



The Regulation and
Quality Improvement
Authority

Inspector: Dermot Walsh
Inspection ID: IN022087

Rockfield Care Centre
RQIA ID: 1496
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**Unannounced Care Inspection
of
Rockfield Care Centre**

10 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 August 2015 from 09.30 to 17.10.

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 20 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

The total number includes both new and restated requirements.

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

2. Service Details

Registered Organisation/Registered Person: Paula Keys	Registered Manager: Ciara Power
Person in Charge of the Home at the Time of Inspection: Ciara Power	Date Manager Registered: 31 March 2013
Categories of Care: RC-I, NH-MP, NH-PH, NH-I	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 34	Weekly Tariff at Time of Inspection: £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
- the previous care inspection report

During the inspection, the inspector met with eight patients, four care staff, two staff nurses, two ancillary staff and one patient's visitors/representative.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- four care records
- sample of induction records
- regulation 29 reports
- complaints record
- compliments record
- accident/incident recording

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Rockfield Care Centre was an unannounced Care inspection dated 20 January 2015. The completed QIP was returned and approved by the nursing inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (3) Stated: First time	Ensure at all times staff use safe and effective means of moving and handling patients. Ref 11.1	Met
	Action taken as confirmed during the inspection: A review of the training records and observation of staff practice evidenced that there was a 100% compliance with manual handling training and there were no inappropriate manual handling techniques observed on the day of inspection.	

<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>Ensure creams and lotions are only used for the person for whom they are provided for.</p> <p>Slings should not be stored in toilet areas.</p> <p>The identified store should not contain equipment such as medical/nursing equipment alongside clean linen.</p> <p>Address the strong odour detected in the identified bathroom.</p> <p>Replace the flooring in the identified bathroom.</p> <p>Ref 11.7</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Creams and lotions were only used for the person they were provided for.</p> <p>Slings were not stored in toilet areas.</p> <p>Nursing/medical equipment was not stored alongside clean linen.</p> <p>There were no malodours detected in any of the bathrooms.</p> <p>The flooring in the identified bathroom has not been replaced.</p>		

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was not available on communication. This was discussed with the manager and a recommendation has been made that a policy on communication should be developed. Regional guidance on Breaking Bad News was available in the home. Discussion with six staff confirmed that they were knowledgeable regarding breaking bad news.

Communicating effectively with patients and their families/representatives is incorporated within palliative care training. Three staff have completed the palliative care training and five others have been identified to attend the next training day scheduled for October 2015.

Is Care Effective? (Quality of Management)

Four care records reflected patient individual needs and wishes regarding the end of life care.

Recording within care records included reference to the patient's specific communication needs.

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

Four registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of an environmentally quiet private area to talk to the recipient and the importance of using a soft calm tone of voice using language appropriate to the listener. Staff also described the importance of reassurance and allowing time for questions or concerns to be raised. Care staff were also knowledgeable on breaking bad news and offered similar examples where they have supported patients when delivering bad news. A best practice guideline on Breaking Bad News was available in the Home.

The registered manager confirmed that 'Flash meetings' take place every day where all staff members on duty get together to discuss any current concerns they are having. These concerns can then be dealt with in a timely manner. Staff meetings and Falls meetings are carried out monthly to communicate any changes which may arise and to keep abreast of current issues.

Every day a resident is selected to be the 'resident of the day'. All staff members involved in the resident's care including carers, nurses, housekeepers, cooks, maintenance staff and the activities provider will focus their attention on the resident to ensure all their needs are met and documented.

Is Care Compassionate? (Quality of Care)

Through observation of staff interactions with patients and discussion with staff and patients, it was evident that effective communication was well maintained and patients and relatives were observed to be treated with dignity and respect.

The inspection process allowed for consultation with eight patients and one representative. All patients stated they were very happy with the care they were receiving in Lansdowne. They confirmed that staff were polite and courteous and they felt safe in the home.

The representative was 'absolutely delighted' that, having been involved in the patients care prior to his residency, she could continue to feel part of his direct care and went on to comment how the staff have exceptional 'patience and care' for their residents.

Areas for Improvement

The registered person should develop a policy and procedure on communication in line with best practice guidelines and make reference to regional guidance on breaking bad news.

Number of Requirements:	0	Number of Recommendations:	1
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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 made no reference to best practice guidance such as the Gain Palliative Care Guidelines, November 2013; however, a copy of the guidelines was present and available to staff as required. A recommendation is made.

The provider company has extensive procedures on Unexpected Death, Spiritual Care, End of Life Care, Cultural and Diversity and Care of the Dying and Bereaved available to staff. An information leaflet on Living with a Terminal Illness was available at the entrance to the home.

Training records evidenced that three staff have completed training on palliative care and a further five staff have been identified to attend training in October 2015 around end of life care. All registered nurses have received training on the use of syringe drivers and staff questioned on the day of inspection, were fully aware how to obtain equipment and medication out of hours.

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

Discussion with the manager and six 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.

