



The Regulation and
Quality Improvement
Authority

Inspector: Karen Scarlett
Inspection ID: 22138

Ambassador
RQIA ID: 1046
462-464 Antrim Road
Belfast
BT15 5GE

Tel: 02890771384
Email: ambassador-nh@hotmail.co.uk

**Unannounced Care Inspection
of
Ambassador
9 June 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 9 June 2015 from 09.55 to 16.00 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from 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	1	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Amelia Noach, registered manager and Mrs Emer Bevan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Amstecos Ltd.	Registered Manager: Mrs Amelia Noach
Person in Charge of the Home at the Time of Inspection: Mrs Amelia Noach	Date Manager Registered: 1 April 2005

Categories of Care: NH-A, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 48
Number of Patients Accommodated on Day of Inspection: 46	Weekly Tariff at Time of Inspection: £593

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:

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

During the inspection, the inspector met with eight patients, two staff nurses, three care staff and one patient's visitors/representative.

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

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- staff induction records
- four care records and a number of daily charts
- a selection of policies and procedures
- incident and accident records
- care record audits

- regulation 29 monthly monitoring reports
- annual quality report
- guidance for staff in relation to palliative and end of life care
- guidance for staff in relation to continence care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection on 4 December 2014. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 17</p> <p>Stated: Third time</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing the quality of nursing and other service in the nursing home. A report is to be written on an annual basis and evidence consultation with patients and their representatives.</p> <p>Action taken as confirmed during the inspection: A copy of the annual report was reviewed and evidenced consultation with patients and their representatives.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>In particular the registered person should ensure that any rusted metal bins in the bathrooms are replaced.</p> <p>Action taken as confirmed during the inspection: An inspection of the premises evidenced that there were no rusted bins in the bathrooms inspected. There were however, two broken pedal operated bins noted in bathrooms. The registered person assured RQIA that new bins had already been ordered.</p> <p>This requirement has been met.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.2 Stated: Third time	It is recommended when a patient's behaviour is uncharacteristic and causes concern, a documented plan of care meets the individual's assessed needs and comfort is drawn up and agreed with patients, their representatives and relevant professionals, as required.	Met
	Action taken as confirmed during the inspection: A review of two relevant care records evidenced that a plan of care was drawn up to meet these patients' needs in relation to behaviours which challenge. Referrals had been made as appropriate. This requirement has been met.	
Recommendation 2 Ref: Standard 26.2 Stated: Second time	It is recommended the policies and procedures for treatment and care are evidenced based and in line with current best practice as defined by professional bodies and national standard setting organisations. This recommendation is in respect of the development of a policy on responding to behaviours which challenge staff and the service.	Met
	Action taken as confirmed during the inspection: A policy entitled "Responding to behaviours which challenge" was reviewed and found to be up to date and had been ratified. This requirement has been met.	

<p>Recommendation 3</p> <p>Ref: Standard 5.3</p> <p>Stated: Third time</p>	<p>It is recommended evidence is present in patients' care records of consultation and/or involvement of patients and/or their representatives in the planning of care.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the care records evidenced that patients and their relatives had signed a form to state that they were consulted regarding care plans at the point of assessment. However, ongoing communication with patients and their representatives regarding their care and treatment could not be evidenced from the care records examined.</p> <p>Given that this recommendation would have been stated for a fourth time this will now be subsumed in to a requirement.</p>	<p>Not Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 26.1</p> <p>Stated: Second time</p>	<p>Information should be detailed in the quality assurance policy for the home that monthly Regulation 29 reports are available in the home and patients and/or their representatives may read the reports if they so wish.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The "quality improvement policy" was reviewed and stated that the regulation 29 reports were available in the home for patients and representatives to read.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p>	<p>It is recommended the annual quality report includes, for example, evidence of consultation with patients, representatives and staff, outcome and action taken in response to patients/representatives satisfaction questionnaires, action taken to address any deficits identified through audit or consultation.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the annual quality report included the information recommended above.</p> <p>This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p>	<p>It is recommended that there is validation of registered nurses knowledge of wound assessment, management and treatment, including wound care products and dressings.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A number of registered nurses had undertaken training in wound care which included dressing choice. A review of care records evidenced that wounds were being appropriately managed and referrals made to specialist nurses as required.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 11.3; 11.6</p> <p>Stated: First time</p>	<p>It is recommended nursing care plans in relation to wound care management evidence the following:</p> <ul style="list-style-type: none"> • regular photography of the wound • regular review of pain management • skin care information leaflets are available to patients and/or representatives • repositioning charts are accurately and consistently recorded. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the care records evidenced that wounds were being well managed and appropriately documented. Where wounds were not always photographed they were consistently measured and described on open wound charts. Pain assessments were being consistently carried out and reviewed. No skin care information leaflets were available as yet. Repositioning charts were being completed consistently and accurately.</p> <p>This requirement has been partially met and will not be restated given the significant improvement evidenced in wound management.</p>	<p>Partially Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 11.7</p> <p>Stated: Second time</p>	<p>It is recommended the registered manager ensures registered nursing staff undertake training and/or are competent in relation to wound care management.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A number of registered nurses had undertaken recent training in wound management.</p>	<p>Met</p>

