



The Regulation and
Quality Improvement
Authority

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Inspection ID: IN021785

Kingsland Care Centre
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**Unannounced Care Inspection
of
Kingsland Care Centre**

8 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 8 June 2015 from 09.30 to 15.00.

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, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

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 26 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action notice regarding the installation of keypad access restrictions to the front door of the home and the management of notifiable events, was issued to the registered manager of Kingsland Care Centre at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Susannah Curry 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: Larchwood Care Homes (NI) Ltd/ Ciaran Sheehan	Registered Manager: Susannah Curry
Person in Charge of the Home at the Time of Inspection: Susannah Curry	Date Manager Registered: 29 December 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 43
Number of Patients Accommodated on Day of Inspection: 40	Weekly Tariff at Time of Inspection: £614 - £682.50

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

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 during 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 20 patients individually and to most of the remainder in small groups. Discussion was also undertaken with two registered nurses, six care / ancillary 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.

5.0 The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 January 2015. The completed QIP was returned within the required timeframe and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30.1 Stated: Second time	It is recommended that the nurse in charge of the home in the absence of the registered manager is clearly identified on the staff duty roster <hr/> Action taken as confirmed during the inspection: Examination of the staff duty rota evidenced that the registered nurse in charge of the home is now clearly identified.	Met
Recommendation 2 Ref: Standard 19.1 Stated: First time	The registered person should ensure that separate care plans to manage continence are in place for each individual assessed need <hr/> Action taken as confirmed during the inspection: An examination of the care records of two patients with continence care needs was undertaken. It was confirmed that care plans for urinary and faecal incontinence are records as separate issues.	Met

<p>Recommendation 3</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>The registered person should ensure that care plans are developed in consultation with the patient and/or their representative.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of four patients care records failed to confirm that there is clear evidence of patient involvement in the care planning process.</p> <p>This recommendation has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The registered manager should ensure that additional best practice guidelines on continence management are made available to staff to use on a daily basis</p> <hr/> <p>Action taken as confirmed during the inspection: Best practice guidance documentation in respect of continence management was available for inspection in the home.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. However the guidance failed to reflect regional guidelines on Breaking Bad News. The registered manager was referred to the Care Standards for Nursing Homes April 2015 for details on how to access regional guidance. Discussion with four care staff and two ancillary staff confirmed that they would appreciate further information and training regarding this regional guidance.

Staff confirmed that they had received training on communication as part of their induction process however this did not include reference to breaking bad news. This training should be developed further to include the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Three care records evidenced that patient individual needs and wishes in respect of aspects of daily living were appropriately recorded. However the care records failed to demonstrate that the patient or their representatives were involved in the care planning process. There was limited acknowledgement from all staff that end of life issues had been wholly considered with the exception of Do Not Attempt Resuscitation (DNAR) directives. The care records of one recently deceased patient were examined.

These records did not wholly reflect the end of life care delivered. The registered manager advised that an example of an end of life care plan is being drafted and will be used as part of the training for staff.

The registered manager did however agree that the barrier to communication in this area rests with staff and their concerns regarding the sensitivity of the issue. It was further agreed that training on breaking bad news and communication around end of life care would be very beneficial for all grades of staff.

Two registered nursing staff consulted discussed how they would communicate sensitively with patients when breaking bad news. This included examples such as; sitting down by the patient, using a calm voice, speaking clearly yet reassuringly, holding hands, allowing privacy, allowing the patient to question, and trying to display as much empathy as possible.

Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff and failed initially to recognise that they would do this on a regular basis and that it does not necessarily mean informing a patient that a loved one has died. Further staff training will allow for greater understanding and development of these skills

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, good communication was evident 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.

In general the patients stated that they were very happy with the quality of care delivered and with life in Kingsland Care Centre. They confirmed that staff are polite and courteous and that they felt safe in the home.

Three patient's representatives discussed care delivery and also confirmed that they were very happy with standards maintained in the home. One patient representative raised concerns regarding the delivery of breakfast to their family member. This matter was discussed with the registered manager during the inspection visit and an assurance was provided that actions would be taken as required to improve the patient's experience of this meal service.

A number of compliment cards were examined from past family members. Comments from a sample of these are recorded in section 5.4 below.

Areas for Improvement

The registered persons must review and expand the communication policy and procedure to ensure that it references regional guidance on breaking bad news.

Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home.

Number of Requirements:	0	Number of Recommendations:	2
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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)

The registered manager was in the process of preparing a comprehensive palliative / end of life care manual for staff. This document had not yet been shared with the staff team but should prove to be a valuable training tool.

The policy on management of palliative / end of life care failed to reflect best practice guidance such as the GAIN Guidelines on Palliative Care, November 2013.

A review of training records evidenced that staff have not yet received training in respect of palliative/end of life care. However all registered nursing staff were fully trained in the use of the McKinley T34 syringe driver.

Registered nursing staff and care staff were aware of the Gain Palliative Care Guidelines, November 2013 however they stated that they did not have knowledge of the actual document. A copy of the GAIN palliative and end of life care guidelines was available in the home and formed part of the training manual being prepared by the registered manager.

Discussion with two staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, six 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.

Is Care Effective? (Quality of Management)

A review of two 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 provided limited evidence of discussion between the patient, their representatives and staff in respect of death and dying arrangements.

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, six staff and a review of one deceased patient's care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with the patient who had been dying.

A review of notifications of death to RQIA during the previous inspection year confirmed that all were reported appropriately as required.

Is Care Compassionate? (Quality of Care)

Discussion with two registered nursing staff and a review of one deceased patient's care records evidenced that the patient and their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. One registered nurse consulted demonstrated an awareness of the identified patient's expressed wishes and needs as recorded 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.

From discussion with the registered manager and six staff and a review of the compliments records, 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 lifted from compliment records are detailed below;

"I just wanted to thank all of you for the care given to mum, especially during the last few months. I appreciate the kindness shown to me and other family members when visiting. The professional and caring approach which was taken by you and your staff helped us all over that difficult period."

"On behalf of my family I would like to thank you and all your staff for your support, during my father's recent stay at Kingsland. Everyone showed great compassion and professionalism towards my family during a very difficult time. We really appreciated all the support we were given."

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 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 from the registered manager, staff meetings or 1:1 counselling etc.

Areas for Improvement

The registered persons must review and develop the palliative / end of life policy and procedures. Training in palliative and end of life care should be made available to all staff commensurate with their roles and responsibilities. This will further enhance the quality of life in the home.

Number of Requirements:	0	Number of Recommendations: *2 recommendations made have been included in the recommendations made above under standard 19.	*
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5.5 Additional Areas Examined

5.5.1 Infection prevention and control

As part of the inspection process a review of the general environment was undertaken. Whilst in general the home was observed to be clean and well maintained a number of sluice areas evidenced poor hygiene controls with poor storage of bedpans /urinals and poor disposal of soiled linen and waste products. There was a similar issue in two communal bathrooms which were evidenced to be cluttered with commode storage and linen stored on trolleys. These matters were brought immediately to the attention of the registered manager who took immediate steps to rectify the situation during the inspection visit. A further inspection of the sluice and communal bathroom areas was undertaken prior to the conclusion of the inspection and all areas were found to be clean and appropriately maintained. Assurances were provided by the registered manager that daily checks of these areas would be maintained. A recommendation has been made

5.5.2 Notifiable events

A review of the management of notifiable events reported since the last care inspection was undertaken as part of the inspection process. Two notifiable events which occurred in March 2015 had not been reported to RQIA. One referred to the theft of monies belonging to staff and one referred to a patient fall and subsequent injury. The reporting requirements of The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 30, were discussed with the registered manager and it is required that these identified events are retrospectively reported. A requirement was made to ensure that all notifiable events are reported in accordance with Regulations. This matter was included in an urgent action letter issued at the conclusion of the inspection.

5.5.3 Access to the home at the main entrance

During the inspection visit it was noted that an electronic keypad access device was being installed at the front door. It was confirmed that RQIA had not been notified regarding this installation and therefore the key pad must NOT be activated until the appropriate documentation is received by RQIA. This matter was referred to the estates inspector for reference. The rationale for such a device was discussed with the registered manager as this had the potential to cause 'defacto detention' of patients and therefore a breach of The European Treaty on Human Rights.

