Meadows
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Inspector: Sharon Loane
Inspection ID: IN021896

Unannounced Care Inspection
of
Meadows

10 November 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

1. Summary of Inspection

An unannounced care inspection took place on 10 November 2015 from 11.30 to 15.30. 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 the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report.

For the purposes of this report, the term 'patients' will be used to described those living in Meadows care home which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 04 March 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Armagh Care Services Mr Daniel McHugh, Mrs Pamela June Haliday	**Registered Manager:** Mr Daniel McHugh
Person in Charge of the Home at the Time of Inspection: Mr Daniel McHugh	**Date Manager Registered:** 01 April 2005
Categories of Care: RC-LD, RC-LD(E), NH-LD, NH-LD(E)	**Number of Registered Places:** 46
Number of Patients Accommodated on Day of Inspection: 41 Nursing and 3 Residential	**Weekly Tariff at Time of Inspection:** £528.00 - £1100.00

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 manager
- discussion with a selection of staff on duty
- consultation with patients
- observation of care delivery
- observation of patient and staff interactions
- review of selected records
- tour of the home and review of a random selection of patient bedrooms, bathrooms and communal areas
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 January 2015
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- evidence required to validate the previous care inspection QIP
- policies and procedures pertaining to the inspection standard and theme
- nursing and care staff duty rotas for weeks commencing the 2 and 10 November 2015
- training records
- induction templates for nursing and care staff
- compliment records
- complaint records
- three patient care records
- continence assessment tool.

The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 04 March 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the Last Care Inspection 04 March 2015

<table>
<tr><th colspan="2">Last Care Inspection Recommendations</th><th>Validation of Compliance</th></tr>
<tr><td rowspan="2">Recommendation 1

Ref: Standard 19.1

Stated: First time</td><td>The registered manager should ensure that the continence assessment tool is further developed to include a comprehensive assessment of bowel function/management. This assessment should include:

• The patient’s normal bowel pattern in regards to frequency of movements and referencing the Bristol Stool Chart.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of the continence assessment confirmed that the tool has been updated to include a comprehensive assessment of bowel function/management. A review of three patient’s assessments evidenced details of the patient’s bowel pattern and records referenced the Bristol Stool guidance.</td></tr>
</table>

4.3 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.

A sampling of training records evidenced that 57 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.

Communication was included in all staff inductions for the home and in the competency and capability assessments of all registered nurses taking charge of the home in the manager’s absence.

Is Care Effective? (Quality of Management)

Recording within records included reference to the patient's specific communication needs and actions required to deal with barriers such as, language, culture, cognitive ability or sensory impairment. Care planning and risk assessments associated with communicating were evidenced to be comprehensive and individualised. The level of detail, assessment and planning was commendable.

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

Staff consulted clearly demonstrated their ability to communicate sensitively with patients and/or representatives. Care staff provided examples of when they may have to "break bad news" for example a patient not being able to attend a trip and the disappointment associated with this news. Care staff confirmed that when or if 'bad news' had to be communicated, they would take direction from the registered nurses and refer relatives or the patient to the nurse in charge of the home regarding health and care matters; but that they would be comfortable and confident of managing the initial enquiry or concern raised.

Registered nurses consulted demonstrated awareness and knowledge of how to communicate sensitively and effectively with their patients, relatives, the staff team and management.

Is Care Compassionate? (Quality of Care)

Observation of care delivery and interaction between patients and staff clearly demonstrated that communication was compassionate and considerate of the patient's needs. Patients were treated with dignity and respect and responded to in a timely manner.

Patients who could verbalise their feelings on life in the Meadows commented positively in relation to the care they were receiving and the attitude of staff. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.

Positive comments were also viewed in letters and cards received by the home from relatives.

Areas for Improvement

There were no areas for improvement identified in relation to this standard.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

4.4 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. The policies were dated (August 2015) and reflected regional best practice guidance such as GAIN, Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes (December 2013).

A policy on the management of patient's property and valuables was available and included the management of same at the time of the patient's death.

Staff spoken with clearly demonstrated knowledge of care delivery in relation to palliative and end of life care. Staff described previous experiences and how they had supported patients, relatives and colleagues. Staff were aware of the guidelines in relation to this area of practice and advised that they had been included as part of the training programme.

Training records evidenced that 45 staff were trained in the management of palliative care, death, dying and bereavement. The training provided included the breaking of bad news, the principles of palliative care and the core values that underpinned palliative and end of life care. Staff as part of the training were provided with various scenarios and had to advise how they would approach and what actions should be taken. A record was available to confirm that staff had read and understood the information supplied in the palliative care resource file. Staff supervisions had also included the standards and theme of the inspection, a record was available to confirm this information.

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

Discussion with the registered manager, registered nurses, care 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.

A protocol for timely access to any specialist equipment or medications was in place.

The home has a palliative care link nurse who was available for discussion at time of the inspection. The palliative care link nurse discussed at length how their role has had added value to this area of practice within the home and their plans for further developments to enhance the delivery of care and the patient's experience.

Is Care Effective? (Quality of Management)

There were no patients considered as being at end of life in the home during the inspection and there were no patients recognised as requiring palliative care.

A new care plan template, entitled 'When I die' was reviewed. The booklet refers to all aspects of death and dying and included information on where patients would like to be cared for if they were dying, who they would like contacted, funeral arrangements, readings, music and floral arrangements. It is intended that patients will have this care plan completed, as appropriate. The registered manager and registered nurses confirmed that the use of the booklet was considered carefully and implemented appropriately. This innovative practice is to be commended.