	This recommendation has been met.	
Recommendation 9 Ref: Standard 35.1 Stated: First time	<p>It is recommended that continence pads are stored in their original packaging in order to maintain this equipment safely, in accordance with manufacturers' instructions and to ensure effective infection prevention and control.</p> <p>Action taken as confirmed during the inspection: An inspection of the premises evidenced that continence pads were being appropriately stored in accordance with best practice in infection prevention and control.</p> <p>This recommendation has been met.</p>	Met
Recommendation 10 Ref: Standard 26.6 Stated: First time	<p>The following policy must be reviewed and updated as required and ratified by the responsible person:</p> <ul style="list-style-type: none"> • promotion of continence and management of incontinence. <p>Action taken as confirmed during the inspection: The continence policy had been updated and appropriately ratified.</p> <p>This recommendation has been met.</p>	Met
Recommendation 11 Ref: Standard 19.2 Stated: First time	<p>The registered person should ensure that the following best practice guidelines are readily available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence <p>Action taken as confirmed during the inspection: A review of the continence file evidenced that relevant guidance was available to staff as required. This recommendation has been met.</p>	Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sample of training records could not evidence that staff had completed training in relation to communicating effectively with patients and their families/representatives. However, those staff consulted were able to demonstrate knowledge and confidence in communicating sensitively with their patients.

Is Care Effective? (Quality of Management)

Three care records reviewed did not reflect the patients' individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs, including language, sensory and cognitive impairments.

A review of care records could not evidence that the breaking of bad news was discussed with patients and/or their representatives, nor options or treatment plans discussed, where appropriate.

There was some evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care on admission. However, there was little documented evidence of consultation following this. A previous recommendation made in relation to evidencing consultation with patients and their representatives in the care records has now become a requirement. Please refer to section 5.2 for further information.

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by ensuring face to face discussion where possible. They emphasised the need to provide appropriate time in a private venue for these discussions. They were however, not documenting these discussions to provide evidence of what was discussed or the patients' or their representatives' comments or wishes.

Is Care Compassionate? (Quality of Care)

Discussion with staff and the manager demonstrated that staff communicated effectively with patients. One patient in the home spoke no English and staff had developed forms of non-verbal communication to use on a daily basis. They also consulted family to assist with translation when appropriate.

Patients and relatives consulted were very positive about the care and the staff and no concerns were raised.

Relationships between patients and staff were observed to be relaxed and friendly. Staff were responding promptly and in a caring and dignified manner to patients' needs.

Areas for Improvement

A recommendation has been made that end of life arrangements for patients are discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.

Number of Requirements:	0	Number of Recommendations:	1
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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)

A policy on the management of death and dying was available and included guidance on the management of the deceased person's belongings and personal effects. This policy was due for review in November 2015 and in discussion with the registered persons it was agreed that when this is reviewed it would be updated to reflect up to date guidance including the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013). There was currently no policy on palliative and end of life care available to guide staff.

Training records evidenced that a number of registered nurses had undertaken training in palliative and end of life care. More training in palliative care and the management of the McKinley syringe drivers was planned for later in June 2015. Care staff consulted had not had any formal training but in discussion commented that they were well supported and mentored by their nursing colleagues and felt confident when caring for patients at the end of life.

Discussion with staff and a review of the care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Staff commented on the value of this support.

Discussion with the manager, staff and a review of 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 staff confirmed their knowledge of the protocol.

Staff confirmed in discussion that they had access to syringe drivers through the Trust. They had received training in these devices and more training was planned. The local Trust also provided support when required.

Is Care Effective? (Quality of Management)

A review of 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 evidenced some discussion had been attempted between the patient, their representatives and staff in respect of death and dying arrangements. However, a review of the care plans in relation to end of life contained no specific, person-centred information on these arrangements. This was discussed in relation to patients of a different faith and culture and the need for staff to understand their specific rituals and practices to ensure their needs were appropriately met.

