



The Regulation and
Quality Improvement
Authority

Lough Neagh
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**Unannounced Care Inspection
of
Lough Neagh**

5 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 5 October 2015 from 09.25 to 17.30.

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 Lough Neagh Nursing 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 28 July 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	0	2

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

2. Service Details

Registered Organisation/Registered Person: Cathal Quinn Marie Quinn	Registered Manager: Eileen Quinn
Person in Charge of the Home at the Time of Inspection: Eileen Quinn	Date Manager Registered: 21 April 2015
Categories of Care: NH-DE, NH-I, RC-PH, NH-PH, RC-I, NH-LD	Number of Registered Places: 26
Number of Patients Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: £470 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

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

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, the inspector met with 18 patients, four care staff, two registered nurses, three ancillary staff and four patient representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication.

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 11 November 2014. The completed QIP was returned and further information was requested from the provider by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.10 Stated: First time	It is recommended that patients' recommended daily fluid targets and the action to be taken if these targets are not being achieved be recorded in patients' care plans on eating and drinking.	Met
	Action taken as confirmed during the inspection: A review of three care records and discussion with two staff evidenced daily fluid targets are monitored and actions taken to address deficits are documented.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available regarding communication. A policy was also available regarding delivering bad news. Regional guidelines on 'Breaking Bad News' was available to staff. Discussion with four staff confirmed that they were knowledgeable regarding breaking bad news.

A review of training records evidenced that all staff had completed training in relation to communicating effectively with patients and their families/representatives within the past year. This was observed to be commendable.

Is Care Effective? (Quality of Management)

Three care records reflected patient individual needs and wishes regarding the end of life care. Recordings within records included reference to the patient's specific communication needs.

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

Patients were asked to complete a patient satisfaction survey in July 2015. The outcome of the survey was available for patients and/or their representatives. Discussion with the registered manager confirmed further satisfaction surveys are planned.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect. There was an occasion when an anxious patient was assisted by nursing and care staff in a professional and compassionate manner which ensured the patients' dignity was maintained. There was evidence of good relationships between patients and staff.

The inspection process allowed for consultation with 18 patients both individually and with others in small groups. All patients spoken with stated they were very happy with the care they were receiving in Lough Neagh Nursing Home. They confirmed that staff were polite and courteous and they felt safe in the home.

One patient representative commented, "The care here is first class. The best nursing home in Ireland."

Areas for Improvement

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

Number of Requirements:	0	Number of Recommendations:	0
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5.4 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, care of the dying and death of a resident were available in the home. Policies for staff and residents provided opportunity to pay their respects and a policy on spirituality was also available in the home.

A copy of GAIN Guidelines For End Of Life Palliative Care and End Of Life Care In Nursing and Residential Homes (November 2013) was available to staff in the home. A palliative care reference file was maintained in the home and contained other guidelines such as, the Southern Health and Social Care Trust Care of the Dying Patient: Guidance for Personalised Care Planning and Symptom Management (2015); Southern Health and Social Care Trust Guidance For Health and Social Care Staff Caring for Dying and Deceased Patients/Clients and Bereaved Relatives (2014) and Leadership Alliance for the Care of Dying People Guidance on Priorities of Care for the Dying Person (2014). Information leaflets, 'Coping With Bereavement' were available in the home.

The home have their own 'Palliative Care Statement' and conduct palliative care action plan audits on any patients in receipt of palliative care.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013. Three staff had completed a three day face to face training programme on palliative care. E-Learning palliative care training had been completed by all staff within the past year. In May 2015, three registered nursing staff completed a 'Living Matters/Dying Matters' training day. Eight registered nursing staff had completed training within the last year on the use of syringe drivers. A syringe driver was in use on the day of inspection. Palliative care training within the home was observed to be commendable.

Lough Neagh Nursing Home is part of the Nursing Home collaborative on improving palliative care. Commencing in October 2015 and ending in March 2016, staff from the home will be involved in them pilot project ECHO, a specialist palliative service run from a central ECHO hub in Belfast via a webcam to participating nursing homes. The intention of the pilot is to deliver palliative education to improve staff clinical practice and knowledge through case-based and peer supported learning.

Palliative and end of life care is incorporated within the home's induction programme and the competency and capability for the nurse in charge assessment. An end of life competency framework is completed and clinical supervision was provided for staff on palliative and end of life care needs.

