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**Unannounced Care Inspection  
of  
Croaghpatrick**

**29 June 2015**

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

An unannounced care inspection took place on 29 June 2015 from 09.30 to 13.00.

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.

### 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 14 October 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
<b>Total number of requirements and recommendations made at this inspection</b>	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

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care/Dr Maureen Claire Royston	<b>Registered Manager:</b> Anne Devoy
<b>Person in Charge of the Home at the Time of Inspection:</b> Registered Nurse Joan Waddell. Ms Devoy joined the inspection within 30 minutes of commencement.	<b>Date Manager Registered:</b> Prior to '1 April 2005'.
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 67
<b>Number of Patients Accommodated on Day of Inspection:</b> 44	<b>Weekly Tariff at Time of Inspection:</b> £593 - £628

### 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 examined:

- 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 (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 15 patients either individually or in small groups. Discussion was also undertaken with six care staff, three nursing staff and three patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, 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 announced finance inspection dated 5 January 2015. The completed QIP was returned and approved by the finance inspector.

## **5.2 Review of Requirements and Recommendations from the last care (Same specialism) Inspection**

No previous requirements or recommendations from the last care inspection.

## **5.3 Standard 19 - Communicating Effectively**

### **Is Care Safe? (Quality of Life)**

Policy guidance for staff was available on communicating effectively and this referred to regional guidelines on 'breaking bad news.

A sampling of communication training records and examination of returned staff questionnaires evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives.

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

Three nursing care records evidenced that patients individual needs and wishes in regards to daily living were appropriately recorded.

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

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

Two registered nursing staff consulted, demonstrated their ability to communicate sensitively with patients when breaking bad news. They advised that in the past they sat down with the patient in a private area, held the patient's hand and using a calm voice, spoke with the patient in an empathetic manner using clear speech, offering reassurance and an opportunity for the patient to ask any questions or voice any concerns. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

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

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were 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 very professional way.

The inspection process allowed for consultation with 15 patients individually and with many others in small groups. In general the patients all stated that they were very happy with the quality of care delivered and with life in Parkview. They confirmed that staff were polite and courteous and that they felt safe in the home.

Two patient's representatives discussed care delivery and confirmed that they were very happy with standards maintained in the home. Some patient representative comments are recorded in section 5.5.1 below.

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

### Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 32)

### Is Care Safe? (Quality of Life)

Policies on the management of palliative and end of life care and death and dying were recently updated and available for inspection although still in draft format. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013 a copy of which was available in the home. A palliative Care manual is currently being reviewed and updated and when available it will be a valuable resource for the registered nursing and care staff team.

Training records evidenced that registered nursing and care staff were trained in the management of death, dying and bereavement. This training was provided on the home's e learning system and is also scheduled for delivery in the next few months by the palliative care nurse from the South Eastern Health and Social Care Trust (SEHSCT).

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The nursing care records of one patient considered to be requiring 'end of life' care evidenced that the Hospice homecare team were involved in giving advice and guidance to the registered nurses as required.

The home maintains a registered nurse as a palliative care link nurse. The link nurse attends the regular palliative care group meetings and minutes were available for reference in the home.

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

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

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that all registered nursing staff are trained in the use of this specialised equipment.

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

A review of the nursing care records for one patient who was receiving end of life care at the time of the inspection were examined. The nursing care records were well presented and clearly identified the recognition of deterioration in the physical wellbeing of the patient. Assessments of need were evidenced to have been updated; this included the management of hydration, nutrition, pain management and symptom control. Nursing care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

It was confirmed that environmental factors had been considered when a patient was considered end of life. Staff consulted confirmed that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support have been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

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

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying with their loved ones.

One relative of a recently deceased patient was available at the time of the inspection and very willing to speak with the inspector. This relative confirmed that the death of their family member was managed with compassion and sincerity. The staff were reported to have been professional, caring and very compassionate and the patient was supported to have a peaceful death after a very long and full life.

From discussion with 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.

Some comments from recent compliment cards are detailed below;

"It was very comforting to the family to know he was looked after so well in his last days at Croaghpatrick."

"We would like to say thank you for all your help and care for mum and for making our final days with Mum so peaceful."

“I would like to thank all of the staff at Croaghpatrick for the exceptional care and kindness given to our late mother during the past three months.”

“This is just a brief note to thank you, on behalf of the whole family for the excellent care you provided for our mother. During her stay with you we were always content that she was safe and comfortable, and being looked after, which was a great comfort to the family. May I especially thank Sister Chat, “B”, and Liz for attending Mum’s funeral, we know that mum was fond of all the staff and their being there would have meant a lot to her as it did to us.”

“The nursing care and support mum received in Croaghpatrick was .... Just Magnificent”

“A special thanks to all the staff of Croaghpatrick whose unfailing care and love enabled .... to retain her individualism and dignity until the end of her life.”

All staff consulted 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 1:1 support from the registered manager and support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives. Information documents were displayed in the foyer of the home.

### **Areas for Improvement**

No areas for improvements are identified at this time. The home is commended for their management of end of life care.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Consultation with patients, their representatives, staff and professional visitors**

Part of the methodology in collecting data for the inspection process included speaking with staff, patients and patient’s relatives asking them to give their own personal views on their impression of Croaghpatrick. Questionnaires were also given out for completion to aid data collection.

Overall feedback from the staff, patients and the relative involved confirmed that safe, effective and compassionate care was being delivered in Parkview.

A few patient comments are detailed below:-

‘It’s just like being at home’.

‘I like the company and the place is really nice’.

‘I like being in my own room. The nurses are lovely and very kind. My daughter can come when she wants’.

Three relatives met with the inspector. All confirmed that they were very happy with the care delivered in Croaghpatrick and that the staff would contact them should the health of their loved ones change.

The general feeling from the staff questionnaires and conversations indicated that they took pride in delivering safe, effective and compassionate care.

A few staff comments are detailed below:-

“The care provided within the home is led mainly by the individual needs of the residents. This is carried out by a strong team effort putting residents’ needs before task led duties”

“We have a good team in Croaghpatrick and we support each other”

“I have worked in Croaghpatrick for the past 16 years and in my honest opinion it is one of the best care homes around. The camaraderie amongst staff is second to none which makes it a truly pleasant place to work and this in turn comes across to both residents and their families.”

“All staff in croaghpatrick work hard to keep residents and family members happy and comfortable at all times. I have been working here for five years and have enjoyed every minute of it. The staff and residents are a pleasure to work with.”



**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Anne Devoy	<b>Date Completed</b>	05/08/15
<b>Registered Person</b>	Dr Claire Royston	<b>Date Approved</b>	05.08.15
<b>RQIA Inspector Assessing Response</b>	Heather Sleator	<b>Date Approved</b>	10/08/2015

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

*\*Please complete in full and returned to RQIA nursing.team@rqia.org.uk \**