



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 25 February 2020



## Edgewater Lodge

**Type of Service: Residential Care Home**

**Address: Seaview Suite, 4 Sunnysdale Avenue, Donaghadee,  
BT21 0LE**

**Tel No: 028 9188 8044**

**Inspector: Debbie Wylie**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Jacqueline Bowen 14 January 2020
<b>Person in charge at the time of inspection:</b> Jacqueline Bowen	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 15

### 4.0 Inspection summary

An unannounced inspection took place on 25 February 2020 from 06.30 hours to 13.00 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the environment, infection prevention and control, staffing, the culture and ethos of the home, meals, care records and governance arrangements.

Areas requiring improvement were identified including: management of incidents and person in charge competency and capability assessments.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Bowen, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 18 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 18 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 15 February to 5 March 2020
- one staff recruitment and induction record
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits/records
- accident/incident records from 18 November 2019 to 25 February 2020
- monthly monitoring reports from November 2019 to January 2020
- a sample of minutes from residents meetings
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 18 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19.- (2) schedule 4  <b>Stated:</b> First time	The registered person shall ensure records are kept in the home for staff training and all notifiable events.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that staff training and notifiable events records were kept in the home.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time	The registered person shall ensure that the administration of controlled drugs patches is monitored to ensure that they are administered as prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of weekly and monthly medication audits evidenced that controlled drug patches were being administered as prescribed.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the reason for and outcome of administering medicines that are prescribed on a “when required” basis for the management of distressed reactions is recorded.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of medication records evidenced that the reason for and outcome of administration of medicines prescribed on a “when required” basis for distressed reactions is being recorded.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24. 2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff receive their annual appraisal and their supervision and this is recorded.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the record of annual review and appraisal evidenced that this is being completed and recorded.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure residents risk assessments and care plans are reviewed to ensure they are up to date and reflect the needs of the resident.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three residents care records evidenced that risk assessments and care plans are reviewed, up to date and reflected residents’ needs.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the manager undertakes regular governance audits to assure the quality of the care and other services delivered on a daily basis to residents.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the record of audits evidenced that regular governance audits were being completed by the manager.</p>		



## 6.2 Inspection findings

### 6.2.1 Environment

We saw that the home was warm, clean, tidy and comfortably furnished.

Staff were observed to minimise the risk of infection in their daily working practice. Staff and the manager confirmed that there were safe working practices in the home.

### 6.2.2 Staffing

We saw that staff were available throughout the day to meet the needs of residents and any requests for assistance. Staff were seen to be well organised and ensured residents were listened to and responded to.

No concerns regarding staffing levels were raised by residents, relatives or staff during the inspection. Review of the staffing rota from 15 February to 5 March 2020 also confirmed this.

Staff told us they were aware of their roles and responsibilities and received training to enable them to carry out their duties. Staff were knowledgeable about actions they should take if they have any concerns about residents' care or staff working practices.

We reviewed the competency and capability assessment for the persons in charge of the home and found that these needed to be completed for all staff who were in charge. This was discussed with the manager and an area for improvement was made

### 6.2.3 Care delivery

Residents were supported to participate in their preferred activities during the day including singing and listening to music.

We observed the serving of the breakfast meal. Staff supported residents to make their way to the dining room while other residents preferred to enjoy their breakfast in their bedrooms. Staff were familiar with residents' dietary requirements and were seen to make sure those residents who required special diets received them. Residents' choice of meal and drink was sought and staff chatted to residents about how they would spend their day.

### 6.2.4 Accidents and incidents

Review of accidents and incidents records confirmed that these were managed appropriately. Medical advice was sought as required.

One incident had not been notified to RQIA; when this was brought to the attention of the manager and an area for improvement was made.

### 6.2.5 Care records

Care records were reviewed and we saw that they were well documented with up to date assessments, care plans, risk assessments, contact with other professionals and daily updates. Records were stored confidentially and recorded in a compassionate and dignified manner.

## 6.2.6 Residents' views

We received positive feedback from residents during the inspection. Some of the comments made by residents during the inspection included:

"It's comfortable here."

"The food is good."

"There are nice people here."

"The food is warm and tasty."

We reviewed the record of the residents' meetings and saw that this included residents' views of the meals, environment, care, activities and any other comments residents wished to make.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, infection prevention and control, staffing, the culture and ethos of the home, meals, care records and governance arrangements.

### Areas for improvement

The following areas were identified for improvement in relation to reporting of incidents and the person in charge competency and capability assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Bowen, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.



## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that all accidents and incidents in the home are reported to RQIA.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All relevant accidents and incidents are now being reported to the RQIA</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2020</p>	<p>The registered person shall ensure the training needs of individual staff for their roles and responsibilities are identified and met. This is in relation to person in charge competency and capability assessments.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A competency matrix for all Senior Care Staff is now in place and all competencies are up to date.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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