

Inspection Report

27 June 2021



Edgewater Lodge

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Electus Healthcare 1 Limited Responsible Individual: Ms. Alana Irvine	Registered Manager: Ms. Leeanna Bonar Date registered: 16 October 2020
Person in charge at the time of inspection: Ms. Cara Graham, Team leader then joined by Ms. Karen Nicholson, Deputy Manager at 11.20am and Ms. Leanna Bonar at 12.30pm	Number of registered places: 17
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: <p>This home is a registered Residential Home which provides social care for up to 17 residents, living with dementia. The home shares the same building with a registered Nursing Home.</p> <p>Resident bedrooms are located over one floor. Residents have access to communal lounges, a dining rooms and an enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection was conducted on 27 June 2021 at 10.00am to 14.15 hours by a care inspector.

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

One area requiring improvement was identified. This was in respect of ensuring the resident's representative is consulted with evidence of same in the care planning of a particular assessed need.

Residents said that living in the home was a good experience. One resident made the following comment: "This really is a great home. The staff are wonderful. I especially like (staff member). I treat him like my grandson."

Comments received from residents, one visiting relative and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Edgewater Lodge was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the manager and the responsible individual with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection residents, one visiting relative and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home.

At the end of the inspection the home's management team were provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with 17 residents and four staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents spoke in positive terms about the care they received and on their interactions with staff. Residents confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. One resident made the following statement: "I know it's not as good as being in your own home but it is the next best thing. I would have no complaints about here."

Staff acknowledged the challenges of working throughout the COVID-19 pandemic. Staff stated that Edgewater Lodge provided good care to residents.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 October 2020		
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: Second time	The registered person shall ensure that all accidents and incidents in the home are reported to RQIA.	Met
	Action taken as confirmed during the inspection: An inspection of these reports confirmed that due notifications have been received by RQIA.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 6.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspection of a sample of residents' care plans confirmed that these issues of assessed need were appropriately care planned for.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect residents. Discussions with the manager confirmed she had a good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory and additional training in a range of topics.

Staff said there was good team work and that the provision of care was very good.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any person in charge of the home in the manager's absence had undertaken a competency and capability assessment for this role.

Two residents said "It's lovely here. I have no worries or complaints." and "We're very happy here. The staff are very good."

There were safe systems in place to ensure staff were recruited and trained properly; and that residents needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Inspection of staff training records confirmed that all staff had completed adult safeguarding training. Staff stated they were confident about reporting concerns about residents' safety and poor practice, and that they understood the whistle-blowing policy.

Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practice and/or the quality of services provided by the home.

At times, some residents may be required to use equipment that can be considered to be restrictive. For example, a locked door and alarm mats. Inspection of residents' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive, with statements of reassurance such as "No trouble at all". Staff were seen to seek residents' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..."

There were systems in place to ensure that residents felt safe within the home and that staff were trained with regard to adult safeguarding.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Observation of the home's environment evidenced that the environment was clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were personalised with items important to the resident. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The home had photographic displays of residents participating in recent Father's Day celebrations.

The home's most recent fire safety risk assessment was dated 13 November 2020 had corresponding evidence in place to confirm that the recommendations from this assessment had been addressed.

Fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

5.2.4 How does this service manage the risk of infection?

Feedback from the team leader and observation of the environment confirmed that there were systems and processes in place for the management of risks associated with COVID-19 and other infectious diseases.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Systems were in place with regard to IPC management and visiting arrangements were in keeping with current regional guidance.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, care records were accurately maintained and reflected the needs

of the residents. The team leader in charge had good knowledge of individual resident's needs, their daily routines, wishes and preferences.

Inspection of records and discussion with the team leader confirmed that risks associated with falls were well managed. For example, when a resident experiences a fall, it is good practice to review the incident in order to determine how and why it occurred, and if anything more can be done to prevent further falls. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure that accidents and incidents were notified, if required, to residents' next of kin, their Care Manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the dining experience, it was observed that staff worked hard to ensure residents were enjoying their meals and the overall dining experience.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the residents.

Two residents made the following statement; "Everything here is a 100%. The staff are lovely and kind and go out of their way to attend to you." and "The meals are fantastic."

A visiting relative was keen to express their appreciation and gratitude for the care provided and the kindness and support received from statements, and used words such as "Brilliant, spotlessly clean and always a nice atmosphere" to describe the home.

In summary, arrangements were in place to ensure residents received the right care at the right time and there was good staff communication with residents.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they accurately reflected the residents' needs and the care being provided. Where possible, residents were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

One area requiring improvement was identified. This was in respect of ensuring the resident's representative is consulted with evidence of same in the care planning of a particular assessed need.

In summary, daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

In summary the home supports residents to have meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the team leader and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

One area of improvement was identified, which is detailed in the included Quality Improvement Plan, relating to putting in place evidence of residents' representative consultation in the care planning process, where appropriate.

Feedback from residents throughout this inspection was positive and there was a good atmosphere and ambience in the home. Residents were seen to be comfortable, content and at ease in their environment and interactions with staff.

RQIA were assured that the delivery of care and service provided in Edgewater Lodge was safe, effective, compassionate and well led.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement have been identified were action is required to ensure compliance with **the Residential Care Homes' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	0	1

One area of improvement and details of the Quality Improvement Plan was discussed with Ms. Leeanna Bonar, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6.3 Stated: First time	The registered person shall ensure there is evidence to confirm that residents' representatives are consulted in the care planning process, where appropriate. Ref: 5.2.6
To be completed by: 27 July 2021	Response by registered person detailing the actions taken: All DNACPR care plans as discussed during the inspection, have now been countersigned by resident's representatives. DNACPR documentation had already been discussed and signed by resident's representatives and was in place prior to the inspection.

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



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