

# Unannounced Care Inspection Report 18 November 2018



## Edgewater Lodge

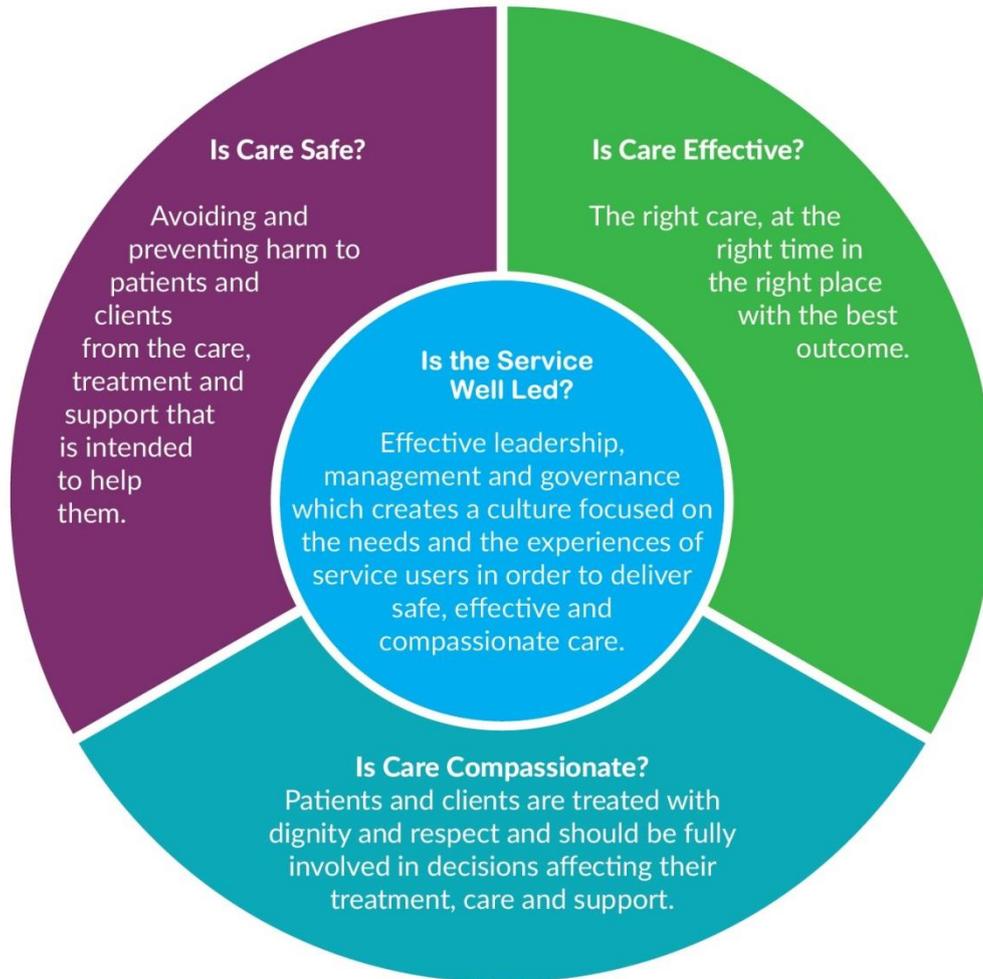
**Type of Service: Residential Care Home**  
**Address: Seaview Suite, 4 Sunnydale Avenue,  
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**Tel No: 028 9188 8044**  
**Inspector: Kylie Connor**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 17 places that provides care and accommodation for residents living with a dementia. The residential home is situated on the same site as Edgewater Lodge Nursing Home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Claire Royston	<b>Registered Manager:</b> Vera Riberio
<b>Person in charge at the time of inspection:</b> Vera Nikolajeva, Senior Care Assistant Vera Riberio, Registered Manager from 11.45 to 13.25	<b>Date manager registered:</b> 12 February 2018
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 18 November 2018 from 11.30 to 18.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the pre-registration 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 including, staff training, communication between residents, staff and other interested parties, meals and mealtimes, management of complaints and maintaining good working relationships.

Areas requiring improvement were identified in regard to care plans for the management of behaviours that challenge, annual care reviews, activities and reports of monthly visits by the registered provider.

The inspector advised that a pictorial menu should be provided in the dining room.

Residents and their representatives said that there was good relations with staff and good communication. Residents said that they were happy with their lifestyle in the home and enjoyed the food.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Vera Nikolajeva, Senior Care Assistant and following the inspection with Vera Riberio, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the pre-registration report, notifiable events, and written and verbal communication received since the pre-registration inspection.

During the inspection the inspector met with the person in charge, four residents, three care staff and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. 'Have we missed you' cards were left in a prominent position to allow residents and their visitors/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Three questionnaires were returned within the agreed timescale; two did not indicate if they had been completed by a resident or a relative and the third questionnaire was returned from a relative.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- One staff file
- One resident's care file
- Complaints and compliments records
- A sample of audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities on display
- Policies and procedures

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 most recent inspection dated 21 September 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 5 January 2018

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to a minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and residents' representatives. Staff did comment that when on occasion they were short-staffed, 'it is difficult.' This was discussed with the registered manager following the inspection who gave assurances that every effort is made to fully staff each shift. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The inspector advised of the Induction Programme and of the Learning Zone, Adult Care Toolkit both available on the Northern Ireland Social Care Council (NISCC) website.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed.

Discussion with the registered manager and review of one staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with NISCC.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems and close supervision or monitoring of residents. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Staff reported that there had been no outbreaks of infection since registration of the home. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

Review of information returned by the registered manager confirmed that the home had an up to date Legionella risk assessment in place dated 16 March 2017.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Review of information returned by the registered manager confirmed that Lifting Operations and Lifting Equipment Regulations (LOLER) records and safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 27 November 2017 and all recommendations had been actioned or were being addressed.

Discussion with staff confirmed that fire safety training was completed twice annually. Fire drills were completed on a regular basis and records reviewed and discussion with the registered manager confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Discussion with the registered manager and review of one of the two fire safety folders identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Three completed questionnaires were returned to RQIA. The respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied and neither satisfied or dissatisfied.

One respondent raised an issue in regard to residents' personal safety from other residents. This was shared with the registered manager who had advised the inspector that this issue was being monitored.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and adult safeguarding.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

#### The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of one resident's care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. A care plan in regard to the management of behaviours that challenge did not provide sufficient detail in regard to the indicators and how staff should respond to support consistency of approach and management; an area for improvement was identified.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. However, review of a care review matrix identified that eight of the twelve residents listed had not had an annual care review and an area for improvement was identified.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Part of the lunch time meal was observed. Staff were attentive towards residents who appeared to be enjoying their meal. Tables were set appropriately with condiments and it was good to note that the chef came to the dining room and asked residents if they were enjoying their meal. A pictorial menu was not on display in the dining room and the inspector advised that this should be provided.

Systems are in place to regularly record residents' weights and any significant changes are responded to appropriately. There are arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. It was good to note that a dietician visited the home on a monthly basis and reviewed residents' weights. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Discussion with the registered manager confirmed that audits of accidents and incidents (including falls, outbreaks), NISCC registration and completion of training were completed.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents, a representative and staff spoken with during the inspection made the following comments:

- “(Handovers are) thorough enough, they go through resident by resident.” (staff)
- “We help each other. Communication is good and the registered manager helps us as we need.” (staff)
- “We have a good cook and can ask for any choice (of meal). We had beef and chicken today and everyone had it.” (staff)
- “It I want anything done, I ask them.” (resident)
- “The bed is comfortable. I like the food.” (resident)
- “It’s different but tasty and there is enough. (representative)
- “They (staff) know (my relative) very well. I’ve seen the breakfast and was very surprised to see (my relative) had bacon and eggs and they get fruit after morning and afternoon coffee.” (representative)

Three completed questionnaires were returned to RQIA. The respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied and neither satisfied or dissatisfied.

One respondent commented, ‘the food could be better.’ This comment was shared with the registered manager who reported that a monthly dining audit is completed and that no complaints have been received from residents.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

## Areas for improvement

Two areas for improvement were identified in regard to care plans for the management of behaviours that challenge and annual care reviews.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, residents and their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, a care plan was in place for the use of medication for the management of behaviours that challenge.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The activity programme, for example, was written in a pictorial format.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and their representatives elicited a mixture of views in regard to the homes' activity programme. Activity records were not available for review and some staff expressed doubts that all the activities on the activity programme displayed had taken place; staff identified that whilst there were designated staff who undertook activities, care staff should be doing more; an area for improvement was identified. It was good to note that staff shared some activity suggestions including armchair aerobics and also shared their knowledge of some residents' favourite activities, for example, dominos. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents verified that their visitors could visit at any time and some residents attend a weekly lunch club in Donaghadee.

A resident, staff and a resident's visitor/representative spoken with during the inspection made the following comments:

- "The summer was good. See out there, it was lovely, they have tables and chairs. It was great." (resident)
- "We always talk and spend time with the residents. I treat them like my relatives. I spend half of my life here. It's their home. They are happy to see us, same face." (staff)
- "We don't get a lot of time to talk to residents other than when we are washing/dressing them. There could be more activities. They love throwing the beach ball and we do try and do that sometimes." (staff)
- "We have someone to talk about the Lord and sing hymns, it was lovely. (representative)

Three completed questionnaires were returned to RQIA. The respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

One area for improvement was identified in regard to the provision of activities by care staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records and discussion with staff confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accidents and incidents confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Inspection of reports of visits by the registered provider as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 identified that improvements were needed in regard to consultation with residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

One staff spoken with during the inspection made the following comment:

- "She (the registered manager) is a very nice person, always understanding and helpful. We have a very good team here." (staff)

Three completed questionnaires were returned to RQIA. The respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied and dissatisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

One area for improvement was identified in regard to reports of visits by the registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Vera Nikolajeva, Senior Care Assistant and following the inspection with Vera Riberio, Registered 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 January 2019</p>	<p>The registered person shall ensure that care plans for the management of behaviours that challenge provide sufficient detail of the indicators, the presenting behaviour and detail the strategies that staff should follow to ensure clarity and consistency of care.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Home Manager has reviewed the care plans for those residents who display behaviours that challenge and can confirm that these all have the appropriate information in sufficient detail to ensure clarity and consistency of care. This will be reviewed on a regular basis by using a care file audit tool.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2019</p>	<p>The registered person shall ensure that the home participates in review meetings organised by the referring Trust responsible for the resident's placement in the home.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Care Review matrix has been updated to reflect the dates of individual care reviews. However, there are three care reviews outstanding which the Home Manager has highlighted to the Care Manager and is awaiting a date for these reviews.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 January 2019</p>	<p>The registered person shall review and improve activities facilitated by care staff.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Purchased new activity material (Karaoke, Bingo, Board Games, Crafts, Crosswords...) that are readily available for staff to use with residents either on group activities or individual. Staff is encouraged at every staff meeting to carry out activities with residents and to come forward with ideas / suggestions and residents feedback on what they would like to do. Going forward we plan to issue a plan with weekend activities and leave this plan available for residents and families that wish to participate.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 January 2019</p>	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Regional Manager carries out an unannounced visit to the Home on an monthly basis and completes a monitoring report at the end of this visit. For each identified issue on this report, an action is raised and these are completed at the earliest opportunity and checked again at the Regional Manager's next visit.</p>

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



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