A key worker/named nurse was identified for each patient approaching end of life care. 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 manager, staff and a review of 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 evidenced that these had been managed 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 regarding end of life care. The religion of each patient was recorded consistently on the initial assessment. A care plan had been put in place for end of life care but these were pre-printed and tended not to contain specific, person-centred information in relation to each patient to guide staff. Staff consulted, demonstrated an awareness of patient's expressed wishes and needs.

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 confirmed in consultation that relatives were made very welcome. They were facilitated to stay overnight if they desired and were offered a comfortable chair, use of the quiet room and regular beverages and snacks. Staff all confirmed that they regularly called in to check on the patient and their family and emphasised that they developed close, professional relationships with them. Staff particularly reported that they took time to sit with patients who had no family as they approached the end of life.

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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. They were facilitated to attend memorial services if they so desired.

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 the support of the team and the registered manager.

Information regarding support services was supplied by the Trust palliative care specialist nurse and was available and accessible for staff, patients and their relatives.

Areas for Improvement

As previously stated, a recommendation has been made that end of life arrangements for patients are discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.

It has also been recommended that a policy on palliative and end of life care is developed with reference to up to date guidelines.

Number of Requirements:		Number of Recommendations: *1 recommendation made is stated under Standard 19 above	2
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5.5 Additional Areas Examined

5.5.1. Comments of patients, patient representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

Patients

Patients were unable to complete the questionnaires but comments made in discussion included:

"Everything is OK."

"I can't complain."

Patients were observed to be comfortable, relaxed and very well presented. No concerns were raised with the inspector.

Patients' Representatives

One relative spoken with was very happy with the care and the staff. Three patient representatives completed questionnaires and comments included:

"I am very happy with everything in the home and that the staff do for my xxx."

"We as a family are happy with everything in this home."

Staff

Those staff consulted reported that they were happy working in the home and were of the opinion that there was a homely atmosphere and good team working. Five staff completed questionnaires and comments included:

"Ambassador is one of the best homes I have worked in. There is a happy home environment and a good atmosphere in the home."

"The staff are very supportive of one another."

5.5.2. Environment

In general the home was found to be clean and well presented to a good standard of décor. Two faulty pedal bins were identified in two bathrooms and ceiling tiles in one upstairs bathroom were found to be stained and water damaged. The registered person, Mrs Emer Bevan, assured the inspector that bins and new tiles had been ordered and they were waiting for these to arrive.

It was also noted that one bathroom was being used as a storage area for wheelchairs but the sink was still in situ. Records in relation to the management of legionella risk were requested but could not be found on the day of inspection. The registered person agreed to forward the appropriate checks to the inspector by 16 June 2015. These were forwarded via email within the required timeframe and evidenced that the required actions were being taken to reduce legionella risk.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Amelia Noach, registered manager and Mrs Emer Bevan, registered person, 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			
Requirement 1 Ref: Regulation 16 (1); 16 (2) (c) Stated: First time To be Completed by: 7 October 2015	<p>The registered persons should ensure that care plans are prepared and appropriately revised in consultation with patients and their representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Care plans are prepared & revised in consultation with patients and their representatives when patients and their representatives agree to contribute. A tool has been developed to capture patients/relative/representative communication. This tool is used to pinpoint discussions & consultations held with patients and their representatives to evidencet their contributions and their input into plans of care.</p>		
Recommendations			
Recommendation 1 Ref: Standard 20.2 Stated: First time To be Completed by: 7 October 2015	<p>A recommendation has been made that end of life arrangements for patients are discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Care plans and guidance for End of Life Arrangements in consultation with multidisciplinary teams and palliative nurses are already in place. The patient relative representative tool can now be in use to highlight expressed wishes/ discussions in relation to their specific religious and cultural needs.</p>		
Recommendation 2 Ref: Standard Stated: First time To be Completed by: 7 October 2015	<p>A policy should be developed to guide staff in relation to palliative and end of life care with reference to up to date guidelines.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The current policy on death and dying has been updated to include end of life care with reference to spiritual and cultural needs. This policy now includes arrangement for particular religions which may not be encountered regularly.</p>		
Registered Manager Completing QIP	Amelia Noach	Date Completed	27/07/15
Registered Person Approving QIP	Emer Bevan	Date Approved	27/07/15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	29/7/15

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: