



The Regulation and  
Quality Improvement  
Authority

Inspector: Donna Rogan  
Inspection ID: IN022081

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**Unannounced Care Inspection  
of  
Our Mother of Mercy  
30 September 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 22 September 2015 from 09:45 to 16:30.

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. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 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 19 February 2015.

### 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>	4	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Elizabeth Doran, 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> Peggy O'Neill	<b>Registered Manager:</b> Elizabeth Doran
<b>Person in Charge of the Home at the Time of Inspection:</b> Elizabeth Doran	<b>Date Manager Registered:</b> 04 November 2013
<b>Categories of Care:</b> NH-DE, NH-I, NH-PH, NH-PH(E), RC-I, RC-MP, RC-MP(E), NH-LD, NH-LD(E)	<b>Number of Registered Places:</b> 48
<b>Number of Patients Accommodated on Day of Inspection:</b> Total: 44  Frail Elderly: 31 Dementia : 12	<b>Weekly Tariff at Time of Inspection:</b> £470 to £593

## 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:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection;
- the registration status of the home;
- written and verbal communication received since the previous care inspection;
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year; and
- the previous care inspection report.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with six patients, five care staff, one registered nurse, three ancillary staff and one patient's visitors/representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- four patient care records;
- staff training records;
- complaints records;
- policies for communication and end of life care; and
- policies for dying and death and palliative and end of life care.

## 5. The Inspection

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

The previous inspection of the home was an unannounced pharmacy inspection dated 29 July 2015. The completed QIP was approved by the pharmacy inspector on return to RQIA.

### 5.2 Review of Requirements and Recommendations from the last care Inspection 19 February 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 27</b></p> <p><b>Stated: First time</b></p>	<p>The registered persons shall ensure the following issues are addressed;</p> <ul style="list-style-type: none"> <li>• new flooring is required in the sun lounge;</li> <li>• repair the television in the sun lounge;</li> <li>• replace old worn furniture;</li> <li>• redecorate the identified bedroom and recover the chair;</li> <li>• address the foul odour identified in two bedrooms; and</li> <li>• ensure the orientation boards are updated and menus displayed.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was observed that new flooring has been placed in the sun lounge, the television has been repaired. The identified bedroom has been redecorated and the chair recovered. There were no foul odours detected and all orientation boards were updated.</p>	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref: Standard 19.2</b> <b>Stated: First time</b>	The registered persons shall ensure that a policy and procedure is put in place regarding the management stoma Care. <hr/> <b>Action taken as confirmed during the inspection:</b> A policy and procedure regarding the management of stoma care was in place.	<b>Met</b>

## 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. This included the regional guidelines on breaking bad news. Discussion with two registered nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that one registered nurse recently attended training on Palliative Care. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities and communicating effectively with patients and their families/representatives. It is planned that this training will be cascaded to all staff. A requirement is made in this regard.

A palliative link nurse has been appointed in the home. Two registered nurses and three care staff spoken with were knowledgeable about the important aspects to consider when communicating sensitively with their patients. The importance of good effective communication was included in all staff inductions to the home. It is also included in the competency and capability assessments of all registered nurses taking charge of the home in the manager's absence.

A review of four care records examined evidenced that consultation with patients were conducted in regards to consultation with relatives or their representatives.

Four care records were reviewed. They required to be updated in keeping with best practice. A requirement is made that all care records are updated to ensure they currently reflect the care needs of patients. Please refer to section 5.4.2 for further details of the inspection findings.

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

The care records examined evidenced that, patients' individual needs and wishes regarding end of life care had been discussed with their General Practitioner (G.P.). The care plans included reference to the patient's specific communication needs, including sensory impairment and cognitive ability.

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. The records evidenced that with patients and/or their representative's consent, information had been shared with the relevant health care professionals.

Three staff consulted with demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by emphasising the need for privacy, have sufficient time and emphasised the importance of good relationships with their patients. Two registered nursing staff consulted demonstrated their ability to communicate sensitively with patients and described to the inspector that when they are breaking bad news that they would sit down by the patient, use a calm voice, speak clearly yet reassuringly, would hold their hands, allow privacy, allow the patient to ask questions, and try to display as much empathy as possible.

There was evidence within four of 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. However as previously stated a requirement is made in relation to care planning. Details can be viewed in section 5.4.2.

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

Having observed the delivery of care and many staff interactions with patients the inspector can confirm that communication is well maintained and patients are observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a professional sensitive way.

The inspection process allowed for consultation with 20 patients. Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Our Mother of Mercy Care Home. They confirmed that staff are polite and courteous and that they felt safe in the home. Two patient's relatives/representatives discussed care delivery with the inspector and also confirmed that they were very happy with standards maintained in the home and the level of communication with all grades of staff.

A number of compliment cards were reviewed from past family members. All detailed a positive response in relation to their experiences of how staff communicated in a compassionate and thoughtful way throughout the end of life or palliative care process. Discussion with ancillary staff such as those in the laundry, domestic and kitchen staff stated that nursing staff communicated regularly with them where needed regarding patients' needs. All stated that they were kept informed where required if patients' conditions were deteriorating. All staff spoken with felt that communication was exceptional regarding the theme of this inspection.

### **Areas for Improvement**

There were two requirements made in relation to this standard. They relate to staff training and care planning.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</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.

Training records evidenced that one member of staff had recently attended training in the management of palliative care and the management of death, dying and bereavement. It is planned that this training is to be cascaded to staff. As previously stated a requirement is made in this regard. Registered nursing staff and care staff spoken with were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

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

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

Registered nursing staff confirmed that there are currently no patients requiring the use of specialist equipment, such as a syringe driver. Training records evidence that registered nursing staff have received training in the management of a syringe driver.

A palliative care link nurse has been identified in the home to provide support and advice when required.

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

Four care records were reviewed. One patient had been identified as currently requiring palliative care. This patient's care record was reviewed. There was evidence that patients' needs for palliative and end of life care were assessed. However the care record is required to be updated in keeping with best practice or the GAIN guidelines. A care plan to manage the patient's pain was in place. However there was no pain assessment in place and the dose of pain relief was not correct. A requirement is made that this care record should be updated as discussed. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. This was regularly reviewed as patients' care needs change in terms of palliative care management.

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 registered manager, registered nursing 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.

A review of notifications of death to RQIA during the previous inspection year evidenced that they were appropriately reported.

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

Discussion with staff and a review of four 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. Registered nursing staff consulted with 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.

For example there were facilities where families can stay overnight. Catering and snack arrangements are in place where necessary.

From discussion with the registered manager and registered nursing 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.

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 with 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 bereavement support and staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives. This information was displayed on various notice boards throughout the home.

### **Areas for Improvement**

One area for improvement is made in relation to the identified care record. A requirement is made in this regard.

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

### 5.4.1 Meal and meal times

A review of the lunch time meal was undertaken in both units of the home. The lunch served was homemade minestrone soup, a choice of sweet and sour pork, boiled ham or pan fried chicken, served with carrots, parsnip, green beans, creamed and roast potatoes. There are two units in the home. The dementia unit is on the second floor in the home. Both units were observed during the serving of the lunch time meal. The overall management of the meal on the ground floor was well organised and there was a calm atmosphere observed. The registered nurse was observed to assist with the serving of the meals in this unit. The dementia unit was observed to be less organised and the registered nurse could not participate or direct staff as they were assisting patients being seen by their General Practitioner (GP). Therefore there was only one member of staff assisting patients with the serving of the meal. A requirement is made that the meal time is well organised at all times and that there are always sufficient staff available to assist at meal times. The registered manager is required to regularly observe the serving of meal in this unit to ensure the meal time is well organised and that patients receive their meals in a timely way.

The meal time experience in the dementia unit was discussed with the registered manager during feedback. It was agreed that the above issues be addressed and mealtimes would be reviewed and re-organised to ensure meals are served in keeping with best practice guidelines.

### 5.4.2 Care records

Four care records were reviewed throughout all the units in the home. The following issues were identified and are required to be addressed;

- update the identified care record in relation to pain relief
- ensure pain assessments are completed as required;
- ensure care plans are re-written as opposed to being added to as changes in patients needs occur;
- ensure body maps in care records are the most up to date, remove records which are no longer relevant;
- ensure all care plans are recorded in sufficient detail in order to direct care;
- ensure abbreviations are not used in care records;
- update the identified care record in relation to wound care management in keeping with best practice; and
- ensure the dressing regime is always recorded clearly in the care records.

A requirement is made in this regard.

### 5.4.3 Comments by staff, patients and patient representatives

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. Some comments received are detailed below:

#### Staff

Staff spoken with were positive regarding services the home and the management. They raised no concerns during discussions. Four staff members completed questionnaires and all were satisfied with the services provided in the home in relation to end of life and palliative care.

Other comments included the following:

- “The care is good here, we all work well together.”
- “This is a good home.”
- “Very satisfied that patients are afforded dignity and respect at all times.”
- “Very satisfied that I have received training in safeguarding vulnerable adults.”
- “Very satisfied that there are supportive systems in place to enable staff to pay their respects following the death of a patient.”

#### Patients

There were no returned questionnaires from patients.

However patients spoken with stated the following:

- “I feel really safe in the home.”
- “I feel we are all well looked after.”
- “I am happy here, the staff are kind.”
- “I cannot complain about a thing.”
- “The food is good.”

#### Patients’ representatives

Two visiting relatives/representatives stated in discussion that they could not ask for better from staff and that they were always available. Nine relatives/representatives returned questionnaires, the following comments were made:

- “A lot of care and compassion.”
- “Very happy with care all round.”
- “We can all relax as ..... can get the care needed.”
- “Very satisfied that patients are treated with dignity and respect.”
- “Everybody listens to me and helps when needed.”
- “My mother is back to her old self, thanks to the staff.”
- “Patients are left too long in the sitting room at night.”
- “Television is too loud and there is no one watching it, there needs to be more music.”
- “My relative is very happy and comfortable and enjoys all activities provided by the home.”

- “Satisfied with the quality of care.”

A recommendation is made that the registered manager shall assess the noise levels in the sitting room and to ensure that patients are appropriately supervised at night.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Elizabeth Doran, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](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>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 20 (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 December 2015</p>	<p>The registered manager shall ensure all relevant staff receives training in communication and palliative care.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All Nurses have now received Breaking Bad News Training. We also now have a palliative care link nurse who also has attended an RCN study day - She will cascade training to relevant staff over the next few weeks.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 15</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2015</p>	<p>The registered manager shall ensure that all care records are updated to ensure they currently reflect the care needs of patients.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> At this time all care records have been updated.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 15 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 October 2015</p>	<p>The registered manager shall ensure the identified care record is updated to reflect the patient's needs.</p> <p>The registered manager shall ensure the issues listed below are addressed as a priority:</p> <ul style="list-style-type: none"> <li>• update the identified care record in relation to pain relief;</li> <li>• ensure pain assessments are completed as required;</li> <li>• ensure care plans are re-written as opposed to being added to as changes in patients' needs occur;</li> <li>• ensure body maps in care records are the most up to date, remove records which are no longer relevant;</li> <li>• ensure all care plans are recorded in sufficient detail in order to direct care;</li> <li>• ensure abbreviations are not used in care records;</li> <li>• update the identified care record in relation to wound care management in keeping with best practice; and</li> <li>• ensure the dressing regime is always recorded clearly in the care records.</li> </ul> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All issues listed have been addressed.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2015</p>	<p>The registered manager shall ensure that meal times are well organised at all times and that there are always sufficient staff available to assist at meal times. The registered manager is required to regularly observe the serving of meal in this unit to ensure the meal time is well organised and that patients receive their meals in a timely way.</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Mealtimes have been observed - sufficient staff are available to assist and the registered Manager will continue to observe and ensure that meal times are well organised.</p>		
<b>Recommendations</b>			
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2015</p>	<p>The registered manager should assess the noise levels in the sitting room and to ensure that patients are appropriately supervised at night.</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Noise levels have been assessed and at times have been loud - staff have been instructed to ensure this is not an ongoing problem. Staff have been instructed to check sitting room at 15 minute intervals from 18.00pm to ensure patients safety.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Elizabeth Doran</p>	<p><b>Date Completed</b></p>	<p>2/12/15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Peggy O Neill</p>	<p><b>Date Approved</b></p>	<p>2/12/15</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Donna Rogan</p>	<p><b>Date Approved</b></p>	<p>17/12/15</p>

*\*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\**