



# Unannounced Care Inspection Report 16 December 2019



## Ailsa Lodge

**Type of Service: Nursing Home**  
**Address: 6 Killaire Avenue, Carnalea, Bangor BT19 1EW**  
**Tel no: 02891452225**  
**Inspector: Sharon McKnight**

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 41 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Merit Retail Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Janet Davidson Registration pending
<b>Person in charge at the time of inspection:</b> Janet Davidson	<b>Number of registered places:</b> 41
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40

### 4.0 Inspection summary

An unannounced inspection took place on 16 December 2019 from 09.45 hours to 17.15 hours.

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.

Areas for improvement in respect of previous medicines management were also reviewed during this inspection.

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was clean, fresh and safely managed.

Evidence of good practice was found in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients were offered choice within the daily routine and that there were systems to provide patients with a say in the day to day running of the home. The activities provided in the home had a positive impact on patients.

There were stable management arrangements in place with systems to provide management with oversight of the services delivered.

Areas requiring improvement were identified regarding the completion of post falls review, care records and the management of pressure relieving mattresses.

Comments received from patients, people who visit them and staff during 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 patients' 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 Janet Davidson, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 23 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, 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 patients 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.

The following records were examined during the inspection:

- Staff duty rota for weeks commencing 6 and 13 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- seven patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of monthly visits completed on behalf of the registered provider
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

Areas for improvement from the last care inspection dated 23 July 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27(4)(a) <b>Stated:</b> First time	The registered person shall ensure that the recent incident of non-adherence to the smoking policy is discussed with the home's fire risk assessor and advice sought with regard to the need for any additional precautions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that advice was sought at the time of the previous inspection. An individual smoking risk assessment has also been introduced for patients who smoke. This area for improvement has been met.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5.3 <b>Stated:</b> First time	The registered person shall ensure that records are maintained to evidence the identified patient's consent to the agreed plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The patient no longer resides in the home however the manager confirmed that this was actioned at the time of the previous inspection and confirmation provided to RQIA. This area for improvement was complied with at the time.	

<b>Areas for improvement from the last medicines management inspection dated 7 February 2019</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person shall ensure that injectable medicines are administered in accordance with the prescriber's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were currently no patients prescribed injectable medicines at the time of the inspection. The manager provided details of the systems in place to ensure they would be administered as prescribed. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person shall ensure that the administration of thickeners is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	The registered person shall ensure that, if medication is administered for the management of distressed reactions, staff record the symptoms of the distressed reaction and the effect of medication administered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement has been met.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

In order to determine if care was delivered safely we talked with a number of the patients. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them. Patients were happy that they recognised staff. Patients said:

“Staff come quickly but it does depend on how busy they are.”  
 “I’m happy with my care.”

A system was in place to identify appropriate staffing levels to meet the patient’s needs. A review of the staff rotas for week commencing 6 and 13 December 2019 confirmed that the staffing numbers identified were provided. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator has recently been employed to deliver a range of recreational and social activities. One relative commented that has had a positive impact on life in the home for both patients and relatives.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how to report any concerns.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The manager is responsible for monitoring that all staff are registered appropriately. We observed that checks were being completed monthly.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were all informed of the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. Following a fall a post falls review should be completed to ensure the care plan continues to meet the needs of the patient; any changes required to the care plan should be made accordingly; this review was not consistently being completed. This was identified as an area for improvement.

We observed staff and looked at the environment to determine if there was good practice to minimise the risk of the spread of infection. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities, liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene.

The environment in the home was warm and comfortable and provided homely surroundings for the patients and those that visit them. The majority of patients choose to spend their day in their bedrooms many of which had been personalised with their belongings. The home was clean and fresh smelling throughout.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was clean, fresh and safely managed.



## Areas for improvement

One area for improvement was identified in relation to the completion of post falls reviews.

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

### 6.4 Is care effective?

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

The patients we spoke with were very happy with the care they were receiving. They confirmed that staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans were produced. Care plans were reviewed monthly, however in several of the records we reviewed all that was recorded was "No change to care plan." There was no detail of how the patient had been since the previous review or how the nurse had concluded that the care plan continued to meet the needs of the patient. This was identified as an area for improvement.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed patients' needs in relation to wound prevention and care. We reviewed the records of a patient with more than one wound. Whilst a care plan was in place it prescribed care for a number of wounds; the exact location of wounds was not consistently described. Individual care plans for each wound should be in place with the location of the wound consistently described; this was identified as an area for improvement. Records confirmed that in general wounds were dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example, tissue viability nurses (TVN).

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. A number of patients had pressure relieving mattresses in place which required to be set manually – a number were not set accurately in accordance with the patients weight. Systems to ensure that correct setting is maintained must be implemented. An area for improvement has been made.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed for patients with a poor appetite.

