

**Unannounced Care Inspection
of
Domnall**

22 October 2015

1. Summary of Inspection

An unannounced care inspection took place on 22 October 2015 from 10.15 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, 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 30 June 2015.

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	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Jordan Perreira, deputy 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 Dr Maureen Claire Royston - Responsible person	Registered Manager: Leanna Bonar
Person in Charge of the Home at the Time of Inspection: Jordan Pereira	Date Manager Registered: 5 November 2012
Categories of Care: NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 52
Number of Patients Accommodated on Day of Inspection: 45	Weekly Tariff at Time of Inspection: £643.50 to £686

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
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with six patients, four care staff, two nursing staff, two patient's representatives and two visiting professionals.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- regulation 29 monthly monitoring reports
- policies for communication and end of life care
- 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 finance inspection dated 10 July 2014. The completed QIP was returned and approved by the finance inspector.

5.2 Review of Requirements and Recommendations from the Last Care inspection on 30 June 2015.

No requirements or recommendations were made at the last care inspection.

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure on communicating effectively was currently under review, by the organisation, . A copy of the policy was available in draft format. A review of the draft policy confirmed that it reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with the deputy manager and staff confirmed that they were knowledgeable regarding the draft policy and procedures. A recommendation was made in regard to the issue of approved policies and staff awareness.

A sampling of staff training records evidenced that 14 out of 72 staff had attended grief awareness training, provided by local funeral services, which included a focus on dying with dignity. Training had also been provided in relation to palliative and end of life care. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities. Detail regarding further training is discussed in section 5.4.

Is Care Effective? (Quality of Management)

Discussion with two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example, an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be primarily, the responsibility of the registered nursing staff, but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion with six patients individually and with the majority of patients generally, evidenced that patients were content living in the home. 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 taking time to reassure patients, as was required from time to time.

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

Two patient's representative also confirmed that they were kept informed of any changes to their relative's condition and of the outcome of visits and reviews by healthcare professionals. There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care. One compliments record described the love and compassion shown to a patient who was recently bereaved and the care given to the whole family when their relative was receiving end of life care.

Areas for Improvement

A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively.

Number of Requirements:	0	Number of Recommendations: *1 recommendation has been stated under Standard 32 below	*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)

Policies and procedures on the management of palliative and end of life care and death and dying were currently under review by the organisation. A review of the draft policy confirmed that it 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. As previously discussed, a recommendation was made.

There was no formal protocol for timely access to any specialist equipment or drugs in place. However, discussion with two registered nurses confirmed their knowledge of local arrangements for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required. Registered nursing staff and care staff were also aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines, November 2013.

The policy reviewed stated that the e-learning module on palliative and end of life care was mandatory for registered nursing staff and indicated that it is good practice for this training to be extended to all grades of staff. Discussion with the deputy manager confirmed that the e-learning component of training had recently commenced and that 23 out of 72 staff had completed this training module. A review of staff training records evidenced that four registered nurses and six care staff had received face to face training in palliative and end of life care provided by Four Seasons Health Care. One senior carer had also attended external training provided by the Belfast Health and Social Care Trust. Discussion with the deputy manager confirmed that plans were in place to nominate a palliative care link nurse.

Two syringe drivers were in use on the day of inspection. The training needs of staff were discussed with the deputy manager. Fifteen registered nurses had attended syringe driver training and the deputy manager had completed the train the trainer programme. Plans were in place for four registered nurses to attend the train the trainer programme.

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.

The records reviewed confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services and where instructions had been provided, these were evidently adhered to
- 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 evidence in both care records that the patient's wishes and their social, cultural and religious preferences were also considered and that discussion between the patient, their representatives and staff in respect of death and dying arrangements had taken place.

A key worker/named nurse was identified for each patient approaching end of life care. Discussion with the deputy manager, staff and a review of two 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.

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

Is Care Compassionate? (Quality of Care)

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. Staff described how they would provide catering/snack arrangements for family members, when their loved one was receiving end of life care.

