



The Regulation and
Quality Improvement
Authority

Clareview House
RQIA ID: 1443
105 Doagh Road
Ballyclare
BT39 9ES

Inspector: Bridget Dougan
Inspection ID: IN022025

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**Unannounced Care Inspection
of
Clareview House**

02 July 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 02 July 2015 from 11.00 to 15.00 hours.

This inspection was underpinned by
Standard 19- Communicating Effectively;
Standard 20– Death and Dying;
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 areas of concern; however, some areas for improvement were identified and are 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 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	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sharon Bell, 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: Hutchinson Homes Ltd Mrs Naomi Carey	Registered Manager: Mrs Sharon Bell
Person in Charge of the Home at the Time of Inspection: Mrs Sharon Bell	Date Manager Registered: 04 October 2010
Categories of Care: NH-I, NH-PH(E), RC-I, RC-PH(E)	Number of Registered Places: 35
Number of Patients Accommodated on Day of Inspection: 35	Weekly Tariff at Time of Inspection: £476.00 - £593.00

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)

3. Methods/ Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were examined:

- 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 (QIP) from inspections undertaken in the previous inspection year
- previous care inspection report.

During the inspection, the inspector met with 20 patients, three nursing and six care staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- policies for communication, death and dying, and palliative and end of life care
- complaints and compliments records

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 12/08/14. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2) (b) Stated: First time	<p>The registered person shall ensure that a comprehensive assessment of the patients' needs is maintained and kept under review.</p> <hr/> <p>Review of three patients care records evidenced that this requirement had been met.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.12 Stated: First time	<p>It is recommended that following each visit an action plan is developed to address any areas for improvement and the subsequent visit report evidences that the responsible individual has 'followed up' on the action plan issued previously.</p> <hr/> <p>Action taken as confirmed during the inspection Review of a sample of Regulation 29 reports evidenced that an action plan had been developed to address any areas for improvement and the subsequent visit report evidenced follow up on the action plan issued previously.</p>	Met
Recommendation 2 Ref: Standard 25.12 Stated: First time	<p>It is recommended that management consider displaying information as to the report availability ensuring relatives know they can ask for a copy. For example, a poster on the relatives' notice board.</p> <hr/> <p>Action taken as confirmed during the inspection: A notice was displayed on the notice board and in the newsletter and was reiterated at relatives meetings.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 28.6</p> <p>Stated: First time</p>	<p>It is recommended that training records are maintained in accordance with minimum standards which include retaining a copy of the content of any training provided to staff.</p> <hr/> <p>Action taken as confirmed during the inspection: Training records were reviewed and confirmed that this recommendation had been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 25.2</p> <p>Stated: First time</p>	<p>It is recommended that staff are provided with awareness/training on the interim guidance on deprivation of liberty safeguards (DOLs) and how they relate to patient/ residents.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of training records evidenced that this recommendation had been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>The registered manager should ensure that all care staff receive update training in the prevention of pressure ulcers</p> <hr/> <p>Action taken as confirmed during the inspection: Training records evidenced that this training had been provided for all care staff.</p>	<p>Met</p>

4.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure dated 2012 was available on communicating effectively. Discussion with nine staff confirmed that they were knowledgeable regarding this policy and procedure. It is recommended that the registered manager reviews the policy and procedures to ensure it reflects current best practice, including regional guidelines on Breaking Bad News.

A sampling of six training records evidenced that 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 patients' individual needs and wishes regarding the end of life care. Reference had been made to patients' specific communication needs. Discussion with the registered manager and nursing staff evidenced that they were aware of patients religious preferences/ spiritual needs, however these had not been documented in the patients end of life care plans.

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

The registered manager and two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that 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 cheerfully, and taking time to reassure patients as was required from time to time.

Discussion with 20 patients individually and with a number of other patients in small groups evidenced that patients were happy living in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. Patients confirmed staff were polite and courteous and that they felt safe in the home.

Areas for Improvement

It is recommended that patients religious preferences/spiritual needs are documented in end of life care plans. The registered manager should review the policy and procedure on communicating effectively to ensure it reflects current best practice, including regional guidelines on Breaking Bad News.

