



Unannounced Care Inspection Report 18 November 2019



Edgewater Lodge

Type of Service: Residential Care Home

**Address: Seaview Suite, 4 Sunnydale Avenue, Donaghadee,
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Tel No: 028 9188 8044

Inspector: Debbie Wylie

www.rqia.org.uk

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Jacqueline Bowen Registration pending
Person in charge at the time of inspection: Jacqueline Bowen	Number of registered places: 17
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 13

4.0 Inspection summary

An unannounced inspection took place on 18 November 2019 from 10.00 to 16.00 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.

Areas for improvement in respect of the previous pharmacy inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, communication between staff residents and their families, the serving of the lunch time meal, activities, the environment, management of complaints, dignity and respect and maintaining good working relationships.

Areas requiring improvement were identified in relation to medicines management, staff appraisal and supervision, care records, governance and oversight, staff training and availability of records for inspection.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

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
Total number of areas for improvement	1	*5

*The total number of areas for improvement include two standards which have been stated for a second time

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 21 September 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 September 2018. 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, pharmacy inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

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 were examined which included:

- staff duty rotas from 7 October 2019 to 18 November 2019
- staff training records
- two staff recruitment records
- three staff induction records
- staff in charge of the home training records

- three residents' records of care
- a sample of governance audits
- a sample of reports of visits by the registered provider from February to October 2019
- RQIA registration certificate
- fire risk assessment records
- fire drills records
- fire equipment checks records
- registration checks for staff with the Northern Ireland Social Care Council

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 18 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 11.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of resident care records evidenced that this area for improvement had been met. Inspection of review meetings records for all residents found that seven reviews had been completed and the trust had been contacted for dates for the remaining six residents.	

Area for improvement 3 Ref: Standard 13 Stated: First time	The registered person shall review and improve activities facilitated by care staff.	Met
	Action taken as confirmed during the inspection: Activities were observed and records were inspected showing that a good variety of activities were planned every day.	
Area for improvement 4 Ref: Standard 20.11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement had been met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall ensure that staff training and competency assessment is regularly completed and records are maintained.	Met
	Action taken as confirmed during the inspection: Records inspected provided evidence that all staff requiring training and competency assessment had completed this training in February and October 2019	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that the administration of inhaled medicines is monitored to ensure that they are administered as prescribed.	Met

	Action taken as confirmed during the inspection: Records inspected showed evidence that the administration of inhaled medicines is monitored to ensure that they are administered as prescribed.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall ensure that the administration of controlled drugs patches is monitored to ensure that they are administered as prescribed.	Not met
	Action taken as confirmed during the inspection: Records inspected found that controlled drugs patches were not administration as prescribed. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 4 Ref: Standard 8 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: Records inspected found no evidence 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. This area for improvement has not been met and has been stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

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

The entrance area and garden area of the home was well maintained, tidy and accessible to residents. The home was warm, well lit, free from malodours and well-presented throughout. All rooms were well decorated and communal areas were uncluttered and tidy. Residents presented well and were appropriately dressed. Clothing was laundered to a high standard and personal care had been undertaken. Residents told us:

“It’s nice and comfortable here.”

“I like it here.”

Residents’ bedrooms were found to be clean tidy and personalised with their own memorabilia and personal belongings. Corridors were clutter free and well maintained and fire exits were clear from obstruction. Bathrooms were found to be clean and tidy. However one piece of equipment was in need of replacement. This was discussed with the manager and removed from the bathroom.

The manager confirmed that staffing levels and skill mix within the home were determined through regular monitoring of residents’ dependency levels. A review of the duty rota from 17 October until 18 November 2019 confirmed that staffing levels were maintained as planned. No concerns were raised with staffing levels during discussion with residents or staff on the day of inspection. The hours worked by the manager were evident on the rota and the person in charge was highlighted.

Discussion with staff confirmed that a period of induction was completed relevant to their roles and responsibilities. Three staff induction files were inspected and found to have been fully completed, signed and dated appropriately. Two staff recruitment records confirmed that staff were recruited safely and were appropriately qualified and vetted for their roles. Observation of staff showed that interaction with residents was appropriate respectful and knowledgeable in relation to individual residents’ needs. Residents told us:

“Staff are good to me.”

“Staff are marvellous day and night.”

“The staff are friendly.”

A sample of staff training files reviewed confirmed that mandatory training was ongoing and monitored regularly by the manager. Discussion with the manager and staff confirmed they had a good knowledge of training requirements. Staff records also demonstrated that staff were registered with their professional body and that the manager regularly monitored this.

Records inspected showed that appraisal and supervision had not been completed for all staff. An area for improvement was made.

Staff also demonstrated a good knowledge of adult safeguarding procedure and how to report concerns or poor practice.

We reviewed three residents' care records which evidenced that following admission to the home staff completed relevant risk assessment and care plans to manage care needs. However, these were not consistently reviewed and an area of improvement was made.

Areas for improvement

The following areas were identified for improvement in relation to staff supervision and appraisal and keeping up to date care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

Interactions between staff and residents was observed to be respectful, caring and kind. Residents were relaxed and comfortable and those spoken to confirmed that they were well cared for and staff were friendly and quick to respond to their needs. We spoke to one family member during the inspection who complimented the staff on how helpful they were.

Discussion with staff confirmed they were knowledgeable about resident care needs and we saw them respond to residents requests for assistance in a caring and appropriate way. Staff were observed to be providing the right care in the right place to individual residents.

Records confirmed that staff had completed a competency assessment to meet the requirements of being in charge of the home. Records also showed liaison with other professionals regarding aspects of residents' care which needed their expertise and management. This was noted on inspection of three residents care records. Records were stored confidentially and recorded in a professional manner.

Residents were seen to enjoy a variety of mid-morning snacks including warm and cold drinks. The lunch time meal was served in the dining room and was hot and appetising and a choice of meal was provided. Residents were observed enjoying their meal and staff assisted those who required help in a timely and appropriate manner. Residents and staff were relaxed and discussed their choice of drinks. Residents confirmed to us that the food was very good and you get something different if you want it.

We saw residents and staff enjoying a game of guess the tune in the lounge.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Residents told us that the home was comfortable and that they were well looked after. There was a relaxed and calm atmosphere noted throughout the inspection. There was music playing in the background and residents and staff were chatting and interacting.

We saw that residents were treated with dignity and respect with staff taking their wishes and preferences into account when servicing snacks, meals and while taking part in activities. Residents told us that staff were responsive to their needs and this was evident throughout the inspection.

During the lunchtime meal staff were observed to be kind and asked residents about their preference of drinks and food. Residents were assisted with their meals in a compassionate manner with both staff and residents chatting and relaxed.

A resident's meeting had been held with positive responses recorded about staff and activities. A relatives' meeting had also been planned and advertised for those who wanted to attend. A relative told us that they were happy with the staff and found them very helpful.

We provided questionnaires for resident and relatives to complete; none were returned.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There has been a change of manager since the last inspection. This had been notified to RQIA as required. The manager confirmed that the home was operating within its registered categories of care.

We reviewed the record of quality monitoring visits undertaken by the provider's representative. These visits were undertaken monthly and in accordance with Regulation 29. An action plan was included in each report however the actions identified needed to be completed in a timely manner and this was discussed with the manager.

We reviewed a sample of governance records to ensure robust mechanisms were in place to regularly review the quality of care provided to residents. We saw that several monthly audits

were not carried out on a regular basis. For example, complaints, incidents and accidents and restraints audits. An area for improvement was made.

Records of the Regulation 30 notifications to RQIA and staff training records were not available in the home and this was discussed with the manager. An area for improvement was made.

We saw that the interactions between the manager, staff and residents was friendly, caring and professional. Staff informed us that the manager was very supportive and they were happy working in the home.

Areas for improvement

The following areas were identified for improvement in relation to governance arrangements, management of incidents, staff supervision and appraisal and the availability of records for inspection.

	Regulations	Standards
Total number of areas for improvement	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	
Area for improvement 1 Ref: Regulation 19.- (2) schedule 4 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure records are kept in the home for staff training and all notifiable events. Ref: 6.6
	Response by registered person detailing the actions taken: A training matrix is in place for staff, along with copies of individual training records. The records of notifiable events are retained in the Manager's office, along with a log and were up to date on the day of the inspection.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: immediate action required	The registered person shall ensure that the administration of controlled drugs patches is monitored to ensure that they are administered as prescribed. Ref: 6.1
	Response by registered person detailing the actions taken: The management of the controlled drugs is monitored weekly as part of the weekly medication audit. Any concerns in relation to ordering or obtaining supply are reported immediately to the Home Manager and action is taken.
Area for improvement 2 Ref: Standard 8 Stated: Second time To be completed by: immediate action required	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. Ref: 6.1
	Response by registered person detailing the actions taken: PRN protocols are in place for all PRN medication. A senior care assistant meeting was held on 04.12.19 when the outcome of the RQIA Inspection was discussed. Clinical supervision sessions have also been held with all Senior care staff in relation to the management of PRN medication, distressed reactions and Controlled Drugs medication.

<p>Area for improvement 3</p> <p>Ref: Standard 24. 2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2020</p>	<p>The registered person shall ensure that staff receive their annual appraisal and their supervision and this is recorded.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Appraisals for all staff in the Residential will be completed by the end of January 2020. A supervision matrix for 2020 is in place with proposed planned dates throughout the year.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A care file audit planner is in place to audit care file documentation. Care file audits are completed using the Quality of Life system. These audits generate linked actions in which staff have to address. The audits are given to staff to action any areas that require attention within a specific timescale and the file is then re-audited to ensure areas identified in the audit have been rectified.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</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>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The following governance audits are in place Resident care audit Weekly and monthly medication audit Monthly restraint audit Monthly complaints audit Monthly accident audit Monthly safeguarding audit Monthly infection control These records are completed monthly, sent to Regional Office for review and dated and signed when the Regional Manager visits on a monthly basis. All records are retained in the Home Manager's office and are available at inspection.</p>

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



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