Discussion with the deputy 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. A review of the compliments records confirmed that arrangements in the home were sufficient to support relatives during this time. There was also evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient. A copy of a letter was reviewed, in which a relative had written to the minister for health and social services, commending the staff on the compassion shown to a patient and how their dignity was preserved at all times. This is highly commended.

Staff confirmed that they were given an opportunity to pay their respects after a patient's death. Compliments records reviewed reflected the appreciation of family members for the staff's presence at funerals. From discussion with the deputy 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 supporting those who were new to the caring role and time spent reflecting on the patients' time spent living in the home.

The policy on palliative and end of life care stated that following the death of a patient, advocates and staff should have signposting services to agencies such as CRUSE Bereavement. There was only one Four Season's leaflet available, providing information to help those close to someone who is old or dying. The deputy manager was advised of other support services that were available. A recommendation was made.

Areas for Improvement

As previously discussed in section 5.3, a system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively. This recommendation also extends to palliative and end of life care.

Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

Care Practices and Records

Care practices were observed throughout the inspection. Staff were observed treating the patients with dignity and respect and responded to patients' requests promptly. Good relationships were evident between patients and staff. Patients were well presented with their clothing suitable for the season. The demeanour of patients indicated that they were relaxed in their surroundings.

One patient was identified as exhibiting behaviours that challenge. The deputy manager confirmed that appropriate measures had been taken in liaising with the Belfast Health and Social Care Trust, to address this. However, a review of the patient care records identified that the patient's pain assessment and care plan had not been regularly updated. A care plan for behaviour management was only completed on the day of inspection and there was no care plan in place regarding the administration of medicines. The deputy manager confirmed to RQIA by email that the assessments and care plans were updated on 22 October, following the inspection. A recommendation was made in this regard.

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	9
Patients	10	10
Patients representatives	6	6

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

Staff

'The home is very peaceful'

'I am very happy with the level of care we as a team provide. I go home content with the standard of care our residents receive'

'Patients always walk away happy with the care given here'

'Residents needs are number one priority'

'The care is very good'

Patients

'I am very happy'

'I feel very satisfied with the care I receive'

'I am treated very well. They are very good. I could not suggest anything to improve on'

'It's all positive here'

'They are good alright. First class even'

'This is a home to be proud of'

'Have never been in a place like this. The care is excellent'

Food exceptional. Staff admirable'.

Patients' representatives

'The staff have always been very helpful'

'From the front door to the back door, they are brilliant. I highly recommend them'

'As a family, we cannot speak highly enough of the care home and all the staff, nothing is a problem and we are very impressed'

'All the staff, from top to bottom, cannot do enough for you'

'We are more than satisfied. We can go away everyday, knowing that (our relative) is being looked after'

'Good quality of care provided. The food is good and the staff are very friendly'

Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathroom, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jordan Pereira, deputy 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 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 32.1 Stated: First time To be Completed by: 19 December	It is recommended that a system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care. Ref: Section 5.3 and 5.4		
	Response by Registered Person(s) Detailing the Actions Taken: Staff register now in place to evidence staff have received the new policy and that they understand the content.		
Recommendation 2 Ref: Standard 32 Stated: First time To be Completed by: 19 December 2015	It is recommended that relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland. Ref: Section 5.4		
	Response by Registered Person(s) Detailing the Actions Taken: Leaflets requested from CRUSE Bereavement services and Dying Matters to provide extra support for patients and their relatives if necessary.		
Recommendation 3 Ref: Standard 21 Stated: First time To be Completed by: 19 December 2015	It is recommended that patient's pain assessments are updated as appropriate and that care plans are reviewed in line with the outcomes of such risk assessments. Ref: Section 5.4		
	Response by Registered Person(s) Detailing the Actions Taken: All care plans and pain assessments reviewed and updated as necessary. This will be monitored through the auditing process by Home Staff and Regional Managers.		
Registered Manager Completing QIP		Leeanna Bonar	Date Completed 30/11/15
Registered Person Approving QIP		Dr Claire Royston	Date Approved 17.12.15
RQIA Inspector Assessing Response		Aveen Donnelly	Date Approved 29/12/2015

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