Wound Management</li> <li>• Record keeping.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors confirmed from examination of training records that training had been completed for the identified areas.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 12 (4)(b)(c)(d)(e)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that food and fluids-</p> <p>Are properly prepared, wholesome and nutritious and meets patients nutritional requirements;</p> <p>Are suitable for the needs of the patients;</p> <p>Provide choice for patients; and that the menu <b>is</b> varied at suitable intervals.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors confirmed by observation of the lunchtime meal, review of documentation and discussion with the cook that all of the above measures had been actioned appropriately.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 14 (2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risk to the health or safety of patients are identified and so far as possible eliminated.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors confirmed by review of records and observation of practice that the stated requirement was met.</p>	<p><b>Met</b></p>
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the template used for the repositioning chart be reviewed to address inspection of the patient's skin condition at each positional change.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors confirmed that repositioning records were being recorded in accordance with the recommendation made.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that an activity therapist be appointed in the home to take the lead in the provision of age appropriate, failure free and meaningful activities for the patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with management representatives, advised the recommendation had been reviewed and given due consideration. However, following this review a decision had been made not to appoint an activity therapist. At this inspection, an activity schedule was available providing a range of activities delivered by internal and external providers. Discussion with patients and a review of minutes from both residents and staff meetings confirmed a level of satisfaction with the current arrangements. Given this information, this recommendation has been partially met and will not be re-stated for a second time.</p>	<p><b>Partially met</b></p>
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## 5.2 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 two registered nursing staff confirmed that they were knowledgeable and were very aware of the need for sensitivity when communicating with patients and their representatives.

No formal training on communication including the breaking of bad news had been provided for staff and the current induction programme did not reference communication skills including the breaking of bad news.

A sampling of training records evidenced that two registered nursing staff had completed palliative care training and this training had included reference to communication skills and breaking bad news. However, this training has not been extended to additional staff.

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

Four care records reflected that patient's individual needs and wishes regarding the end of life care were appropriately recorded. Recording within records included reference to the patient's specific communication needs to include barriers such as language, culture and sensory impairment.

Recording within 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 all 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 nursing staff and one care staff consulted, demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by sitting down with the patient and or patient representatives in a private area, speaking in a calm but reassuring tone and providing an opportunity to answer any questions or concerns and where appropriate offering gestures of affection and compassion.

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

Observation of the delivery of care practice, including many staff / patient interactions, confirmed that communication is well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with the majority of patients. All patients stated that they were very happy with the quality of care delivered and with life in Copperfields. They confirmed staff were polite and courteous and they felt safe in the home.

One patient's representative, who had contacted the home by telephone, was advised they could speak with inspectors. The relative confirmed they were very satisfied with the standard of care delivered and all other matters associated with their relative's placement. They also stated they are kept fully informed of their relative's wellbeing and when they visit the home the level of hospitality received is exceptional.

A number of compliment cards were available from past family members.

### **Areas for Improvement**

Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home. The induction programmes for all staff should be updated to reflect this essential skill and evidence necessary competencies.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.3 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 a number of registered nursing staff were trained in the management of death and bereavement in June 2014 and palliative/end of life care in April 2015. However, there was no evidence that training had been cascaded to other staff.

Discussion with two 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.

Discussion with the manager, two registered nursing staff and a review of four 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 not in place; however, discussion with two registered nursing staff confirmed their knowledge of how to access this equipment, including out of hours if required. The registered manager and one registered nurse had partially completed training in the use of syringe drivers and were waiting on confirmation dates from the Southern Health and Social Care Trust to complete the final part. Staff confirmed that they are able to source a syringe driver via the community nursing team if required.

The registered manager is the palliative care link nurse and attends the link meetings with the relevant Trust.

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

A review of four care records evidenced that patient's 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 and cultural preferences were also considered. Whilst it is acknowledged, that care plans were person centred, the religious / spiritual element did not provide adequate details to reflect patient's personal wishes and /or preferences in some records reviewed. 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. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager, six staff and a review of care records 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. Discussion with both management and staff evidenced that in the event of a shared room, both patients and or their families are given the opportunity to move to another room.

