

Unannounced Care Inspection Report 19 October 2020



Edgewater Lodge

Type of Service: Residential Care Home
**Address: Seaview Suite, 4 Sunnysdale Avenue,
Donaghadee, BT21 0LE**
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Inspector: Julie Palmer

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

3.0 Service details

Organisation/Registered Provider: Electus Healthcare 1 Limited Responsible Individual: Alana Irvine	Registered Manager and date registered: Leeanna Bonar 16 October 2020
Person in charge at the time of inspection: Leeanna Bonar	Number of registered places: 17
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 17

4.0 Inspection summary

An unannounced care inspection took place on 19 October 2020 from 09.20 to 16.35 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Residents spoken with told us that they felt well looked after and that staff were friendly.

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	1

*The total number of areas for improvement includes one under the regulations which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Leeanna Bonar, 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:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with ten residents and seven staff. Questionnaires were also left in the home to obtain feedback from residents and residents' relatives/representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rota from 12 to 25 October 2020
- staff training records
- staff supervision schedule
- incident/accident reports
- monthly monitoring reports
- a sample of governance audits/records
- complaints/compliments records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two staff recruitment files
- staff competency and capability assessments
- three residents' care records
- a sample of food and fluid intake records
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement 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 most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 February 2020.

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
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all accidents and incidents in the home are reported to RQIA.	Not met
	Action taken as confirmed during the inspection: Review of the relevant records evidenced that not all notifiable accidents and incidents had been reported to RQIA. This area for improvement will be stated for the second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of staffs' competency and capability assessments evidenced that these had been completed for all staff who took charge in the absence of the manager.	

6.2 Inspection findings

6.2.1 Staffing

We discussed staffing with the manager who told us that residents' dependencies were regularly reassessed in order to ensure that staffing levels were maintained at satisfactory levels. During the inspection we observed that residents' needs were met promptly by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by residents or staff during the inspection. Staff told us that teamwork was good and that the management team was supportive and approachable.

Review of two staff recruitment files confirmed that the necessary pre-employment checks were made prior to staff commencing work in the home. There was a system in place to ensure that staff were appropriately registered with NISCC. A supervision schedule was in place and staff confirmed that they received supervision. All staff who took charge in the home had completed competency and capability assessments.

Staff were knowledgeable about the needs of the residents in their care and obviously knew them well. Staff were seen to treat residents with respect and kindness; there was a pleasant and friendly atmosphere in the home. Staff spoken with commented positively about working in the home; comments included:

- “The residents are nice, I like working here.”
- “We are working together, it’s a good team.”
- “There is no problem getting anything we need.”
- “Teamwork is great.”
- “The managers are really supportive.”
- “I love working here.”
- “No problems at all, we help one another.”
- “I love the residents they are great.”
- “Leeanna (the manager) is very nice.”

Staff told us that they were provided with mandatory training and that they felt well equipped to carry out their role.

6.2.2 Personal Protective Equipment (PPE)

Staff spoken with demonstrated their knowledge of the current regional guidelines regarding PPE. Staff were observed to put on and take off their PPE correctly and to carry out hand hygiene at appropriate times.

There was a plentiful supply of PPE available; PPE stations were well stocked and signage providing useful information on PPE was placed in appropriate areas throughout the home. Staff told us that they had had sufficient supplies of PPE at all times.

Staff and residents had a twice daily temperature check; a record of this was maintained. Any visitors to the home also had a temperature check recorded.

The manager confirmed that sufficient supplies of PPE were maintained and staff had received PPE awareness training. Daily observations and regular audits were completed to monitor staff use of and compliance with PPE guidelines.

6.2.3 The environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents’ bedrooms were personalised and the home was tastefully decorated. Corridors and fire exits were clear of obstruction. Equipment was found to be maintained in a clean condition and to be stored appropriately in the home.

The domestic on duty told us that, in addition to the regular cleaning schedule, frequently touched points were cleaned two to three times per day or more often if required and enhanced deep cleaning was carried out as necessary. We observed frequently touched points being cleaned during the inspection.

The manager told us that redecoration and replacement of some furniture and curtains was planned to further enhance the environment for residents.

6.2.4 Care delivery

Residents in the home looked well cared for; they were observed to be well presented and settled in their surroundings. The atmosphere was relaxed, staff were seen to speak to residents in a kind and friendly manner and to offer them support as required.

