



The Regulation and
Quality Improvement
Authority

Inspector: Aveen Donnelly
Inspection ID: IN021819

Holywood
RQIA ID: 1666
221 Old Hollywood Road
Holywood
BT18 9QS

Tel: 028 90 426900
Email: holywood@fshc.co.uk

**Unannounced Care Inspection
of
Holywood**

11 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 11 June 2015 from 10.00 to 14.30 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; 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 18 July 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	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with the 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: Four Seasons Health Care	Registered Manager: Mauro J Magbitang Jr
Person in Charge of the Home at the Time of Inspection: Mauro J Magbitang Jr	Date Manager Registered: 05 May 2015
Categories of Care: NH-DE; NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 71
Number of Patients Accommodated on Day of Inspection: 42	Weekly Tariff at Time of Inspection: £593 - £693

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)

Information was received by RQIA on 28 May 2015 regarding low staffing levels. It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

4. Methods/Process

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

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
- pre inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with five patients, four care staff, three nursing staff and two patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

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 20 January 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection on 18 July 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 17 (1) Stated: Second time	The registered person must review the current patient care records file audit process to ensure that all patient's assessment of need are up to date and care plans evidence that regular review and evaluation of the care provided to the patient is maintained.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that patient care records file audits were conducted on a regular basis. The audit tool included the assessment of need, monthly review of the assessment and a review of care plans. Where deficits were identified, appropriate action was followed up by the patients' named nurse.	

<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the nursing home is conducted so as – To promote and make proper provision for the nursing, health and welfare of patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that there was evidence of monthly analysis of accidents for the individual units that included trends of incident/accidents.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: Second time</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any death, illness or other events in the nursing home.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that RQIA was notified appropriately of any reportable incidents that occurred in the home.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p>	<p>It is recommended that the daily menu is provided in a suitable format and in an appropriate location so that patients and their representatives know what is available at each mealtime.</p> <hr/> <p>Action taken as confirmed during the inspection: The daily menu was available in a suitable format and was located appropriately for patients to use.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 13.1</p> <p>Stated: Second time</p>	<p>It is recommended that the registered manager reviews the provision of activities to ensure the home offers a structured programme of varied activities and events related to the statement of purpose and identified needs of patients.</p> <hr/> <p>Action taken as confirmed during the inspection: There was a structured activity programme in place to meet the needs of patients currently residing in the home. The registered manager agreed to ensure that the hours of formal activities will be reviewed should occupancy increase</p>	Met

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

The policies and procedures on the management of palliative and end of life care and death and dying were under review. However, a review of the draft policy confirmed that the document currently reflected best practice guidance such as the regional guidelines on Breaking Bad News. Discussion with four staff confirmed that they were knowledgeable regarding this policy and procedure.

A review of training records evidenced that 42 out of 59 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)

Four care records were reviewed and reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs.

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

Four registered nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and/or their representatives. Staff spoken with were knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and/or their representatives.

Staff were observed to be responding to patients in a dignified manner. These observations included staff assisting patients with meals and assisting patients with personal care. There was a calm atmosphere in the home throughout the inspection.

Care staff consulted stated that the registered nursing staff were responsible for breaking bad news. Registered nursing staff consulted with, provided examples of how they would break bad news if required.

A review of compliments records evidenced that families appreciated the care, compassion and respect shown to the person receiving care and to their families.

Areas for Improvement

There were no requirements or recommendations made regarding the staff's ability to communicate sensitively.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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)

The policies and procedures on the management of palliative and end of life care and death and dying were under review. However, a review of the draft policy confirmed that the current document reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013; it also 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.

As indicated above under 5.2, 42 out of 59 staff had completed training in respect of palliative/end of life care. Individual supervision in respect of palliative and end of life care was conducted with nine registered nursing staff. This included communication skills, supporting families, person-centred care and the principles of pain management.

Discussion with four nursing staff and a review of four 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.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with the four nursing staff confirmed their knowledge of the protocol.

There was no specialist equipment in use in the home on the day of inspection. Considering that the home is registered to provide care for patients who are terminally ill, the training needs of staff were discussed with the registered manager who provided assurances that training in the use of syringe drivers would be accessed through the local Healthcare Trust.

The registered manager was identified as the palliative care link nurse assigned to the home.

Is Care Effective? (Quality of Management)

A review of four 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 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 five staff and a review of four 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

A review of notifications of death to RQIA during the previous inspection year confirmed that all deaths were reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with four registered nursing staff and a review of four 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. All registered nursing staff consulted with 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. Staff consulted confirmed that catering/snack arrangements were provided to family members/friends during this time.

From discussion with the registered 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. 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 and confirmed that they would ensure that one staff member always represents the home at a patient's funeral.

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 1:1 counselling and more experienced staff acknowledged that new staff can find caring for a patient, who is nearing end of life, very difficult.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included leaflets from the Health and Social Care Bereavement Network.

Areas for Improvement

It is recommended that the policies relating to death and dying; palliative and end of life care; and communication are made available to staff, when finalised.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

Staffing

Prior to the inspection, information was received by RQIA regarding staffing levels. This was discussed with the registered manager and as a consequence, staffing arrangements were reviewed during this inspection.

A shortfall in staffing numbers was identified on the day of the inspection. This was discussed with the deputy manager who identified that an error had been made, whereby one staff member was entered twice on the duty roster.

Following the inspection, a copy of two week's duty rosters were submitted to RQIA for review. During this period, there were no other shortfalls identified. The review of the two week's duty rosters identified that they were not consistently signed by the registered manager or designated representative and the nurse in charge of the home was not identified on the duty roster. This was discussed with the registered manager, following the inspection. A recommendation is to address this.

Questionnaires

As part of the inspection process, we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	9
Patients	5	5
Patients representatives	10	5

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'We treat our residents with respect and dignity and provide person-centred care'

'The care here is very good'

'The care is very good, the care to patients who are dying is fantastic. It is a good home'.

Patients

'I am very happy'

'The staff are doing their best'

'You would be hard pressed to find a better place'

The staff are very kind'

'They are very good to me here'

'They are slow at answering the call bell. I could press it 40 times, before they come'

'If I don't like what is on the menu, they will give me something else'

'Two kitchen staff came to me, to ask me if I liked something that was new on the menu. You wouldn't get that in a hotel'.

The comment regarding staff being slow at answering call bell was discussed with the registered manager. A recommendation is made to ensure that response times are audited on a regular basis.

Patients' representatives

'My mother is very settled in Holywood. She is loved and respected'

'The place is spotless'

'My (relative's) illness means that their level of independence and awareness differs on a daily basis. The staff provide extra assistance when it is needed and allow her to be independent when their condition allows'

'Please see file for (my relative) to see my level of complaints about the home, which are ongoing'

'They are good at recognising when sometimes I am struggling with the nature of my (relative's) illness'.

The comment from one relative regarding a high level of complaints was discussed with the registered manager following the inspection. It is recommended that the registered manager should review the level of complaints regarding this identified patient and provide RQIA with a report regarding this review, actions taken, whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined. The registered manager should also ensure that the patient's care manager has been informed and should confirm to RQIA that this has been done.

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 32</p> <p>Stated: First time</p> <p>To be Completed by: 09 August 2015</p>	<p>It is recommended that the policies relating to death and dying; palliative and end of life care; and communication are made available to staff, when finalised.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Palliative Care Policy is being reviewed at present by the Four Seasons Health Care Dementia Team, a draft policy is available.</p>
<p>Recommendation 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be Completed by: 09 August 2015</p>	<p>Duty rotas should identify the name of the nurse in charge of the home.</p> <p>The registered manager or designated representative should also sign the duty rota.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Duty Rotas are being monitored by Registered manager. The Nurse in Charge board is displayed in the foyer.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be Completed by: 09 August 2015</p>	<p>The registered manager should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts. The audit should clearly record outcomes and any follow up action required for improvement.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff have been informed of the call bell response during staff meetings. The Registered manager will audit the call bell response times on a regular basis.</p>
<p>Recommendation 4</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be Completed by: 09 August 2015</p>	<p>The registered manager should review the level of complaints regarding one identified patient and provide RQIA with a report regarding this review, actions taken, whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>The registered manager should also ensure that the patient's care manager has been informed and should confirm to RQIA that this has been done.</p> <p>This information should be submitted to RQIA with the returned QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The complaint analysis has been completed. The Care Manager of the patient has been informed of the complaint.</p>

Registered Manager Completing QIP	Mauro Magbitang	Date Completed	05/08/2015
Registered Person Approving QIP	Dr M Claire Royston	Date Approved	26/08/2015
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	02/09/2015

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:

**Please complete in full and returned to [RQIA nursing.team@rqia.org.uk](mailto:RQIA.nursing.team@rqia.org.uk) **