

Unannounced Care Inspection Report 3 January 2018



Ailsa Lodge

Type of Service: Nursing Home (NH)
Address: 6 Killaire Avenue, Carnalea, Bangor, BT19 1EW
Tel no: 028 9145 2225
Inspector: Sharon Mc Knight

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: Ailsa Lodge Responsible Individual: Jacqueline Christina Mary Robinson	Registered Manager: Jacqueline Christina Mary Robinson
Person in charge at the time of inspection: Ada Johnston, assistant manager.	Date manager registered: 1 April 2005
Categories of care: 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.	Number of registered places: 41

4.0 Inspection summary

An unannounced inspection took place on 3 January 2018 from 10:30 to 15:30.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, risk management and the home's environment. There were examples of good practice found in relation to record keeping, falls prevention and the management of falls, the culture and ethos of the home and governance arrangements.

Areas requiring improvement were identified in relation to the completion of induction records for agency, the completion of a review and analysis of falls on a monthly basis and the provision of timely assistance to all patients at mealtimes.

Patients said they were happy living in the home.

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
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Ada Johnston, assistant 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 May 2017.

The most recent inspection of the home was an unannounced care inspection undertaken on 23 May 2017. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 11 patients, six staff and three patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives not spoken with during the inspection. Opportunities for staff not on duty to provide feedback were also provided.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 1 January 2018
- accident records
- three patient care records
- a selection of governance audits
- complaints record
- compliments received
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 dated 23 May 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	It is recommended that when patients' needs are reassessed care plans should be reviewed and updated to accurately reflect the prescribed care.	Met
	Action taken as confirmed during the inspection: A review of two care records evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered provider should ensure that the nurse given the responsibility of being in charge of the home in the absence of the registered manager is clearly identified and communicated to staff.	Met
	Action taken as confirmed during the inspection: The assistant manager confirmed that the registered nurse given the responsibility of being in charge of the home in the absence of the registered manager was identified on the duty rota. The registered nurses on duty were clear on who was in charge.	

6.3 Inspection findings

6.4 Is care safe?

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

The assistant manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for week commencing 1 January 2018 evidenced that planned staffing levels were adhered to. In addition to registered nursing and care staff, the assistant manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily. No concerns regarding staffing provision within the home were raised during discussions with patients, relatives and staff. We also sought relatives and staff opinion on staffing via questionnaires. None were returned prior to the issue of this report.

The assistant manager explained that a number of registered nurse posts were vacant and that recruitment was ongoing. In the interim a number of staff were currently supplied by employment agencies; staff were block booked to ensure consistency and continuity of care. We discussed the orientation/induction arrangements the agency nurse on duty had received at the commencement of their shift that morning. They confirmed that the nurse in charge had given them a tour of the building, explained the fire alarm and evacuation procedures and provide them with verbal and written information of patient need. There were no records of orientation/induction completed for agency staff. Induction records should be maintained to evidence that agency staff complete a structured orientation and induction to the home. This was identified as an area for improvement under the standards.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms and the lounge and dining room. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, risk management and the home's environment.

Areas for improvement

An area for improvement was identified in relation to the completion of records to evidence that agency staff complete a structured orientation and induction to the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patient care records evidenced that a comprehensive assessment and range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

We reviewed falls prevention and the management of falls for two patients. Both patients had a falls risk assessment which was reviewed regularly and made reference to any falls sustained. Patients identified as at risk of falling had a care plan for safety in place.

A review of bed rail risk assessments evidenced that when a high level of risk was identified with the use of bedrails the rationale and factors taken into consideration for using them were recorded; this is good practice.

A review of the record of accidents for the period September-December 2017 evidenced that a post falls/accident investigation report was completed with all patients who sustained a fall. This post fall investigation examined a range of factors including the location of the fall, the impact of environmental issues such as the type of floor surface and level of lighting, bed rails, location of nurse call bell, the patient's level of mobility, if the patient currently used a walking aid and past history of falls. Any action taken to minimise the risk of a reoccurrence was also recorded. A further review of the patient condition was recorded 24 hours, one week and two weeks following each fall.

