

Routine Quality Monitoring Visit Report

 Nottingham North and East Clinical Commissioning Group	 Nottingham West Clinical Commissioning Group	 Rushcliffe Clinical Commissioning Group
 Mansfield and Ashfield Clinical Commissioning Group	 Newark and Sherwood Clinical Commissioning Group	

Name of Care Home & Provider:	Pathfinders Neurological
Address:	Darwin Drive, New Ollerton, Newark
Postcode	NG22 9GW
Type of service:	Nursing
Date of visit:	7 th December 2015
AQP list:	
Name of Care Home Quality Inspector	Louise Glover
Nature of visit:	Announced
Form completed by:	Louise Glover
Contact Details - email:	[REDACTED]
Date form completed:	7 th December 2015

Recommendations and Summary of Visit:
<p>Summary of observations:</p> <p>The centre has 78 beds and has been open just over 8 years. Each room is ergonomically-designed bedrooms with a large wet room. There is also a two bedroom supported living apartment. The centre I is made up of 6 units, with 5 open at present.</p> <p>There are six specially equipped rooms for people with bariatric requirements, although these are currently not open. The home provides nursing care for residents with complex and special needs from rehabilitation to end of life care. It also provides specialist emergency care, respite care and has both step up and step down beds available. The residents may have Multiple Sclerosis, Huntington's neurological deficits and end of life care needs. A fast track admission can be accommodated for end of life care if required. A multi-disciplinary team is in post, which includes, nurses, physiotherapist, pharmacy technician, occupational therapists' enablers and activity co-ordinators.</p> <p>Pathfinders has a large recreational room, including snooker table, air-hockey, plus a home cinema and multi-media internet access</p> <p>Despite the home being sited on what seems to be a business park, with little sense of community around it, there is a 1.5 acre enclosed garden, with flower and</p>

vegetable beds on different levels to enable both ambulant and wheelchair users to get involved in the gardening.

The approach of the home is person-centred and wherever possible will be led by the resident's requirements needs.

Recommendations:

- Revisit yearly medication audits and competency assessments, with a view to conducting them monthly.
- Ensure there is a robust mechanism in place to learn from incidents and accidents.
- Confirm all staff are fully trained in Infection Control and Safeguarding.

Please send your action plan to [REDACTED] by 28th February 2016.

Information Gathered Pre - Visit:

This included:

- Existing action plans completed
- Up to date training matrix for all staff
- Registered professionals' competency summary
- Comments from GP practices

There were no other key areas for review identified from this information.

Nutrition and Hydration

Quality Indicators:

- Nutritional assessments are undertaken on admission and reviewed weekly or monthly as appropriate.

The MUST tool is used

- Fortified diets are encouraged and nutritional supplements are only used following guidance of an appropriate healthcare professional.
- Resident's personal choices, likes, dislikes and abilities are clearly recorded and considered when supporting people at meal times. The centre has its own restaurant where residents and staff have mealtimes together. There is a central kitchen for residents and relatives who require prepared meals and snacks
- The dining experience is conducted in a therapeutic and supportive manner, and food and fluids are available to residents at all times.
- Where appropriate, diet and fluid charts are appropriately completed with identified goals, and actions identified when goals not met.
Detailed diet and fluid charts seen for several residents.
- Appropriate referrals to dietician / SALT noted, with recommendations clearly communicated to Kitchen and other ancillary staff.
- Management of Enteral feeding – clear guidance on feeding/hydration

regimes, PEG tube management, and care plan to provide guidance re problem solving plus *consideration given to psychological impact of cooking, chewing etc. Mouth care is given.*

- Oral and dental care are acknowledged and issues addressed for individuals. There are facilities for a visiting dentist and maxillofacial consultants from Doncaster Hospital

This would suggest that the home has delivers a high quality nutrition and hydration care for their residents.

Pressure Ulcer Prevention and Wound Management

Quality Indicators:

- All residents are assessed using the Braden risk assessment tool on admission and then reviewed monthly.
- Where a resident is identified at risk of pressure ulcer development, prevention care plans and appropriate equipment are put in place. *Airflow mattresses and cushions are used. The TVN is asked to come in to assess resident and give advice on how to treat any wounds and pressure ulcer. Diet and nutrition are encouraged to help with the healing process.*
- Processes are in place to ensure that pressure relieving equipment is used effectively such as for air *mattress settings etc.*
- Positional changes are clearly identified and recorded
- Where skin damage is evident body maps / photographs were seen
- Wound management plans clearly describe treatment regimens and are updated to reflect in changes in care.
- Appropriate referrals to Tissue Viability Team are made.
- Grade 3 & 4 Pressure ulcers are reported to CQC – notification forms seen

The home is currently managing 2 pressure ulcer which are Grade 2, and 0 other wounds.

Continence Management

Quality Indicators:

- There is evidence of urinary and faecal continence promotion and continence management plans in place for residents where appropriate. *This is evidenced by promoting continence and assistance to with toileting. There are 2 nurses trained in continence care.*

There is evidence that urinary catheters are managed effectively. *Trained nurses undertake a catheter care course*

- There are appropriately trained and skilled staff at the home to change and manage male catheters and supra-pubic catheters.
- The home is pro-active in reducing the incidence of Urinary tract infections, they encouraging residents to drink plenty of fluids. Prophylactic antibiotics are given if prescribed.
- Any urinary tract infections are identified, reported and treated where appropriate in a timely manner. Audits are also conducted
- Constipation management plans are in place where appropriate.
Bristol stool charts are in evidence and residents prescribed laxatives as appropriate, plus daily enemas and bowel preparation as necessary. A high fibre diet is encouraged.
- Continence products are stored appropriately for the individual for whom they are prescribed, following a full continence assessment.
- Stomas are managed appropriately and care is clearly described in care plans.

This would suggest that residents with a continence problem are enabled to achieve their optimum level of continence, and privacy and dignity are maintained at all times.

Infection Control

Quality Indicators:

- An external audit (NHS) was last completed in 2014. As a result of this audit, an action plan was devised and all actions have been completed.
- The home undertakes its own infection control audits on a weekly and monthly basis, issues identified from these have been actioned. Daily room checks are also carried out.
- The home environment was clean and tidy.
- Toilet and bathroom facilities were clean
- Sluice areas were clean and well organised
- Staff report free access to PPE and have a good understanding of the principles of reducing cross infection.

This would suggest that residents are cared for in a safe and clean environment.

There were no identified areas of concern, so not necessary to refer to Infection Prevention & Control team for audit.

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Medication Management

- Quality Indicators:**
- Up to date and evidence based information is available to staff who administer medication. All staff have access to hard copy and electronic copy of the British National Formulary.
 - All staff who administer medication undertake training on an annual basis and all staff are up to date on their training. Training is provided by Boots.
 - Medication administration competencies are assessed on a yearly basis; all staff are assessed as competent. There are 9 assessors in post.
 - Medication audits are undertaken on a yearly basis.
 - Issues identified in the audits are identified and actioned.

There were no identified areas of concern, which would need to be then referred to Medicines Management team for a medication audit

Medical Equipment

- Quality Indicators:**
- Maintenance, repair / replacement log and cleaning schedules are in place for all medical equipment (*thermometers, sphygmomanometers, stethoscopes, glucometers, suction machines, nebulisers, syringe drivers, tourniquets, feed pumps, resuscitation equipment, oxygen equipment, pressure relieving equipment and mobility aids, hoists and slings*).
 - Seating and posture are considered as part of care delivery and suitable equipment is in place.

No areas of areas of concern identified.

Dementia

- Quality Indicators:**
- Admissions are only accepted if dementia is a secondary condition.
 - All staff have received training in dementia appropriate to their role and have attended workshops to enhance their training. They have also received training from Community Psychiatric Nurses.
 - The care home has an ethos that puts the person living with dementia at the

centre of their care philosophy.

- Staff are able to demonstrate how they work effectively with an individual who is living with dementia. This can be evidenced by the way staff talk to and interact with the residents, in a calm and articulate manner
- The home is able to adequately support people with Dementia and behaviours that challenge where appropriate.
- The care home environment has been appropriately adapted to meet the needs of people living with dementia.
- Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.
- Older people in care homes are enabled to maintain and develop their personal identity.
- People who are living with dementia have the symptoms and signs of mental health conditions, physical illness and sensory impairment recognised, addressed and recorded as part of their care plan. This is clearly documented in care plans.

This would suggest that people living with dementia are adequately supported and live in an environment that promotes health and well-being.

Diabetes

Quality Indicators:

- Residents with Type I or Type II diabetes have care plans in place which clearly describe how their diabetes is to be managed and monitored. (*which may include; blood sugar monitoring, HbA1C monitoring, dietary needs, treatment regimes, health review to include the consideration of complications of diabetes*)
At the time of the visit, there were residents with both Type 1 and Type 2 diabetes.
- There is evidence that staff are aware of the needs of people with diabetes and information regarding dietary needs etc., and this is clearly communicated to all staff members.
- Strategies for managing hypo/hyperglycaemia are recorded in care plans, with rescue medications documented too.
- Where possible, residents are encouraged to continue managing their diabetes themselves.
- There is evidence of a Diabetes Policy that staff are aware of and apply in practice

- A diabetes link nurse is in post.

This would suggest that residents with Diabetes are enabled to achieve their optimum health outcomes.

End of Life Care

Quality Indicators:

- Does the care home employ an overarching end of life framework – Pathfinders is accredited with the Gold Standards Framework.
- Residents who are approaching the final months and weeks of life have a care plan in place which guides staff on how they wish their care to be delivered. These are checked monthly to determine appropriate codes. Nursing staff work closely with the palliative care team.
- A preferred place of death and appropriately completed DNACPR are in place where appropriate and where a person lacks capacity, MCA has been considered and recorded.
- The management of pain and other symptoms are clearly recorded, with evidence of GP involvement in appropriate prescribing.
- Nursing staff are trained, confident and competent in the care and management of syringe drivers.
- The nine protected characteristics of residents are clearly defined and family involvement is supported.

This would suggest that residents, who are approaching the end of their life, are cared for in a dignified manner, with their wishes and needs met in a respectful way.

Safeguarding

Quality Indicators:

- The home has been involved in 9 safeguarding enquiries over the last 3 – 6 months?
The incidents were:
A resident was sun burnt
A resident became aggressive, possibly hypoglycaemic, 999 was not called.
3 incidents of theft of money
Husband battering his wife
Tracheostomy tube fell out

Staff are aware of their responsibilities to safeguard residents and how to

make a referral.

- Information on how to report safeguarding concerns are clearly displayed in the care home for residents and visitors to access and is available in all rooms

Staff are aware of their responsibilities with regards to whistleblowing and the provider has a policy in place which supports staff through this process.

Mental Capacity Act 2005

Quality Indicators: MCA / DoL

- Staff are able to demonstrate an understanding of the Mental Capacity Act appropriate to their role, staff state that residents can make their own choices. MCA and DoLs are included in induction training.
- Where residents are thought to lack capacity, a capacity assessment and best interest decisions are recorded, which clearly evidence how the person demonstrates their inability to make that decision. Assessments and decisions are clearly documented as best interest decisions.
- The organisation's culture/behaviours have changed to put MCA and the rights of people at the centre of care delivery, particularly with unqualified staff. *MCA in job descriptions, and the home has MCA champions, it is included in PDR processes. Compliance is audited by observations and clinical supervisions, plus checking of care plans.*
- *The centre hosts a Forum for MCA*
- Arrangements are in place to ensure appropriate legal representation for individuals who lack capacity are in place, and advocacy services have been commissioned.....(*consider valid and legal LPA / EPA, appointeeships, court of protection deputies, IMCA etc*)
- People with capacity are supported when making unwise decisions and appropriate risk assessments are put in place. Residents are advised and any risks explained to them. The risk assessment and resident's decisions are documented.
- Staff are able to demonstrate an understanding of the Deprivation of Liberty safeguards and the manager can describe their responsibilities as a Managing Authority.
- Residents, who are subject to a Deprivation of Liberty authorisation, have *care plans which* describe how their identified needs are to be met.

This would suggest that residents are treated appropriately with regard to the MCA.

Incidents and Learning

Quality Indicators:

- Pathways are in place for the risk management of falls and head injuries
- Incident reporting process in place which is in line with provider policies and monthly incident overview reports are evident *4 incident forms reviewed for the month of November and the following noted, which include assaults on staff, a fall however there is no them or trend.*
- Processes are in place for the staff to learn from incidents and accidents. The Root Cause Analysis is feedback to staff.
- Information is shared with staff

Describe any other key clinical or specialist care that is a feature of the home (neuro-disability, epilepsy etc) ensuring that you capture indicators, performance, clinical requirements and treatment programs etc.

Respiratory consultants
Neurological consultants
Orthopaedic consultants
Psychiatrists
Motor Neurone specialists
Palliative care team
Diabetes specialists
Gynaecological consultants
Dieticians
SALT team
Epilepsy specialists
TVN consultants
Lymphedema nurse specialists

Staffing

Quality Indicators:

There are clear lines of accountability for the management and leadership of the home

- Current staffing levels very good. Carer to resident ration is 1:4
- The manager can describe how staffing levels are determined and how work is allocated – this is by the use of a dependency tool.
- Describe measures in place to support new or agency staff:

Long term regular qualified agency nurses are used.

Induction for new staff is 2 weeks and includes an introduction to the Care Certificate. This is followed by shadow shifts for 2 weeks.

This would suggest that there are suitable numbers of staff appropriately skilled to care for residents

General Observations:

A homely environment with a friendly welcome. The home has residents with nursing needs, however their physical needs are the primary reason for admission with dementia as a secondary morbidity. A large home which is modern, bright and airy. Residents told me they were happy with their care.

Follow up Visit and / or Action Plan required:

- **Follow up visit in 1 year**
- **Recommendations for action plan identified on page 1.**

Report shared with / copied to:

Margaret Cheetham – Care Home Quality and Safety Manager
Rosa Waddingham – Head of Quality and Adult Safeguarding