

# Unannounced Care Inspection Report

## 1 December 2020



## 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 nursing home registered to provide nursing care for up to 41 persons.

### 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  07/12/2020
<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> 33

### 4.0 Inspection summary

An unannounced inspection took place on 1 December 2020 from 09:40 to 16:00 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 inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)
- environment
- leadership and governance.

Patients told us they were well cared for and were content in the home. Examples of their comments are included in the main body of the 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>	<b>0</b>	<b>1</b>

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Janet Davidson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 we met with four patients individually and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 27 November 2020
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- accident and incident reports
- record of complaints and compliments
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- one staff recruitment file
- records of audit
- monthly monitoring reports for the period July to October 2020.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 December 2019.

Areas for improvement from the last care inspection		
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 22.9  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time	The registered person shall ensure that individual care plans are in place for each wound with the location of the wound consistently described.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of wound care records evidenced that this area for improvement has been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.7  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty. One patient told us "They (staff) all look after me terribly well."

We spoke with seven members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management.

We saw that staff were safely recruited with the necessary checks completed prior to staff commencing employment. We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

### 6.2.2 Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Due to the current pandemic the majority of patients were being cared for in their individual bedrooms. However staff explained that if patients were at risk of falls or becoming distressed they were encouraged to spend their day in the lounge area where patients were supported by staff to adhere to social distancing. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us the following:

"The food is lovely."

"I'm very comfortable."

"I am well looked after....happy enough."

A number of patients were being nursed in bed. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

We spoke with the recently appointed activity leader and discussed the provision of activities and the challenges of delivering a programme in the current pandemic. Throughout the morning patients in the lounge took part in Christmas themed crafts.

We discussed the arrangements for patients to receive visitors. The manager explained that over the summer arrangements had been in place for patients to receive visitors in the home

however due to an increase in community transmission these arrangements were temporarily suspended. The manager confirmed that with the recent alterations to the environment inside visiting was due to recommence with arrangements for social distancing, PPE and hand washing facilities in place. Separate visiting arrangements were in place for any patient receiving end of life care.

A closed group for relatives has been created on a social media platform to allow the manager to disseminate the most up to date information for example with regard to visiting , updates on the testing programme and guidance issued from Department of Health. The manager explained that the creation of the group did not replace direct communication by staff with relatives but was an additional tool for communication. A review of messages posted on the group chats evidenced that relatives appreciated the platform and found it useful in keeping them up to date. The following are examples of some of the comments recorded:

“I want to say I think you are all amazing, thank you for keeping our (relative) and all the resident safe and well – you deserve medals for doing what you do. God bless you.”

“Great news that Ailsa has stayed Covid 19 free. A reflection of the diligence and consistent good practice by all staff. “

### **6.2.3 Care records**

A range of assessments, to identify each patient’s needs, had been completed for two of the three patients whose records we reviewed. From these assessments care plans to direct the care and interventions required were produced. One patient did not have assessments completed at the time of admission to the home or following their admission; this was identified as an area for improvement. The patient did have care plans in place from needs identified in the pre –admission information.

We reviewed patients’ needs in relation to wound prevention and care. Records confirmed that 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).

Patients’ nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients’ 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.

### **6.2.4 Infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)**

On arrival to the home staff checked and recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about COVID-19. The manager confirmed that staff and patient temperatures were being checked and recorded a minimum of twice daily. The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.



We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

A range of IPC audits were completed regularly, for example hand hygiene, PPE and cleanliness of the environment. Records evidenced good compliance with IPC practices.

### **6.2.5 Environment**

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. A refurbishment programme was in place with a number of bedrooms fully redecorated and fitted with new furniture. The passenger lift has recently been relocated and upgraded creating a much larger reception area which has been tastefully decorated. Refurbished work was ongoing during the inspection. It was good to note that any potential disruption or impact to the patients and day to day routine of the home was kept to a minimum.

The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

### **6.2.6 Leadership and governance**

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy manager. Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

As previously discussed we reviewed records which confirmed that there was a system of audits which covered areas such as complaints, IPC, accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas.

We examined the reports of the visits by the registered provider for the period July to October 2020. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action. The action plan was reviewed and commented on at each subsequent visit.

### **Areas of good practice**

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE, effective team work and the standard of the recent improvements to the environment.



## Areas for improvement

An area for improvement was identified with regard to the completion of assessments at the time of admission to the home

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

### 6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Ailsa Lodge was safe, effective, compassionate and well led.

### 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 Davidson, Registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be completed by:</b>  8 December 2020	The registered person shall ensure that patients have a comprehensive, holistic assessment commenced on the day of admission and completed within 5 days.  Ref: 6.2.3  <b>Response by registered person detailing the actions taken:</b> Assessment process allocated to individual nursing staff on the day of admission. Nursing staff all reminded of their responsibility to ensure an initial plan of care is completed within 24 hours of admission and a detailed plan of care is commenced on the day of admission, with completion within 5 days. The Registered Manager is auditing and monitoring the assessment process following admission to ensure compliance.

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



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