Tennent Street
RQIA ID: 1784
Balmoral and Sandhurst Suites
1 Tennent Street
Belfast
BT13 3GD

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Unannounced Care Inspection
of
Tennent Street – Balmoral and Sandhurst Suite

20 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 20 May 2015 from 09:30 to 15:30.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

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.

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 18 November 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	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Jackie Cairns, 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: Four Seasons Health Care Maureen Royston	**Registered Manager:** Jacquelyn Cairns
Person in Charge of the Home at the Time of Inspection: Jacquelyn Cairns	**Date Manager Registered:** 1 April 2005

Categories of Care: NH – DE Balmoral Unit NH – A Sandhurst Unit	**Number of Registered Places:** Balmoral – 14 Sandhurst – 13 Balmoral – 1 day care place
Number of Patients Accommodated on Day of Inspection: Balmoral – 14 Sandhurst - 11	**Weekly Tariff at Time of Inspection:** Balmoral - £593 per week Sandhurst - £784.13 per week

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
- 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 15 patients, three care staff and two registered nurses. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:
- validation evidence linked to the previous QIP
- the staff duty rota
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- competency and capability assessments of registered nurses
- 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 unannounced care inspection dated 18 November 2014. The completed QIP was returned and approved by the nursing inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 14 (2) **Stated:** First time	The registered person must ensure that: • the electric room remains locked when not in use • the storage of linen and incontinence in the electric room must cease	**Met**
	Action taken as confirmed during the inspection: The issue of the electric room had been resolved through consultation with the estates officers within the organisation and RQIA. The electric room was locked at the time of the inspection.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy/reference manual had been provided by the registered manager for staff. The manual included the regional guidelines on Breaking Bad News. The registered manager stated the organisation was currently updating policy information on communicating effectively and palliative and end of life care. The manager had provided staff with the reference manual until such times as the new documentation is made available. Discussion with five staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that 50 out of 57 staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities

Is Care Effective? (Quality of Management)

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

There were no patients in receipt of end of life care or palliative care at the time of inspection. We assessed communication based on the holistic needs of patients. A review of three care records evidenced that the breaking of bad news was discussed with patients and/or their representatives where appropriate. Options and treatment plans were also discussed.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues, body language and gestures and felt their role was to empathise and support patients and their representatives following sensitive or distressing news being given.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how staff communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Tennent Street Care Home.

Areas for Improvement

Following the receipt of the new policy documentation in respect of on communicating effectively and palliative and end of life care, a system should be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.

Number of Requirements:	**0**	**Number of Recommendations**:	**1**

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)

As previously stated the registered manager had compiled a reference manual with included the management of palliative and end of life care and death and dying. 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.

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.

A review of staff training records evidenced that six registered nurses had completed training in respect of palliative/end of life care in May 2015. Care staff had also attended training provided by the oncology and palliative care nurse specialist from the local Healthcare Trust. A link nurse in respect of palliative care had been identified and the link nurse attends the oncology and palliative care link nurse meeting in the local Healthcare Trust on an annual basis.

Discussion with nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Palliative and/or end of life care had not been required in either Balmoral or Sandhurst units for a considerable period of time. The review of care records evidenced advanced care planning documentation and care plans which confirmed consultation with the patient and/or their representative and the patient's general practitioner had occurred.

A review of the competency and capability assessments for registered nurses evidenced end of life care was included and the assessments had been validated by the registered manager. The review of staff induction training records also confirmed end of life care was included.

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

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

There was no specialist equipment, for example syringe drivers is in use in the home at the time.

Is Care Effective? (Quality of Management)

Whilst there were no patients identified as requiring end of life care in the home at the time of the inspection, the review of three care records evidenced that the patient's holistic needs were assessed and reviewed on an ongoing basis and documented in the patient's care plans. This included the management of hydration and nutrition, pain management and symptom management. A key worker/named nurse was identified for each patient. There was evidence that referrals would be made if required to the specialist health professionals and close contact was evidenced to be maintained with the patient's GP.

Discussion with the manager, five staff and a review of three 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, patients bedrooms are single rooms' and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

A review of notifications of death to RQIA during the previous inspection year evidenced they were appropriately submitted.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present. Staff described how they had been involved in ensuring a patient who had passed away and had no family, was dressed in clothing that had special meaning to the person whilst alive. Staff also informed how they had been pall bearers at a patient's funeral as the patient had no family.

From discussion with the manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. 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.

Staff consulted with confirmed that they were given an opportunity to pay their respects after a patient's death. Information on bereavement counselling was present on the relatives' notice board.

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 for example, bereavement support; staff meeting and 1:1 counselling, if appropriate.

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

5.5 Additional Areas Examined

Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	10	10
Patients	3	0
Patients representatives	0	0

All comments on the returned questionnaires were in general positive.

There were no questionnaires completed by patients however comments received are detailed below;

Patients

'I feel that this is a very good home and I am happy here'
'It's very good here'
'the food is good enough'
'I like it here'
'I prefer to stay in my room and staff let me'

The Environment

There was a good standard of cleanliness and hygiene standards evident during the inspection. The home was spacious and communal areas were comfortable. Infection control procedures were also maintained to a good standard.

Balmoral unit is registered to provide care for persons with dementia. The unit is small and domesticated and homely in appearance. The unit attained silver accreditation in the organisations Positively Enriching and Enhancing residents Lives (PEARL) award scheme, specifically for dementia care units or homes. This is commendable.

Sandhurst unit is a rehabilitative unit for persons with a past or present mental health issues. The unit is also small in size and domesticated in appearance. The ethos is to encourage and facilitate independence. The unit has a kitchen and laundry facilitates to enable patients to remain as independent as possible.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Jackie Cairns, 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	
Recommendations	
Recommendation 1 **Ref**: Standard 32.1 **Stated:** First time **To be Completed by:** **30 September 2015**	A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the orgainsation, in respect of communicating effectively and palliative and end of life care.
	Response by Registered Person(s) Detailing the Actions Taken: The new Palliative Care Policy has been issued in draft form , all staff in the unit have read the policy and signed receipt of same . When Four Seasons issue the other policies the Manager will ensure that all staff read and understand the content

Registered Manager Completing QIP	Jackie Cairns	**Date Completed**	23-6-15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	23.06.15
RQIA Inspector Assessing Response	Heather Sloan	**Date Approved**	25.06.15.

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