



The Regulation and
Quality Improvement
Authority

Loughview
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Belfast
BT15 4AS

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**Unannounced Care Inspection
of
Loughview**

18 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 15 May 2015 from 09.30 to 15.15 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.**

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 10 June 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	2	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Mrs Margaret Lakehal as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Paul Steele Mr Michael Curran	Registered Manager: Mrs Margaret Lakehal
Person in Charge of the Home at the Time of Inspection: Mrs Margaret Lakehal	Date Manager Registered: 1 April 2007
Categories of Care: NH-1, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 36
Number of Patients Accommodated on Day of Inspection: 21	Weekly Tariff at Time of Inspection: £581

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

The inspector met with seven patients individually and with the majority of others in groups, one registered nurse, four care staff, two ancillary staff and two visiting relatives/patient representatives.

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
- minutes of staff meetings
- three care records
- a selection of policies and procedures
- guidance for staff in relation to palliative and end of life care
- monthly regulation 29 quality monitoring visits

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced finance inspection on 7 October 2014. The completed QIP was returned and approved by the finance 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 20 (1) (a)</p> <p>Stated: Second time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Action taken as confirmed during the inspection:</p> <p>An examination of the duty rota evidenced that the manager had sufficient management hours and there was at least one staff nurse on duty and on some days two staff nurses until 14.00 hours.</p> <p>This requirement has been met.</p>	<p>Met</p>
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>Where emergency resuscitation equipment is provided, it is checked daily and restocked to ensure that all equipment remains in working order.</p> <p>Action taken as confirmed during the inspection:</p> <p>The emergency trolley and check list were examined. These had been completed daily and included the expiry date of equipment. However, on inspection the nebuliser unit had not been appropriately cleaned and the mask not replaced from the last use. This recommendation has been met but a further recommendation has been made in relation to the decontamination of equipment.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was under development on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News.

A sample of training records evidenced that the majority of nursing 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. Recording within records included reference to the patient's specific communication needs, including sensory and cognitive impairment.

A review of three care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

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

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news emphasising the importance of regularly communicating with patients and their relatives in order to build trusting professional relationships.

Is Care Compassionate? (Quality of Care)

Discussion with staff and the manager demonstrated that they delivered bad news sensitively by providing a private room, allowing time for questions, demonstrating empathy and offering reassurance as required. They also emphasised the need to signpost patients and relatives to the GP or palliative care specialist nurses as appropriate.

Patients and representatives consulted confirmed that staff were polite and approachable and no one raised any concerns.

Staff were observed to be responding to patients promptly and relationships between patients and staff were relaxed and friendly. Staff demonstrated a good knowledge of their patients' needs.

A review of records evidenced a number of thank you cards from relatives and there were no complaints in relation to the theme.

Areas for Improvement

There were no requirements or recommendations made in relation to Standard 19.

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 Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (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 not yet aware of the Gain Palliative Care Guidelines (2013) but these were available for reference.

A review of training records evidenced that the majority of nursing staff had completed training in respect of palliative/end of life care this year. More training was planned for May and June 2015 and an e-learning module was available for staff.

Discussion with staff and the manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Staff commented about 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. These arrangements were included in the competency and capability assessments for the nurse in charge of the home in the absence of the manager.

Specialist equipment, such as airwave mattresses, suction machines and oxygen were available in the home. Syringe drivers were loaned by the Trust as required. Nursing staff had received appropriate training on the use of equipment.

A palliative care link nurse has been identified and meetings were hosted by the Trust.

Is Care Effective? (Quality of Management)

A review of three 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.

A 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 by providing a comfortable chair and offering tea, coffee and snacks as required.

A review of notifications of death to RQIA during the previous inspection year confirmed 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 nursing and care staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan. All emphasised the importance of respecting the wishes and choices of the patient and were knowledgeable in regards to this.

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 making relatives welcome, providing a comfortable chair, tea and coffee and meals as required and checking the patient and family regularly. Relatives were welcome to stay overnight if they and the patient so wished.

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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

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 other team members and the registered manager.

Information regarding support services was available and accessible for staff, patients and their relatives. This included information on end of life care, bereavement support services and advocacy services.

Areas for Improvement

There were no requirements or recommendations made in relation to this theme.

Number of Requirements:	0	Number of Recommendations:	0
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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:

Staff

“I love it here. It’s homely.”

“We work well as a team.”

“The manager is very good and keeps you updated.”

“There could be a bit of redecoration. The lounge could do with a bit of interest.”

Patients

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

“I have no complaints.”

“The food is very good.”

“I am happy in my room.”

Relatives/ Patients’ Representatives

“The staff are very good to her. Nothing is too much trouble.”

