



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Castlehill**

28 September 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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28 OCT 2015

TYRONE & FERMANAGH HOSPITAL
OMAGH, CO. TYRONE BT79 0NS

1. Summary of Inspection

An unannounced care inspection took place on 28 September 2015 from 12.00 to 15.00 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 inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern; however, one area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within 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 26 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

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 Ms Bernadette O'Neill, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Safecare Chrysalis Ltd Mr Brian & Mr Cathal McAteer	Registered Manager: Ms Bernadette O'Neill
Person in Charge of the Home at the Time of Inspection: Ms Bernadette O'Neill	Date Manager Registered: 27 January 2011
Categories of Care: NH-LD, NH-LD (E)	Number of Registered Places: 34
Number of Patients Accommodated on Day of Inspection: 29	Weekly Tariff at Time of Inspection: £581.00 - £835.01

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

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 previous care inspection report and quality improvement plan.

During the inspection, the majority of patients were consulted either individually or in small groups. Discussion was also undertaken with two registered nursing staff and six care staff.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 19 May 2015. The completed QIP was returned and approved by the estates inspector.

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30.2 Stated: First time	A recommendation has been made for the registered persons to continue to keep staffing levels under review. Action taken as confirmed during the inspection: Discussion with the registered manager and review of staffing rotas evidenced that this recommendation had been met. No concerns were raised by patients/ staff regarding staffing during this inspection.	Met

5.2 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 eight staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in 2013 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. The registered manager informed the inspector that she was sourcing further update training for nursing and care staff in this regard.

Is Care Effective? (Quality of Management)

There were no patients on the day of inspection in need of palliative or end of life care. Recording within three care records included reference to the patient's specific communication needs and actions required to deal with barriers such as, language, cognitive ability or sensory impairment.

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

Two registered nurses consulted, demonstrated their ability to communicate sensitively with patients and /or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients it was evident that effective 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 the time to offer reassurance to patients as required.

The inspection process allowed for consultation with six patients individually and with others in small groups. Patients who could verbalise their feelings on life in Castlehill commented positively in relation to the care they were receiving. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.

Areas for Improvement

No areas of improvement were identified in regards to 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. These documents included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that nursing and care staff had completed training in palliative and end of life care in 2013. The registered manager confirmed that further update training would be arranged for 2015 for all nursing and care staff. Registered nurses were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with two nursing staff and a review of three care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

While a written protocol was not in place, nursing staff confirmed that the home had access to syringe drivers and other specialist equipment through the local Trust. They also confirmed that they were given the support of the community nursing team as required.

The registered manager was the palliative care link nurse for the home.

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.

Discussion with two nursing and six care 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. Facilities had been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications to RQIA evidenced that the home had 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 three 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. Two nursing staff consulted demonstrated an awareness of patients expressed wishes and needs as identified in their care plan.

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. From discussion with registered nursing and care staff and a review of compliments records, there was evidence that arrangements were sufficient to support relatives during this time; and relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the nurse in charge 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.

Areas for Improvement

A written protocol should be developed for timely access to any specialist equipment or drugs out of hours.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

4.1. Consultation with patients, staff and relatives

In addition to speaking with patients and staff, questionnaires were distributed to patients, staff and relatives and were completed and returned following the inspection.

Overall, the feedback from the patients, relatives and staff indicated that safe, effective and compassionate care was being delivered in Castlehill Nursing Home.

A few patient comments are detailed below:

- "I really like it here."
- "It's good."
- "I am very happy living in Castlehill."
- "Good staff."

The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are as follows:

'This is a lovely place to work'

- "Patients are all looked after very well. They are like family."
- "We all work well as a team."

Three relatives completed questionnaires. Some comments received from relatives are as below:

- "My xx is very well looked after."
- "The quality of care in the home is second to none."
- "My xx is always very well presented, clean and is kept very comfortable."
- "I can't praise the staff highly enough."

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Bernadette O'Neill, registered 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	The registered manager should ensure that a written protocol has been developed for timely access to any specialist equipment or drugs out of hours.		
Ref: Standard 32.5	Reference: Section 5.2		
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 31 October 2015	Written guidelines for all Nursing Staff are now in place (policy file) for making arrangements for securing equipment and medicines at short notice and out of hours. All relevant staff have read.		
Registered Manager Completing QIP	Bonrad	Date Completed	27/10/15
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	27/10/2015
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	24/11/15

Sign
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