Number of Requirements:	0	Number of Recommendations:	2
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4.3 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 and included guidance on the management of the deceased person's belongings and personal effects. It is recommended that the registered manager reviews the policy and procedures to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013,

Training records evidenced that the registered manager, the deputy manager and the majority of registered nursing staff and care staff had completed Palliative and End of Life Care training. The registered manager advised further training was planned for staff on dying, death and bereavement.

Discussion with registered 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 and other specialist practitioners.

Discussion with the registered manager, registered nursing 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 available and discussion with registered nursing staff confirmed their knowledge of the protocol.

Staff confirmed that they are able to source a syringe driver via the community nursing team if required.

A palliative care link nurse had been identified 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 and cultural preferences were also considered. As previously stated, a recommendation has been made for patients religious preferences to be included in end of life care plans. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

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 registered manager, two nursing staff and a review of three 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. Facilities have 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 has been provided by the staff team.

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)

Discussion with two nursing 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. However patients' spiritual/ religious preferences had not been documented in respect of end of life care.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, registered nursing and care staff and a review of the compliments records there was evidence that arrangements in the home were sufficient to support relatives during this time. 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 registered 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.

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

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included support from management, peer support and also reflections at staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

As previously identified under standard 19, a recommendation is made that end of life care plans document patients religious preferences/ spiritual needs.

The registered manager should also review the palliative care and end of life policy and procedures to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

Number of Requirements:	0	Number of Recommendations: *1 recommendations made has been stated under Standard 19 above.	2*
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4.4 Additional Areas Examined

5.5.1 Consultation with patients and staff

Discussion took place with 20 patients individually and with a number of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. One patient expressed a desire to change his GP and this was discussed with the registered manager who agreed to follow this up. No other issues or concerns were brought to the attention of the inspector by any of the patients consulted. A few comments received are detailed below:

- “I’m happy here.”
- “the food is good and the staff couldn’t do enough for you.”

Three questionnaires were issued to patients’ representatives and returned during the inspection... Some comments received included:

- “staff treat my relative with dignity and respect”
- “care for my dad is very good”

The inspector met with nine staff who commented positively with regard to staffing and the delivery of care. Eight questionnaires were issued to nursing, care and ancillary staff and eight were returned. Staff indicated that they were satisfied or very satisfied that care was safe, effective and compassionate. No issues were raised by staff. Further palliative care/end of life training had been arranged for September 2015.

Some comments received from staff are detailed below:

- “our residents have a lot of activities and they really enjoy having fun.”
- “we always make sure our residents have the best of care whilst they are with us”
- “the staff in Clareview are caring and respectful. They have a good rapport with residents and do their best to ensure they are comfortable and content..”
- “I feel the quality of care in Clareview is of a high standard and all staff take the patients care seriously”

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sharon Bell, 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.

5.1 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.

5.2 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.

5.3 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: No requirements resulted from this inspection.

Recommendation 1 Ref: Standard 20.2 Stated: First time To be Completed by: 31 July 2015	The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.		
	Response by Registered Person(s) Detailing the Actions Taken: All patients religious preferences and spiritual needs are documented in the care plans on the Epi care system within the end of life care plans so that all staff have access to the patient and families wishes.		
Recommendation 2 Ref: Standard 19 Stated: First time To be Completed by: 31 August 2015	The registered manager should review the policy and procedure on communicating effectively to ensure it reflects current best practice, including regional guidelines on Breaking Bad News.		
	Response by Registered Person(s) Detailing the Actions Taken: The policy has been reviewed and reflects the regional guidelines on breaking bad news and current best practice		
Recommendation 3 Ref: Standard 32 Stated: First time To be Completed by: 31 August 2015	The registered manager should also review the palliative care and end of life policy and procedures to ensure they reflect current best practice guidance such as the Gain Palliative Care Guidelines, November 2013.		
	Response by Registered Person(s) Detailing the Actions Taken: The policy has been reviewed to ensure it reflects best current practice and to include Gain Palliative care guidelines		
Registered Manager Completing QIP	Sharon Bell	Date Completed	24/08/15
Registered Person Approving QIP	Naomi Carey	Date Approved	24/08/15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	24/08/15

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