“I have no complaints. XXX’s appetite can be poor but they will make her something she likes to eat.”

5.5.2. Environment

On inspection the premises were found to be generally clean but in need of some upgrading and redecoration. Specifically the doors and architraves were found to be damaged throughout, particularly on entrance to the dining room. Wall damage was also noted in the corridors. On discussion with the registered manager, a document was presented detailing planned improvements including, redecoration of two bedrooms, new bathroom and corridor flooring, refurbishment of a downstairs bathroom and external redecoration. A requirement has been made in regards to the fitness of the premises.

The lighting in the corridor outside the main lounge was found to be very low and may present a challenge to those with sensory impairments or dementia. The aligned estates inspector for the home was informed. A recommendation has been made in this regard.

A number of pull cords required fully wipeable covers to be fitted. A requirement has been made in this regard.

It was also noted that the downstairs sluice was full of cleaning equipment and a broken macerator unit making access to the facilities problematic for staff. This was discussed with the registered manager and a recommendation has been made in this regard.

5.5.3. Care Practices

Relationships between patients and staff were observed to be relaxed and friendly and staff were responding promptly to the needs of patients. However, it was noted that one patient was having their hair dried in the corridor at the entrance to the lounge. This was neither private nor dignified and this practice should cease.

In addition, on inspection of the store cupboard, previously used and laundered incontinence pants were found rolled up together and unlabelled, suggestive of communal use. In consultation with staff there was no consensus as to how these were managed.

A recommendation has been made that, in the interests of privacy and dignity, hair drying should not be carried out in the corridors and each patient should have continence pants supplied solely for their personal use.

5.5.4. Regulation 29 monthly quality monitoring

The Regulation 29 monthly quality monitoring reports were reviewed. The reports for March and April were not in the file. The manager assured the inspector that these visits had been carried out and agreed to forward copies of the reports to RQIA by 22 May 2015. These were received within the required timescale. On examination it was not clear who was conducting the monitoring visits. This should be clearly stated on the report. In addition, a system should be introduced to anonymise the details of patients, staff and relatives whose comments have been quoted within the report. A recommendation has been made that system is introduced to address these issues.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Margaret Lakehal 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 (non-paperlite) 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 27 (2) (b) & (p) Stated: First time To be Completed by: 18 September 2015	<p>The registered person shall ensure that the premises are kept in a good state of repair externally and internally. This relates to damaged doors, architraves and walls throughout the home.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Work is in progress both externally and internally.</p>
Requirement 2 Ref: Regulation 13 (7) Stated: First time To be Completed by: 18 July 2015	<p>The registered persons shall ensure that arrangements are made to minimise the risk of the spread of infection between patients and staff. Specifically, fully wipeable covers must be fitted to all pull cord in the bathrooms.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All pull cords have been assessed and now have wipeable covers.</p>
Recommendations	
Recommendation 1 Ref: Standard 46.2 Stated: First time To be Completed by: 15 July 2015	<p>A system must be established to assure compliance with best practice in infection prevention and control in relation to use of devices and their decontamination.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Completed</p>
Recommendation 2 Ref: Standard 47.1 Stated: First time To be Completed by: 15 July 2015	<p>The registered persons should ensure that working practices are safe and without risk to health and welfare. Specifically, the downstairs sluice must be easily accessible to staff at all times.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Sluice has been cleared of all obstacles.</p>

Recommendation 3 Ref: Standard 6.1 and 6.11 Stated: First time To be Completed by: 15 July 2015	In the interests of privacy and dignity, residents personal care, specifically hair drying, should not be carried out in the corridors. In addition, each patient should have continence pants supplied solely for their personal use.		
	Response by Registered Person(s) Detailing the Actions Taken: The above practises have ceased.		
Recommendation 4 Ref: Standard 35.7 Stated: First time To be Completed by: 15 September 2015	The monthly quality reports should clearly identify the individual who has undertaken the visit. In addition, a system should be introduced to anonymise the details of patients, staff and relatives whose comments have been quoted within the report.		
	Response by Registered Person(s) Detailing the Actions Taken: Commenced.		
Recommendation 5 Ref: Standard 43.10 Stated: First time To be Completed by: 15 September 2015	The registered persons should review the lighting levels in the home, particularly in the corridor outside the ground floor lounge and the bathroom adjacent to the dining room, to ensure patient safety.		
	Lighting to be assessed by the electrician, all dark wood will be painted white.		
Registered Manager Completing QIP	Margaret Lakehal	Date Completed	23/06/15
Registered Person Approving QIP	Michael Curran	Date Approved	23/06/15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	24/6/15

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: