



The Regulation and
Quality Improvement
Authority

Inspector: Donna Rogan
Inspection ID: IN022058

Beechill
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**Unannounced Care Inspection
of
Beechill**

08 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 8 July 2015 from 10:00 to 14:00 hours.

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 and resulted in no requirements or recommendations being made.

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.

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 January 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	0

2. Service Details

Registered Organisation/Registered Person: Maureen Claire Royston	Registered Manager: Rosendo Soriano
Person in Charge of the Home at the Time of Inspection: Rosendo Soriano	Date Manager Registered: 11 March 2015
Categories of Care: NH-DE	Number of Registered Places: 34
Number of Patients Accommodated on Day of Inspection: 31	Weekly Tariff at Time of Inspection: £618

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 Rosendo Soriano;
- discussion with patients;
- discussion with two relatives/representatives;
- discussion with staff;
- review of a selection of records;
- observation during a tour of the premises; and
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 January 2015;
- the registration status of the home;
- any communication/information received by RQIA regarding the home since the previous care inspection;
- the returned quality improvement plan (QIP) from the previous care inspection; and
- the previous care inspection report.

During the inspection, the inspector met with 12 patients, four care assistants, two registered nurses and two ancillary staff. Questionnaires were also left for staff on duty during the inspection and for relatives/visitors.

The following records were examined during the inspection:

- four patient care records including care charts;
- staff training records and management overview/planner for 2015;
- staff induction records;
- competency and capability assessments for registered nurses designated as being in charge of the home in the absence of the registered manager;
- policies and procedures regarding communication, death and dying, palliative and end of life care; and
- a record of compliments received by the home from relatives and patients.

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 28 January 2015. 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
Requirement 1 Ref: Regulation 32 (h) Stated: First time	<p>The nurse manager shall ensure that any future proposed changes or variations to the home are forwarded to RQIA for approval before the works are completed.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager was knowledgeable regarding his role and responsibilities in regards to the management of variations. There is currently one new proposed variation application in place with RQIA.</p>	Met

<p>Requirement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>Ensure the following issues are addressed;</p> <p>The work to the patient's day room on the first floor is required to be repainted.</p> <p>The new nurse station on the first floor is required to be redecorated.</p> <p>New sink unit us required in the identified patient's bedroom.</p> <p>The new hairdressing room is required to have the holes in the walls repaired and it required to be repainted.</p> <p>All areas in the staffroom kitchen and female and male changing rooms are required to be totally cleaned and redecorated.</p> <p>Fire doors are not to be wedged open.</p> <p>The microwave in the staff kitchen should be thoroughly cleaned/replaced.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The day room has been repainted.</p> <p>The nurses' station on the first floor has been redecorated.</p> <p>The sink unit in the identified bedroom has been replaced.</p> <p>The hairdressing room has been repaired and redecorated.</p> <p>The staff room kitchen and staff changing areas were clean.</p> <p>The microwave in the staff kitchen has been replaced.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.2 Stated: First time	The policy and procedure regarding the management of stoma care should be reviewed and reissued.	Met
	Action taken as confirmed during the inspection: The registered manager stated that this policy has been reviewed and reissued.	

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively. Management confirmed that policies and procedures relating to the inspection themes had been reviewed and revised. Draft copies were available in the home and the approved copy would be disseminated when received.

Discussion with registered nursing and care staff confirmed that they were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Staff were aware of the regional guidance on breaking bad news and the GAIN Guidelines For End Of Life Palliative Care and End Of Life Care In Nursing and Residential Homes (November 2013).

Training records evidenced that five 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. There is a planned programme in place to ensure all relevant staff receives the above training.

Is Care Effective? (Quality of Management)

Review of a sample of care records evidenced that patients and/or their representatives' individual needs and wishes regarding the end of life care were considered. Recording within records included reference to the patient's specific communication such as, when a patient required spectacles or a hearing aid or if a patient would have difficulty understanding.

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

Care and nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives in particular when breaking bad news. Staff spoken with were aware of the assessed communication needs of the patients and adapted their communication methods accordingly. In relation to answering questions about illness, death and dying responses from staff varied and the level of knowledge and skill demonstrated was dependent on the staff member's experience. Care staff spoken with said they would refer the patient or relatives to the registered nurse immediately.

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of occasions when patients were 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.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Beechill Care home. Patients communicated that staff were polite, caring and courteous and that they felt safe in the home.

Two relatives/representatives spoken with stated that they were satisfied with the level of communication between them and staff. Relatives/representatives spoken with stated that they felt were listened to and that they could talk to the staff if they had any concerns.

Areas for Improvement

There were no areas for improvement observed regarding this standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 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. As stated in 5.2 management confirmed that these had been reviewed and revised and would be disseminated once approved.

A care manual for staff based on the inspection theme/s had also been developed and would be available within the home in the near future.

Induction and competency and capability records evidenced that staff were provided with awareness and training in the management of death, dying and bereavement. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support patients and relatives during this time.

A review of training records evidenced that six staff had completed training in respect of palliative/end of life care. There is further training arranged for staff in August 2015.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with management, 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.

As stated in section 5.2 staff were aware of how to deliver care in relation to palliative care and end of life through experiential learning and role modelling more experienced staff. Staff spoken with were aware of the regional guidance and standards which underpin the delivery of this care.

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 discussion between the patient, their representatives and staff in respect of death and dying arrangements.

Management had made arrangements for relatives/representatives to be with patients who were been ill or dying. Staff spoken with confirmed that they would also provide practical and emotional support to relatives during this time. For example, listening sympathising, providing a calm quiet environment, tea, coffee and meals.

Relatives/representative spoken with were satisfied with the standard of care delivered to their loved ones and stated that they felt that staff treated their loved one with dignity and respect. Relatives/representatives confirmed that pain relief required by their loved ones was managed appropriately.

A review of notifications to RQIA evidenced that the home notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

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. Staff consulted demonstrated an awareness of patients' expressed wishes and needs.

Arrangements were in place to facilitate, as far as possible, and in accordance with the patient's wishes, for family/friends to spend as much time as they wished with the patient. For example relative/friends could stay overnight with patients and catering staff would provide snacks and meals as required.

There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion 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 confirmed that they were given an opportunity to pay their respects after a patient's death. This included staff attending funerals and reminiscence during handovers.

Areas for Improvement

There were no areas for improvement observed in relation to this theme.

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

Questionnaires

As part of the inspection process questionnaires were issued to staff and relatives/representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	6	5
Patients	0	0
Patients representatives	2	0

All comments on the returned questionnaires were positive.

Patients' views

The inspector spoke with approximately 15 patients. Those spoken with communicated the following comments as detailed below:

- "I'm very happy here."
- "I like the food."
- "The staff are good."
- "I am very well looked after."

Patients' representatives' views

There were two relatives/representatives visiting at the time of the inspection. All comments made were very positive regarding care and communication in the home. Both relatives/representatives were positive regarding the staff in the home.

Staff views

Staff spoken during the inspection expressed high level of satisfaction with care and services provided in the home. All were complimentary of the management in the home and felt communication and palliative/care of the dying was a theme which they were well trained in and were confident that they delivered well.

There were 5 questionnaires completed by staff, comments received are detailed below:

- "Staff go out of their way to make sure patients are well looked after."
- "I am satisfied that patients are well supported and enabled to have a dignified death."
- "Patients at Beechill are all well looked after."
- "I love every minute of my work, we work as a team; we are like one big happy family."
- "I am satisfied that patients receive timely support from the multi-disciplinary team."

5.5.2 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 generally maintained to a good standard.

5.5.3 Care records

Four care records were reviewed. They were found to be of a good standard, they were detailed, individualised and clearly reflective of the care needs of patients. They are regularly updated and audited monthly by senior management in the home.

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Rosendo Soriano	Date Completed	3.9.15
Registered Person	Dr M Claire Royston	Date Approved	03/09/2015
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	03/09/2015

**Please complete in full and returned to RQIA nursing.team@rqia.org.uk **