



The Regulation and
Quality Improvement
Authority

St Macartans
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**Unannounced Care Inspection
of
St Macartans**

19 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 August 2015 from 10.15 to 17.00.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in St Macartans 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 11 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

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

2. Service Details

Registered Organisation/Registered Person: Kilmorey Care Ltd. / Mrs Peggy O'Neill	Registered Manager: Veronica McElmurry
Person in Charge of the Home at the Time of Inspection: Veronica McElmurry	Date Manager Registered: 04 December 2008
Categories of Care: NH-LD, NH-LD(E), RC-LD, RC-LD(E), NH-DE, NH-I, NH(PH), HN (PH)E, RC-I	Number of Registered Places: 33
Number of Patients Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: Trust rates

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; and
- pre inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with four patients, two domestic staff, four care staff, one registered nurse and two patient's visitors/representatives.

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;
- staff competency and capability assessment;

- staff induction record;
- regulation 29 monthly monitoring reports;
- complaints records;
- policy on quality assurance;
- 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 27 April 2015. The completed QIP was returned and approved by the pharmacy inspector.

Review of Requirements and Recommendations from the last care on 11 August 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)(d) Stated: First time	<p>The registered person shall ensure that the corridor carpet leading to the identified patients bedrooms in the nursing dementia unit are replaced.</p> <p>The carpet in the living/dining room (Dementia unit) should also be replaced.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the identified carpets were replaced, following the last inspection.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30.1 Stated: First time	<p>It is recommended that a deputy manager /lead nurse is appointed in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that efforts to recruit a deputy manager/clinical lead nurse were still ongoing. In the interim, arrangements were in place for each registered nurse to work four additional hours, to enable them to focus on patient documentation and complete various audits. The registered manager confirmed that the current support arrangements are satisfactory.</p>	Partially Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

The registered manager informed the inspector that there are currently updated policies and procedures in place regarding the regional guidelines on Breaking Bad News. Following the inspection, this was forwarded to RQIA.

A sampling of training records confirmed that 10 registered nursing staff had received training in sensory and visual awareness. Discussion with the registered manager also confirmed that training in core values had been provided to registered nursing staff in 2013 and confirmed that there were plans in place to provide this training to all care staff. This training included the principles of dignity, privacy, choice, fulfilment, independence and respect.

Palliative care training provided to three out of six registered nursing staff included the procedure for breaking bad news. The registered manager confirmed that plans were in place for the remainder of registered nurses to complete this training.

Is Care Effective? (Quality of Management)

Four care records reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs. A review of four 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 the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care staff consulted stated that they would defer to the registered nursing staff, if there was a need to communicate bad news to patients and/or to relatives. One registered nurse consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news and stated that their own experiences of bereavement assisted them in demonstrating empathy towards relatives.

Is Care Compassionate? (Quality of Care)

Discussion with staff and the manager regarding how they communicate with patients and their representatives evidenced that they had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully and taking time to reassure patients.

A review of compliments/records identified that patients' representatives commended staff for the care provided to them, when their relative was nearing end of life care. Compliments records identified that relatives who could not visit regularly, felt reassured that their relative was receiving good care and that they never had to worry about the care.

Areas for Improvement

There were no requirements or recommendations made in relation to this theme.

Number of Requirements:	0	Number of Recommendations:	0
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Standard 19 – Communicating effectively has been met.

5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. Following the inspection, a policy regarding The Management of an Unexpected Death was forwarded to RQIA.

A review of training records evidenced that three out of six registered nursing staff had completed recent training in respect of palliative care/bereavement training. The registered manager confirmed that the on-line component of this training is still ongoing. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines, November 2013. A review of the staff competency and capability assessment for registered nurses, who had the responsibility for being in charge of the home, included the process for managing a patient's death.

Discussion with one registered nurse and a review of two care records of patients who were recently deceased, confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services; and
- staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

There was no formal protocol in place for timely access to any specialist equipment or drugs. However, discussion with one registered nurse confirmed that there was a process in place and that staff were proactive in ensuring the home had adequate supplies in the home, in anticipation of need.

There was no specialist equipment, in use in the home on the day of inspection. A review of training records confirmed that seven registered nurses had received training in the use of a syringe driver. The registered manager confirmed that update training would be provided through the local healthcare trust nurse, if required.

The registered manager confirmed that there were plans in place to nominate a palliative care link nurse for the home.

Is Care Effective? (Quality of Management)

A review of four care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. 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.

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, 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. Through discussion, there was evidence that staff had managed shared rooms in a sensitive and respectful manner. The staff did not identify any problems in relation to this.

A review of notifications of death to RQIA during the previous inspection year confirmed that all records were maintained appropriately.

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. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan. There was evidence that there was good pastoral support in place.

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. Overnight stays were facilitated in as much as possible and staff described how catering/snack arrangements would be provided to relatives during this period. Discussion with the registered manager confirmed that efforts would be made to ensure that patients who did not have relatives had a person assigned, to sit with them, when they were nearing end of life. From discussion with the manager, 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 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. The home was able to provide facilities for patients to be waked in the home, if requested.

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 more experienced staff providing emotional support to junior staff and reflection on the patients' time spent living in the home.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included a leaflet from the Southern Health and Social Care Trust for relatives on how to cope with bereavement. There was also a leaflet from the Health and Social Care Bereavement Network that summarised best practice for health and social care staff, in supporting patients at end of life. Contact details for local bereavement support services were also available.

Areas for Improvement

There were no requirements or recommendations made in relation to this theme.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32) has been fully met.

5.5 Additional Areas Examined

Care Practices

Discussion with the registered manager confirmed that there was an activities coordinator in the home, who provided two hours of activities to the patients every day in the afternoon. Activities that were provided to the patients at other times were provided by the care staff. A review of the records regarding the provision of activities identified that the activities provided were not varied and did not involve much staff interaction. Activities were repetitive and the records reviewed did not evidence the patients' level of participation and/or enjoyment.

Assurances were provided by the registered manager that activities were provided on a daily basis. However, our observations on the day of inspection, a review of the records regarding activities and a review of the regulation 29 monthly monitoring reports did not evidence that activities were provided in a stimulating manner. Refer to inspector comments below.

A recommendation is made that additional hours are provided to a dedicated individual, to organise and co-ordinate a programme of activities and events. Included in this recommendation is the need for records to evidence the decision making process regarding the provision of activities, the level of participation and enjoyment and the activities provided to patients who cannot or do not wish to partake in group activities.

Staffing

Staffing arrangements were reviewed. Although the total numbers of staff required to meet patient need were in place, the skill mix of registered nurses to care staff was not adequate. This was discussed with the registered manager, who acknowledged the difficulties experienced in recruiting registered nurses. As previously discussed, there were interim arrangements in place for each registered nurse to work four additional hours, to enable them to focus on patient documentation and complete various audits. Refer to section 5.1.

A review of the regulation 29 monthly monitoring reports confirmed that the staffing levels had been consistently reviewed by the responsible person. Assurances were also provided that the recruitment of registered nurses was ongoing. There were no concerns brought to our attention regarding staffing levels and/or any impact on patient care.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	10
Patients	5	5
Patients representatives	4	4

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'We have a fantastic manager who provides a high standard home for all residents'
 'The home is very supportive to staff and to patients in every way'
 'In all the years I have been here, the care and respect I have seen given to the residents has been excellent'
 'Great working staff and brilliant teamwork'
 'I have no concerns at all about how the patients are being treated'
 'I am happy with the quality of care provided and staff work well together'
 'We can approach our manager with any difficulties'
 'When I missed the training provided here, I signed up and did a course on-line'

Patients

'I feel happy and content in the home'
 'All the staff are very friendly towards myself, my family and friends'
 'It is grand here, for those who have no home to go to'
 'the food is very good'

Patients' Representatives

'My relative is well cared for here'
 'On the whole, the care is very good. Individual needs are sometimes lost sight of amidst routines, toileting, meal times etc.'

One relative commented to the inspector that communication in the home between registered nursing staff was not good. The relative brought this to the attention of the manager on the day of inspection.

Regulation 29 Monthly Monitoring Report

A review of the regulation 29 monthly monitoring reports confirmed that records were generally maintained appropriately. However, there was no action plan developed following each visit, patients' records and infection control audits were not reviewed and there was no evidence that activities had been observed. The registered manager was also directed to the 'visit by registered provider' template that is available on the RQIA website. A recommendation is made to address this.

Environment

The home was generally clean and free of mal-odours. However, there was one identified bathroom on the ground floor that was not clean. The frame of the toilet seat riser and the seat of the shower chair were soiled. There were also urinals observed on the floor and a jug was stored on the cistern. The emergency call pull-cord was also broken and observed to be lying on the floor. These observations were made before and after the bathroom had been cleaned. This was addressed with the registered manager, who ensured that the bathroom was cleaned before the end of the inspection.

Infection control audits were reviewed. There was no evidence that an infection control audit had been completed since 14 April 2015. The registered manager was informed that infection control audits should be completed at least on a monthly basis, or more frequently if required. Two commode audits were reviewed. One was completed on 28 January 2015 and another was completed on 05 August 2015. Both audits identified that the commodes were in need of cleaning and/or in need of repair. There was no record of action taken to address this.

The registered manager provided assurances that the cleanliness of the home was monitored on a daily basis. However, there were no other environmental audits available, other than the infection control and commode audits referred to above. These audits were not robust and did not provide traceability and/or follow up on identified areas. A requirement is made to address this.

A recommendation is also made to ensure that there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures and that the role and responsibility of this person is reviewed, to address the issues identified.

An oxygen cylinder, for emergency use was observed not to be in a trolley. This was discussed with the registered manager who provided assurances that this would be addressed.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the 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 and the Residential Care Homes Minimum Standards, August 2011. 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 any 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 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The registered person must make suitable arrangements to ensure that the standard and monitoring of cleanliness throughout the home is maintained.</p> <p>This must include robust systems and processes that provide traceability and follow up on identified areas.</p> <p>Ref section 5.5</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The standard of cleanliness has always been monitored closely in this home. The written audit trail has been revised to provide evidence of any faults found, how they were addressed, by whom, the timeframe and all follow-up actions required.</p> <p>The proprietor will record details of her findings on the monthly monitoring reports.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.15</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The current provision of hours that are dedicated to activities should be reviewed, to ensure patients' individual needs are fully met and their quality of life in the home enhanced</p> <p>A record should be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the nursing home. This record should include the level of participation and enjoyment and the activities provided to patients who cannot or do not wish to partake in group activities.</p> <p>Ref section 5.5</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>We provide 2 hours per day of an activities therapist whose role it is to organise suitable activities liked and requested by patients. In addition care assistants are involved both within this time and at other times with patient activities.</p> <p>We will ensure more detailed records are kept to include the participation and enjoyment experience of patients. We will also note those who do not choose to be involved in any activity.</p>

<p>Recommendation 2</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The regulation 29 monthly monitoring report should be further developed to include Infection control audits and the observation of activities that are provided in the home.</p> <p>Ref section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Regulation 29 visits have recorded activities when witnessed. Quality assurance forms have confirmed overall satisfaction with activities offered. Comments will be made in future. Any concerns raised following proprietor's visits are made known to the manager without delay. Random audits have been viewed but as the manager is highly motivated and diligent in this regard no in-depth analysis was required.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 46.1</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The registered manager should ensure that there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures and that the role and responsibility of this person is reviewed, to address the issues identified.</p> <p>Ref section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A nurse has been identified to monitor compliance daily with infection prevention. It should be noted that there has been an excellent record/history in this home in relation to outbreaks of infection.</p>		
<p>Registered Manager Completing QIP</p>	<p>VMCEImurry</p>	<p>Date Completed</p>	<p>21/9/2015</p>
<p>Registered Person Approving QIP</p>	<p>Peggy O'Neill</p>	<p>Date Approved</p>	<p>21/09/2015</p>
<p>RQIA Inspector Assessing Response</p>	<p>Aveen Donnelly</p>	<p>Date Approved</p>	<p>24/09/2015</p>

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