Discussion with the registered nursing staff and the registered manager confirmed that there were arrangements in place to make referrals to specialist palliative care services.

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

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

Two palliative care link nurses have been identified for the home to guide and advise staff as necessary.

Is Care Effective? (Quality of Management)

Discussion with the registered manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or were dying. A quiet room has been identified for family/friends to have a private conversation or a rest. Staff consulted with were aware of the importance of providing refreshments at this time.

A review of three care records and a discussion with the registered manager and staff confirmed all patients have a spiritual care plan. A spiritual link nurse and a spiritual key worker were identified for the home to ensure spiritual needs of patients were met.

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

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the person's wishes, for family/friends to spend as much time as they wish with the person. From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Some compliments were as follows:

"It was a great help for us to know that she was content at Lough Neagh and was treated with love, respect and consideration at all times."

"Your kindness and friendliness will always be remembered. We appreciate all you did."

"Dad was very content at Lough Neagh; he was treated with dignity, care and affection which has been a great comfort to our entire family."

Discussion with the registered manager and a review of the complaints records evidenced that there were no concerns 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 provision for palliative care within the home was observed to be commendable.

Areas for Improvement

There were no areas for improvement in relation to palliative care / death and dying.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1. Consultation with patients, their representatives and staff

During the inspection process, 18 patients, nine staff, and four patient representatives were consulted with to ascertain their personal view of life in Lough Neagh Nursing Home. Four staff questionnaires and two patient questionnaires were completed and returned. Two patient representatives' questionnaires were returned. Overall, the feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Lough Neagh Nursing Home.

A few of the patients' comments are detailed below:

"The food is very good and the girls are nice."

"There's no bother here. The place is clean."

"I love it here."

The patient representatives consulted with were very positive about the care provided. Some of their views are detailed below:

"The standard of care has been very good and we could not ask for more."

"There is a warm, friendly feeling in this home at all times. The staff are polite, helpful and respectful to all visitors and residents. I cannot praise the quality of care enough."

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

A few of the staffs' comments are detailed below:

"I'm so proud of Lough Neagh."

"I love the home."

"I would honestly trust any member of my family in the care of this home."

"The care is very good for someone at the end of life. Their comfort and that of their relatives are always taken care off."

5.5.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the home which were not managed in accordance with infection prevention and control guidelines:

- a rusted commode chair was observed in use
- the type of shelving used in the identified storage area did not have a cleanable surface
- inappropriate storage in identified rooms
- a shower chair was not cleaned after use
- hand washing facilities were not provided in the identified sluice room

The above issues were discussed with the registered manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

5.5.3 Meals and Mealtimes

The mealtime experience in all units within the home was well organised. Food was served appropriately from a bain-marie and appeared appetising and nutritious. Patients appeared to enjoy the mealtime experience. However, menus were not displayed in all of the dining areas informing patients and/or their representatives of the meal choices. A recommendation was made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered persons, Marie Quinn and Cathal Quinn, and the registered manager, Eileen Quinn, 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 Regulation and Quality Improvement Authority, 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT 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

Recommendations

Recommendation 1

Ref: Standard 46
Criteria (1) (2)

Stated: First time

To be Completed by:
30 November 2015

It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.

Particular attention should focus on the areas identified on inspection.

Ref: Section 5.5.2

Response by Registered Person(s) Detailing the Actions Taken:
Infection control training in relation to the areas identified during inspection has been carried out with staff and is reviewed as part of the monthly audit on Infection Control. Commode chair replaced. Plumber commissioned to carry out work in identified sluice room and painter commissioned to varnish identified pigeon holes.

Recommendation 2

Ref: Standard 12
Criteria (13)

Stated: First time

To be Completed by:
30 November 2015

It is recommended that a daily menu is displayed in a suitable format and in an appropriate location, so that patients/residents and their representatives know what is available at each mealtime.

Ref: Section 5.5.3

Response by Registered Person(s) Detailing the Actions Taken:
Picture menu and written menu are on display for patients/residents and their representatives.

Registered Manager Completing QIP	Eileen Quinn	Date Completed	28-11-15
Registered Person Approving QIP	Marie Quinn	Date Approved	28-11-15
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	08-12-15

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