A review of two patients' care records evidenced that the individual needs and wishes of patients regarding end of life care was being addressed through the completion of the booklet entitled, 'When I Die'. A third care record evidenced that a patient and their representatives did not wish to complete the booklet and discuss this sensitive area. Documentation evidenced this decision and the palliative care link nurse advised that this would be followed up at the annual care review for further discussion and all patients and /or their representatives' wishes would be respected.

The registered manager advised staff are liaising with Trust representatives to ensure that arrangements are in place for all patients who may have no representatives and/or representatives who require some assistance with this area of life planning. Written evidence was available to confirm this information.

Discussion with the registered manager and a review of notifications of death to RQIA during the previous inspection year was appropriate.

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 were appropriate. Staff consulted demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan and the booklet 'When I Die'.

Staff spoken with demonstrated clearly their compassion for the patients, their relatives and friends. The inspector commended how staff interacted with patients and of the detailed knowledge demonstrated to ensure patients were afforded privacy, dignity and respect.

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. All staff spoken with advised how they could provide support to families and or patients at this difficult time. Discussion with the registered manager and staff regarding a recent event within the home clearly demonstrated compassionate care. This was commended.

Discussion with the registered manager, staff and a review of the compliments record evidenced 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.

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. Staff described how they supported colleagues and that they had an opportunity to pay their respects by attending the funeral. Staff said they found this helpful in expressing their sympathy towards the family and in paying their last respects to the patient.

Information leaflets on bereavement and grieving were available for staff and relatives.

Areas for Improvement

No areas of improvement were identified in relation to this theme.

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

4.5 Additional Areas Examined

4.5.1 Consultation with Patients, Staff and Patient Representative/Relatives

Patients

Eighteen patients were spoken with individually and the majority of others in small groups. Patients were complimentary regarding the standard of care they received, the attitude of staff and the food provided. Patients also spoke with great excitement regarding the number of opportunities afforded to them to enable them to live their life to the full for example attending football matches, cinema and going on holidays. The Meadows are commended for their efforts in this regard. There were no concerns raised.

Five questionnaires for patients were left with the registered manager for distribution, all of which have been completed and returned. The responses received indicated that all respondents were very satisfied with the care they were receiving. Some comments recorded included:

- "If I have any problems I tell the staff and they listen to me."
- "The Meadows is my home and I want to stay here for good. My bedroom is lovely just the way I like it."

Staff

In addition to speaking with seven staff on duty five questionnaires were provided for staff not on duty. The registered manager agreed to forward these to the staff selected. At the time of writing this report five had been returned. Comments recorded evidenced that staff had attended training in relation to the inspection focus, safeguarding of vulnerable adults and how to report poor practice/whistleblowing. Staff were either satisfied or very satisfied that care delivered was safe, effective and compassionate.

Additional comments recorded included:

- "All residents are treated with dignity and respect and given an excellent level of care."
- "I thoroughly enjoy my job and staff have received training on palliative care and breaking bad news. We have a very supportive Manager and working care team and thus provide a positive approach to supporting and caring for the residents at the Meadows."
- "I am night duty staff and I would say our staff nurse and 5 care assistants can manage at night. I have good support with my staff members and management."
- "The care delivered is excellent. Staff are very committed and residents/patients' needs are paramount. Staff in every position carries out their roles; care is delivered in a "nothing is too much trouble" atmosphere."

Representatives/Relatives

Five questionnaires were provided for patient representatives/relatives, three were returned. Comments recorded evidenced that relatives were either satisfied or very satisfied with the care provided for their loved one.

Additional comments recorded included:

- "I would just like to say how good all the staff at the Meadows are and the care … receives is second to none."
- "I and the family have been very happy with all aspects of care at the Meadows and are grateful for this…she is always treated as an individual with her own specific needs."
- "Could not wish for any better for …, care, staff and everyone dealing with … treats her excellent in every way…gets plenty of stimulation and kept moving which I think is super. Walks and outings etc. are great."

4.5.2 Environment

A review of the home's environment including the bungalows was undertaken which included an observation of a random sample of bedrooms, bathrooms, lounge and dining rooms. The home was found to be warm, well decorated, fresh smelling and clean throughout. All patients' bedrooms were decorated to reflect their personhood. A number of vibrant pieces of art work completed by the patients were exhibited throughout the home. Some patients spoken with advised of the enjoyment and the pride they had for the works displayed. This is commended.

4.5.3 Care Records

Care records examined were found to be maintained in accordance with, regulatory, professional and minimum standards. Additional care charts maintained in patient's bedrooms were found to be recorded contemporaneously and therefore accurate in relation to the delivery of care.

4.5.4 Staffing

A review of staff duty rotas for weeks commencing 2 and 10 November 2015 were reviewed. The ratio of registered nurses for night duty was discussed with the registered manager and registered nurses on duty. The registered manager advised that one registered nurse on night duty was adequate to meet the current needs of the patients. The registered manager advised an analysis of events/incidents for night duty is completed to ensure that the safety and welfare of patients is met. Discussion with registered nurses on duty at time of inspection confirmed this information and advised that they also had worked night duty and had no concerns in this regard. No issues or concerns were raised regarding staffing by patients or staff at time of inspection. Staff spoken with were satisfied with all staffing levels and skill mix.

5. No Requirements or Recommendations Resulted from this Inspection.

I agree with the content of the report.			
Registered Manager	Mr Daniel McHugh	**Date Completed**	08/12/15
Registered Person	Mr Daniel McHugh	**Date Approved**	08/12/15
RQIA Inspector Assessing Response	Sharon Loane	**Date Approved**	10/12/15

Please provide any additional comments or observations you may wish to make below:

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