Lunch was served in the dining room on the ground floor. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The dining room tables were nicely set. Patients told us the food was good and that there was always choice and plenty to eat. There was a relaxed atmosphere in the dining rooms during lunch and the tables were nicely set with cutlery and a choice of condiments. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence. Staff used their knowledge of individual patient's likes and dislikes to support them with decision making, if required. Staff worked well as a team and reported that there were good relations between differing roles within the team.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

### Areas for improvement

Three areas for improvement were identified in relation to the evaluation of care plans, care plans for wound management and the management of pressure relieving mattresses.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 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.**

We arrived in the home at 09:45 hours and were met immediately by staff who offered us assistance. We walked round the home mid-morning; the majority of patients were in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed.

We spoke with eight patients, individually throughout the day. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities. We asked if patients felt their consent was gained prior to providing care. They confirmed that staff would ask if they were ready to get up or would like to go to bed. Patients understood that, at times if staff were busy, they would have to wait but felt that the time it took staff to return to them was reasonable.

The patients told us the following:

“Staff do come quickly but it does depend on how busy they are.”  
 “I’m happy with everything, lunch is always good.”

We spoke with the relatives of four patients who told us the following:

“The staff, all of them, are second to none.”  
 “On the whole things have settled and are good.”  
 “Staff have taken their time to get know her, which is encouraging.”

Patients and relatives meetings were held throughout the year. The most recent patients’ meeting was held in November 2019 when patients were given the opportunity to discuss the Christmas activities, the menus and food provided and their opinion on the day to day delivery of care. A record is kept of each meeting of the issues discussed and any actions required to be taken following the meeting. The action points are revisited and the outcome discussed at the next meeting.

The home provides questionnaires on an annual basis to relatives; the questionnaires invite relatives to comment on areas such as staffing, management, care and the environment. The most recent questionnaires were issued in September 2019; 14 were returned and all of the responses were positive. The outcome from the questionnaires and comments/suggestions made will be included in the annual quality report. The following are examples of some of the comments received:

“The staff go over and beyond with my .... It’s a brilliant home.”  
 “I was so worried about putting my ... into a home but I couldn’t have a choosen a better place – she loves Ailsa Lodge.”

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately there were no responses received.

An activity co-ordinator has recently been appointed. The programme of Christmas activities was displayed in the main lounge to inform patients and visitors to the home of what was happening and when. The range of activities included a family fun day, a Christmas jumper day, Christmas movies and a family church service on Christmas eve. There were a number of baskets filled with Christmas cards in the reception area of the home. The manager explained that a patient had commented to the activity co-ordinator on how few Christmas cards people receive now a days and how they missed opening them. The activity co-ordinator posted a request on social media and asked people if, when writing their Christmas cards, they would write an extra card and address it “to my new friend” and send it to the home. The response they have had was fantastic – they have received hundreds of cards, a few from across the world; the cards have been shared between the patients who all thoroughly enjoyed opening them. This initiative was commended by the inspector.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, systems to provide patients with a say in the day to day running of the home and the positive impact of the activities provided.

## Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 are stable management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been in post since June 2019 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager, nursing sister and an administrator. The responsible individual, Ms T Conway, is available in the home regularly and provides day to day support as needed. Patients, relatives and staff reported that the manager was very approachable and available to speak to. One staff member told us:

“It feels more like a home since Janet arrived.”

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included care documentation, restraint, patients’ weights, accident and incidents, complaints and the quality of the environment. The manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

The responsible person is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit by another manager from within the company. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed in the foyer for patients and visitors to see. These are some of the comments included:

“Your kindness meant so much – thanks for being so giving and caring.” (September 2019)  
 “Thank you very much for the excellent care and attention ... received at Ailsa Lodge over the past 6 weeks.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

### Areas for improvement

No areas for improvement were identified in this domain.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Davison, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22.9  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the day of the inspection.	<p>The registered person shall ensure that following a fall a post falls review is completed to ensure the care plan continues to meet the needs of the patient; any changes required to the care plan should be made accordingly.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Post fall review implemented and incorporated into monthly evaluations. Supervision completed for all nursing staff and auditing increased to ensure compliance.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time  <b>To be completed by:</b> 13 January 2020	<p>The registered person shall ensure that individual care plans are in place for each wound with the location of the wound consistently described.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Care plans compiled for all wounds. Supervision completed for all nursing staff to ensure separate and detailed care plans are completed, including those wounds in the same area.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.7  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection	<p>The registered person shall ensure care plan reviews include detail of how the patient had been since the previous review or how the nurse had concluded that the care plan continued to meet the needs of the patient.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervision completed for all nursing staff to ensure care plan evaluations are meaningful and completed with further detail. Auditing increased to ensure compliance.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Residents individual weights recorded on supplementary care records to enable staff to check mattress settings appropriately. Same checked and documented daily. The correct mattress setting according to the manufacturers guidelines is detailed in the care plan.</p>

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





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