Initially the registered manager advised that the restriction was to ensure the safety of one identified patient. The appropriateness of the placement of the identified patient was discussed and it was recommended that a detailed risk assessment of this patient's behaviours be undertaken to minimise all identified risks. The registered manager confirmed that initial challenging behaviours which were present at the commencement of the placement have now resolved.

The registered manager agreed that the door would be only be locked from 20.00 – 08.00 during summer and from 18.00 – 08.00 in winter this closure was for general home security purposes. A push button to exit mechanism would be installed inside the foyer by the door.

A requirement was made to ensure that the keypad mechanism is not activated until all appropriate documentation required by RQIA as part of this change is received. This matter formed part of an urgent action letter left with the registered manager at the conclusion of the inspection.

A further recommendation was made regarding a risk assessment for the identified patient.

5.5.4 Consultation with patients, their representatives, staff and professional visitors

During the inspection 20 patients were met with individually and others in small groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. A few comments received are detailed below;

'I have a lovely room and have made the right decision to live here'

'I would rather be at home but I realise that I need more help and need to be in the home'

'The staff are all very good, I feel safe and can always tell someone if something was wrong'

'I am not happy with my breakfast in the morning as I have to wait a long time for it to come and then my tea can be cold'

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below;

'Every staff member shows care and respect when it comes to the service users. We treat everyone to the best standards possible and respect them to their highest need.'

'The quality of care in the home is really good; staff are so helpful and supportive. I would not have a problem with a member of my family staying here'.

'The level of care here is second to none'

Three patient representatives discussed the quality of care delivery with the inspector and all agreed that they have no concerns in recommending the home and they were very happy with the standards of service provided.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Susannah Curry 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 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 30</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from 8 June 2015 and ongoing.</p>	<p>The registered manager must ensure that all notifiable events are reported to RQIA in accordance with Regulations.</p> <p>The two identified events which occurred in March 2015 must be reported to RQIA with all due haste.</p> <p>Ref section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Completed 08/06/2015</p>
<p>Requirement 2</p> <p>Ref: Regulation 32</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from 8 June 2015.</p>	<p>The registered manager must ensure that RQIA is formally notified of the changes to be made to the front door and that all documentation required as part of this application is approved prior to the activation of the keypad access device.</p> <p>Ref section 5.5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Documentation submitted 22/06/2015 to meet compliance.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 19.1</p> <p>Stated: Second time</p> <p>To be Completed by: end July 2015</p>	<p>The registered person should ensure that care plans are developed in consultation with the patient and/or their representative.</p> <p>Ref section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Admission check list prompt introduced. Monthly audits will be undertaken to monitor and evaluate progress.</p>
<p>Recommendation 2</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be Completed by: end July 2015</p>	<p>It is recommended that the registered persons review and update the following policies to ensure that they reflect best practice guidance;</p> <ul style="list-style-type: none"> • Communication policy should include reference to the regional guidance for breaking bad news • The palliative care policy and procedures should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. <p>Ref section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Referred to Senior Management Team</p>
<p>Recommendation 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be Completed by: end August 2015</p>	<p>It is recommended that the registered person ensures that all grades of staff have access to training on the following;</p> <ol style="list-style-type: none"> 1. Palliative / End of life care 2. Breaking bad news communication skills <p>Ref section 5.3, 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Rolling training programme covering above for all staff commencing 05/08/2015.</p>
<p>Recommendation 4</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be Completed by: 8 July 2015</p>	<p>It is recommended that the registered manager review and update the risk assessment re the identified patient in respect of leaving the home unaccompanied.</p> <p>Ref section 5.5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Dewing Wandering Risk Assessment completed 09/06/2015 and risk management plan in place.</p>

Registered Manager Completing QIP	Sue Curry	Date Completed	30/06/2015
Registered Person Approving QIP	Ciaran Sheehan	Date Approved	09.07.2015
RQIA Inspector Assessing Response	Linda Thompson	Date Approved	10/7/15

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

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