Systems were in place to ensure that the occurrence of falls was reviewed monthly to identify any trends and patterns. However, from June to December 2017 only two reviews had been completed. This was identified as an area for improvement under the standards.

Review of accident records from September-December 2017 confirmed that these were appropriately managed. The assistant manager confirmed that systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

We observed the serving of lunch. Patients had a choice to either come to the dining room for lunch or have lunch in their bedroom. Tables were set with cutlery and napkins and a selection of condiments. Patients who remained in their bedrooms had their meals served on a tray; we observed that the meals were covered prior to leaving the kitchen. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance. All of the patients spoken with enjoyed their lunch.

Due to the number of patients who had their meals outside the dining room staff were allocated to specific tasks over mealtimes to ensure that all of the patients received their meal in a timely way. We observed one patient who was served their meal in their bedroom. A review of the patient’s care records evidenced that the patient required encouragement and prompting to take their meal. The patient was served their meal but there was delay of approximately 20 minutes before a member of staff returned to check on the patient by which time the patient had fallen asleep and their meal was cold. This was identified as an area for improvement under the standards. We observed that assistance was provided to other patients in their bedrooms in a timely manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and falls prevention and the management of falls.

Areas for improvement

An area for improvement was identified in relation to the completion of a review and analysis of falls on a monthly basis and the provision of timely assistance to patients at mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients’ needs. Staff were observed responding to patients’ needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients’ likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following comments were received:

“Lovely staff, they are always smiling.”

“I am very happy here.”

“I am very well looked after.”

We spoke with the relatives of three patients. All were complimentary regarding staff and the care in the home and confirmed that they were made to feel welcome when they visited. The following comments were received:

“There is a lovely ambience.”

“There is great empathy by staff.”

“You are always made to feel welcome.”

Questionnaires were issued to relatives, none were returned prior to the issue of this report.

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and responding to patients' requests.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the assistant manager and observation of patients evidenced that the home was operating within its' registered categories of care.

Discussion with the assistant manager and staff evidenced that there was a clear organisational structure within the home. A review of the duty rota evidenced that the registered manager's hours were recorded. A registered nurse was identified to take charge of the home when the registered manager was off duty.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA from September to December 2017 confirmed that these were appropriately managed. The assistant manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the assistant manager and a review of records evidenced that systems were in place for the management of complaints and the recording of compliments. There was good details of the nature of complaints received and the responses provided. The following are examples of compliments received:

"Thank you for all you did for mum over the past few months. The level of professionalism and caring nature of all staff was exceptional..."

"May I take this opportunity to express a warm thank you for the special family day...to go to all that trouble for the residents and family is worthy of recognition and praise."

A review of records evidenced that the registered manager completes a monthly report in accordance with the regulations. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the operation of the home operating within its' registered categories of care and governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Ada Johnston, assistant 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 Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 39.1 Stated: First time To be completed by: 31 January 2018	The registered person shall ensure that induction records are maintained to evidence that agency staff complete a structured orientation and induction to the home. Ref: Section 6.4 Response by registered person detailing the actions taken: All Agency Staff will have full induction on first visit to Ailsa Lodge by appointed and qualified person and details recorded.
Area for improvement 2 Ref: Standard 22.10 Stated: First time To be completed by: 31 January 2018	The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and ensure appropriate action is taken. Ref: Section 6.5 Response by registered person detailing the actions taken: Staff Nurse designated to carry out review and analysis to report to Nurse Manager for action as appropriate.
Area for improvement 3 Ref: Standard 12.11 Stated: First time To be completed by: 31 January 2018	The registered person shall ensure that assistance at mealtimes is provided in a timely manner to all patients who require it. Ref: Section 6.5 Response by registered person detailing the actions taken: Delivery of all meals reviewed and staff instructed accordingly to ensure all assistance is available and delivered in a timely manner

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



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