The registered manager confirmed that a palliative care link nurse has been identified in the home and maintains the palliative care information file.

Is Care Effective? (Quality of Management)

On the day of inspection, there were no patients in receipt of palliative or end of life care. However, a review of four care records evidenced that patients' needs for end of life care were assessed in relation to advance care plans and 'do not resuscitate' orders. There was clear assessment, planning, implementation and evaluation of all their individual care needs. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered.

Discussion with the manager and staff evidenced that environmental factors were considered when patients approach the end of life. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying and staff were knowledgeable with regards to the provision of refreshments, privacy and facilitating a quiet, calm environment.

A review of notifications of death to RQIA during the previous inspection year were deemed to be appropriate.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the 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. Some compliments were as follows:

'Many thanks for all your care and attention to our mother.'

'I want to say thank you for all you did. Not an easy job but very worthwhile. Thank you.'

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

Areas for Improvement

The policy on palliative and end of life care should refer to and reflect regional best practice guidance on palliative care.

Number of Requirements:	0	Number of Recommendations: *1 recommendation is stated under Standard 19 above	1*
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5.5 Additional Areas Examined

5.5.1. Staff Induction and Competency and Capability Assessment

Role specific staff inductions are carried out at the commencement of employment. However, when a nurse is left in charge of the premises in the absence of the manager, a competency and capability assessment must be carried out to assure the registered manager that the nurse in charge is knowledgeable and capable of taking charge. On the day of inspection, the only additional competency completed post induction observed was around medications. A requirement is made.

5.5.2. Consultation with patients, their representatives and staff

Overall, feedback from the staff, patients and relatives indicated that safe, effective and compassionate care was being delivered in Rockfield.

A few patient comments are detailed below:

'We are treated very well here. The food is first class and there is a different menu for each day.'

'I love being here in the crowd.'

'The staff here are fantastic.'

The one representative consulted stated that staff are devoted to ensuring that each patient's wishes are met as best as possible.

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are detailed below:

'This home provides very good care. We always make sure all residents are happy.'

'Patients are cared for the way you would expect your own relative to be cared for.'

'I am very happy to work here and hope to stay for a long time.'

'I love it here. The staff are like a big family.'

5.5.3. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were clean and spacious.

However, a range of matters were identified that were not managed in accordance with infection prevention and control guidelines:

- not all signage and noticeboards within the home are laminated/treated to ensure the surface may be cleaned
- uncovered bins are in use in identified communal areas
- metallic rusted equipment is in use such as bin frames, commode chairs and bed pan holders
- the type of shelving used in the home in the identified storage area did not have a cleanable surface
- there was inappropriate storage in identified rooms in the home

All of the above was discussed with the manager on the day of inspection. The manager agreed that signage and noticeboards would be laminated/treated. Uncovered bins would be replaced. Any rusting metallic equipment would be removed or replaced. Shelving would be changed/resurfaced. Items would be stored correctly. An assurance was given by the manager that these areas would be addressed with staff to prevent recurrence. A recommendation is made for management systems to be in place to ensure the home's compliance with best practice in infection prevention and control.

5.5.4. Activities

The home was noted commendably to have activities provision planned out a month in advance and displayed to allow patients and their representatives to view the upcoming activities and events. Activities are both indoors and outdoors. All patients are encouraged to be involved in the activities which meet their ability. Evidence of past activities, for example, photographs and newspaper stories, are displayed in identified areas in the home.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Ciara Power 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 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>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be Completed by: 19 October 2015</p>	<p>Replace the flooring in the identified bathroom.</p> <p>Ref: 11.7 stated from previous inspection</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Flooring has now been completely replaced in Quartz bathroom.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered person must ensure a competency and capability assessment is carried out with any nurse who will be left in charge of the home in the absence of the registered manager.</p> <p>Ref: Section 5.5.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Competency assessments have been completed with nurses who are left in charge of the home.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 36 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>A policy on communication should be developed which includes reference to current best practice guidelines.</p> <p>The policies on Palliative and End of Life Care and Death and Dying should be reviewed to make reference to current regional guidance, such as GAIN (2013) Palliative Care Guidelines.</p> <p>A system to implement the policies should confirm that all relevant staff have read the documents with evidence of staff signature and date.</p> <p>Ref: Section 5.3 and 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Recommendations have been forwarded to head office in Darlington for their attention. A local protocol will be drafted to incorporate local guidelines regarding Palliative and end of life care and death and dying. Procedure read record in place for staff to sign policies when read.</p>

<p>Recommendation 2</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 15 September 2015</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.5.3</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Old shelving removed and new cleanable shelving has been installed in store room. Non laminated signage removed. Uncovered bins removed from communal lounges. New metallic bin frames have been ordered to replace rusted ones.</p>		
Registered Manager Completing QIP	Ciara Power	Date Completed	21.09.2015
Registered Person Approving QIP	Paula Keys	Date Approved	24.09.2015
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	29.09.2015

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address