



The Regulation and
Quality Improvement
Authority

Bangor
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BT20 3NG

Inspector: Dermot Walsh
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**Unannounced Care Inspection
of
Bangor Care Home – Bloomfield Suite**

6 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 06 July 2015 from 09.25 to 14.40.

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 24 September 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 the registered manager Ms Donna Mawhinney 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	Registered Manager: Donna Mawhinney
Person in Charge of the Home at the Time of Inspection: Donna Mawhinney	Date Manager Registered: 30 December 2014
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 17
Number of Patients Accommodated on Day of Inspection: 14	Weekly Tariff at Time of Inspection: £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

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 plan (QIP) from the previous inspection
- The previous care inspection report
- Pre-inspection assessment audit

During the inspection, the inspector met with ten patients, three care staff, one staff nurse, one maintenance man and one domestic. There were no visiting professionals or patient's visitors/representative available at the time of inspection.

The following records were examined during the inspection:

- Two patient care records
- Records of accidents / notifiable events
- Incidents
- Staff training records
- Staff induction records
- Competency and capability template
- Policies on communication, death and dying, and palliative and end of care life
- Compliments
- Complaints
- Best practice guidelines

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 24 September 2014. The completed QIP was returned and approved by the care 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 10.10</p> <p>Stated: First time</p>	<p>The registered person, given that there is only one administration computer in the home through which the Datix system is maintained, must:</p> <ul style="list-style-type: none"> • review the management of recording accidents and incidents • establish a more efficient system of recording which reduces the time staff are required to leave each individual unit to access the computer and therefore minimises the risks to patient/ residents and staff. <p>Ref section 10.10</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>On inspection it was observed that a new computer was available in the Bloomfield office where staff can gain access to the Datix system without leaving the unit.</p>	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and referred to regional guidelines on breaking bad news.

Communication training is included in staff inductions. Communication training in respect of communicating effectively with patients and their families/representatives and the breaking of bad news is contained within palliative and end of life care training. The registered manager advised that 86% of staff have completed this training. Plans are made for the remainder of staff to avail of this training.

Is Care Effective? (Quality of Management)

Two care records reflected patient individual needs and wishes regarding the end of life care. One gave reference to funeral arrangements and the other had an advance care plan in their records. This was not completed though discussion with the manager evidenced the record would be updated when required. Recording within records included reference to the patient's specific communication needs such as barriers including cognitive ability, learning disability and sensory impairment.

There was evidence within two records reviewed that patients and their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered staff nurse consulted, demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by sitting down in a private area, using a calm tone and speaking in an empathetic manner using clear speech. They spoke of the importance of giving the patient time to ask questions or voice concerns. The care assistants also were knowledgeable on breaking bad news and offered examples when they have supported patients when delivering bad news.

Is Care Compassionate? (Quality of Care)

Observing the many staff interactions with the patients confirmed that communication was well maintained and the patients were observed to be treated with dignity and respect. The staff interacted with the patients on an individual basis and in accordance with their individual care plans.

The inspection process allowed for interaction with ten patients individually. Some of the patients were unable to communicate verbally however they all appeared safe, clean and appeared very happy to be in Bloomfield suite.

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 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 available in the home. 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 the training records evidenced that 86% of staff had recently completed training in respect of palliative/end of life care.

Discussion with the staff nurse on duty confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

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

The registered manager Donna Mawhinney is the palliative care link nurse for Bloomfield Suite.

Is Care Effective? (Quality of Management)

At the time of inspection no patient's had needs for palliative or end of life care however care records evidenced individualised assessment, planning, implementation and evaluation of current patient needs.

Discussion with the 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 dying. A room was specially designed for relatives to stay overnight or have a shower or a private talk with loved ones.

The staff nurse on duty demonstrated their ability to communicate sensitively with patients when breaking bad news. They advised that in the past they would sit down in a private area, speak with the patient in a calm manner and in an empathetic manner using clear speech, offering reassurance and allowing an opportunity for the patient to ask any questions or voice any concerns. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

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

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and with many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect.

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. This included a room set aside for family/friends to stay overnight and/or have a shower or a private conversation. Staff were knowledgeable regarding interaction with relatives and provision of refreshments and meals.

From discussion with the manager, four staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. The following are a review of some of the compliments:

'To all those who looked after with love and thoughtfulness. We wish you to know how much we have appreciated your kindness and professional care.'

'Thank you for all your loving kindness to and her family. We want you to know how much we appreciate your gentleness and care.'

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.

Areas for Improvement

No areas of improvement are identified at this time.

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

5.5.1. Infection control

A review of the environment of the home was undertaken as part of the inspection process. In general the home was found to be clean and free from malodours. One concern was related to storage in the home. A patient's chair was being stored in the main bathroom and multiple items were stored on the floor of the linen room.

The majority of signage in the home was noted to be laminated however the inspection evidenced intermittent signage not laminated in the patients living areas. This was discussed with the registered manager who will address this situation. A recommendation has been made around infection control.

5.5.2. Resident and Staff Questionnaires

Whilst residents were unable due to the complexity of their health to complete the questionnaires, the inspector was able to assess their level of satisfaction of quality of care in the unit through conversation and observation.

Some comments received from the residents:

'I like it here.'

'I am happy here.'

Some comments received from the staff:

'There appears to be a very close bond between staff and residents almost reflective of an extended family.'

'I feel all staff do their utmost to provide the best care possible to each and every resident in this unit.'

'We always give to resident's good quality of care.'

'All staff do their best to keep all residents happy.'

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Donna Mawhinney 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			
<p>Recommendation 1</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p> <p>To be Completed by: 14 September 2015</p>	<p>It is recommended that the registered manager ensures the following:</p> <ul style="list-style-type: none"> • no items are stored on the floor of the linen room • patient's chairs are not stored in the communal bathroom • all signage in patient living areas must be laminated <p>Ref section 5.6.1</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All items have been removed from the linen store room All staff are aware not to store chairs in the communal bathroom All signage will be laminated.</p>		
Registered Manager Completing QIP	Donna Mawhinney	Date Completed	08/08/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	09.10.15
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	14.10.15

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