Staff discussed the challenges of maintaining social distancing guidelines in the dementia setting. They told us that residents often found a change in their routine or their environment upsetting and distressing and that social distancing measures were managed as effectively as possible while ensuring this did not adversely affect the residents' wellbeing. Staff demonstrated their knowledge of the importance of effective communication with residents to promote positive outcomes.

We found that residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food; they commented:

- "The food is lovely."
- "They are all very helpful; they give me a hand to have a bath or a shower."
- "I never saw a cleaner place in my life."
- "It is great here, there is no trouble, they are good to me and give me everything I need."
- "There is plenty of food."
- "We are well looked after."

We observed the serving of lunch in the dining room. A menu was on display and there were two options of main course available. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was served from a heated trolley, was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary. The mealtime was relaxed and unhurried.

The activity schedule was on display in the corridor. Activities on offer were tailored to the needs and interests of the residents; staff assisted with these and ensured residents were offered a choice of what they would like to do.

6.2.5 Care records

We reviewed the care records for three residents and found that these contained relevant risk assessments and care plans to ensure that residents' daily needs were met. A daily, up to date, record of care provided was maintained.

There was evidence, in the records reviewed, of referral to other healthcare professionals such as the dietician or speech and language therapist (SALT) where required.

Care plans in place for those patients who were at risk of a fall and were prescribed anticoagulant medications indicated that neurological observations should be recorded in the event of a fall and suspected head injury. However, staff in a residential home would not routinely carry out neurological observations; medical advice should be sought in this event. The care plans needed to be reviewed to reflect the care that should be provided. An area for improvement was made.

Staff informed us that care reviews were being undertaken via telephone calls or Skype and this was working well. Staff demonstrated their knowledge of deprivation of liberty safeguards (DOLS) for the residents in their care and told us that DOLS arrangements were being reviewed during care reviews.

6.2.6 Governance and management arrangements

Management arrangements had changed since the previous inspection and RQIA had been appropriately notified. Discussion with the manager evidenced that she felt well supported in her role by Electus Healthcare and that any supplies or equipment required were promptly approved and delivered.

The manager told us that the local GP's had been extremely supportive throughout the COVID-19 pandemic and other healthcare professionals were readily accessible if required. Community links were encouraged; a local football team had volunteered to help with gardening as COVID-19 restrictions allowed. Good communication was very important; the manager said relatives had been really supportive and understanding of the current restrictions regarding visiting.

Thank you cards were displayed for the attention of staff; written compliments included:

- "Thank you so much for your help and support."
- "Thank you for all the care and love."
- "Thanks for all your hard work."
- "Thank you so much for your care and concern."

Review of accident and incident records evidenced that not all notifiable accidents had been reported to RQIA. This was discussed with the manager to clarify those accidents and incidents which should be reported. Retrospective submission of required notifications was requested. This area for improvement will be stated for the second time.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due. A supervision schedule was in place but needed to be updated; a record of supervisions was maintained and staff spoken with confirmed they received supervision.

Review of audits carried out evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home; action plans were developed as required. We also reviewed the monthly monitoring reports completed in respect of the home. The reports were comprehensive, included the views of residents, relatives and staff and contained an action plan.

Areas of good practice

Areas of good practice were identified in relation to staffing, teamwork, use of PPE, the environment, care provided, treating residents with respect and kindness, communication, maintaining good working relationships and management arrangements.

Areas for improvement

An area for improvement was identified regarding care plans for those patients who were at risk of a fall and were prescribed anticoagulant medications.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents in the home appeared well looked after and were content and settled. The home was clean, tidy and well maintained. Staff were seen to treat residents with kindness and respect.

Following the inspection the required notifications were submitted retrospectively as requested.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leeanna Bonar, 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 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 30 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that all accidents and incidents in the home are reported to RQIA.</p> <p>Ref: 6.1 & 6.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Two incidents have been reported retrospectively following the inspection. All appropriate incidents are now being reported.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: 26 October 2020	<p>The registered person shall ensure that care plans for those patients who are at risk of a fall and are prescribed anticoagulant medications are reviewed and are reflective of the care that should be provided by staff in this event including the need to seek medical advice if necessary.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans for those residents receiving anti-coagulant therapy are now relevant to the care provided by a senior care assistant and do not include the completion of neurological observations. All staff are aware that they need to seek medical advice from their GP if necessary.</p>

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



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