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)**

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. Both 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 wish with the person. Staff discussed openly recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones and also provided meals, snacks and emotional support.

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.

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. Both the manager and staff advised that following a death, a service is held in the home and when the deceased is leaving the home, staff form a guard of honour. 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 support from management, peer support and also at staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

### **Areas for Improvement**

As previously stated, whilst staff appeared knowledgeable regarding how the home manages the end of life care of patients it is recommended that training should be made available for all grades of staff in this regard.

A protocol should be developed for timely access to any specialist equipment or drugs which may be necessary to deliver end of life care including weekends and out of hours. A recommendation has been made.

The manager should ensure that care plans are further developed to include patient's personal religious / spiritual beliefs to further enhance this standard. A recommendation has been made.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3 (1 as stated above)</b>
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## 5.4 Additional Areas Examined

### 4.5.1 Consultation with patients, their representatives, staff and professional visitors

The inspectors were able as part of the inspection process to meet with the majority of patients either individually or in small groups. Comments from patients regarding the quality of care, food and in general the life of the home were positive. A few comments are detailed below;

- “Very well looked after.”
- “Staff treat us respectfully.”
- “Food is great.”
- “The staff are wonderful and the manager is a real lady.”

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned either during or post inspection visit. Some comments received from staff are detailed below:

- “The end of life care is excellent. Also the relatives are very well looked after. If we have a sudden death the staff and relatives are very well supported.”
- “We always visit the person who has passed away. We do a guard of honour when the deceased is leaving the home.”
- “I feel this private nursing home takes pride in providing the most dignified deaths imaginable.”
- “I feel that all patients in this home receive excellent patient centred care and they are looked upon on an individual basis not as all together.”

Additional comments advised that the manager (Mrs Mc Keown) is very supportive to staff, residents and relatives and is always available for advice/ guidance regardless of time of day/night.

At time of inspection, one patient’s representative spoke with inspectors by telephone. Feedback was positive regarding the care and services provided to their loved one and to them whilst visiting. Two completed questionnaires were completed by patient representatives. Some comments received from patient representatives are detailed below:

- “Very happy with Copperfields Nursing Home.”
- “Excellent care and staff are good.”
- “Treated with dignity at all times.”

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Cherith McKeown, manager and Henry Edwards, registered person 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](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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 August 2015</p>	<p>It is recommended that staff induction records include reference to the following;</p> <ol style="list-style-type: none"> <li>1. Communication skills to include the breaking of bad news.</li> </ol> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Communication skills including Breaking of Bad News has been incorporated into Staff Induction Records</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> 31 August 2015</p>	<p>It is recommended that all staff receive training in keeping with their roles and responsibilities in the following;</p> <ol style="list-style-type: none"> <li>1. Palliative care and care of the dying patient</li> <li>2. Communication including the breaking of bad news.</li> </ol> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Registered Manager has disseminated training undertaken in Palliative Care of the dying patient and communication including Breaking of Bad News. Seven Staff Nurses attended a 3 day course in Feb / March 2013 on Regional Palliative and End of Life Care which included Communication and Breaking of Bad News.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 July 2015</p>	<p>It is recommended that end of life care and patient's wishes in regards to their religious/spiritual wishes are discussed and outcomes documented in their care plan.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff nurses have been advised to elaborate in more detail the patients wishes in regard to their religious / spritual wishes and these wishes documented in Care Plan</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 33.2</p> <p><b>Stated :</b> First time</p> <p><b>To be completed by:</b> 15 July 2015</p>	<p>It is recommended that a protocol should be developed for timely access to any specialist equipment or drugs which may be necessary to deliver end of life care including weekends and out of hours.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been addressed</p>

<b>Registered Manager Completing QIP</b>	Cherith Mckeown	<b>Date Completed</b>	22/07/2015
<b>Registered Person Approving QIP</b>	Henry Edwards	<b>Date Approved</b>	22/07/2015
<b>RQIA Inspector Assessing Response</b>	Sharon Loane	<b>Date Approved</b>	27/07/2015

*\*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\**