



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of establishment:	Ailsa Lodge
RQIA number:	1045
Date of inspection:	3 November 2014
Inspector's name:	Karen Scarlett and Norma Munn
Inspection number:	17093

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

General Information

Name of Home:	Ailsa Lodge
Address:	6 Killaire Avenue Carnalea Bangor BT19 1EW
Telephone Number:	028 91452225
E mail Address:	jacqui@ailsalodge.co.uk
Registered Organisation/ Registered Provider:	Mrs Jacqueline Robinson
Registered Manager:	Mrs Jacqueline Robinson
Person in Charge of the Home at the Time of Inspection:	Mrs Jacqueline Robinson
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of Registered Places:	41
Number of Patients Accommodated on Day of Inspection:	41
Scale of Charges (per week):	£595.00
Date and Type of Previous Inspection:	20 December 2013 & 21 January 2014, primary unannounced inspection
Date and Time of Inspection:	3 November 2014 09.05 – 14.30
Name of Inspectors:	Karen Scarlett and Norma Munn

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs Robinson, registered provider and registered manager
- Discussion with staff
- Discussion with patients individually
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Ailsa Lodge Private Nursing Home is situated in private grounds off Killaire Avenue in the Carnalea area of Bangor, Co Down. It overlooks Belfast Lough with panoramic views of the North Down and North Antrim coastlines. Car parking is provided to the side of the Home and public transport (road and rail) are nearby. The home is convenient to shopping areas and community services.

Ailsa Lodge is a 41 bedded Victorian residence, which has been adapted and extended to provide accommodation over two floors. The bedroom accommodation comprises 41 single rooms with a number with en-suite facilities. Lounges and dining areas are provided on both floors. Bath/shower rooms and toilets are accessible to all communal and bedroom areas throughout the home.

The home is owned and managed by Mrs Jacqueline Robinson.

The home is registered to provide care under the following categories:

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminally ill.

3.0 Summary

This summary provides an overview of the services examined during an unannounced, secondary care inspection to Ailsa Lodge. The inspection was undertaken by Karen Scarlett and Norma Munn on 3 November 2014 from 09:05 to 14:30 hours.

The inspectors were welcomed into the home by Ms Tara Foster, the deputy manager and later by the Mrs Jacqueline Robinson, registered provider and registered manager both of whom were available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Robinson, Ms Foster and Mr Clive Robinson, general manager of the home, at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirement had been addressed. Four of the seven recommendations had been addressed and compliance achieved. One recommendation was not reviewed on this occasion and has been carried forward for review during the next inspection. A recommendation relating to Human Rights Legislation and Deprivation of Liberty Safeguards (DOLS) had been partially addressed and the relevant section in relation to staff training has been stated for the second time. A recommendation regarding the completion of an action plan to accompany the issues identified in the monthly report has not been addressed and has been stated for the second time. The detail of the action taken by Mrs Robinson can be viewed in the section following this summary.

During the course of the inspection, the inspectors met with patients and staff, observed care practices, examined a selection of records, issued patient, staff and representative questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspectors spoke with 10 patients individually and two patients kindly completed questionnaires. Other patients who were unable to communicate verbally were observed to be relaxed and comfortable. Patients were largely positive about the care they receive and further information can be found in section 6.2.

The inspectors spoke with five of the staff individually and seven staff kindly returned questionnaires. The comments from staff were overwhelmingly positive and further details can be found in section 6.3.

The environment was warm, clean and comfortable and presented to a good standard throughout. A number of issues around the Control of Substances Hazardous to Health Regulations (COSHH, 2002), including unlabelled cleaning chemicals inappropriately stored in sluices, cupboards and the hairdressing room were identified. This was discussed with Mrs Robinson and domestic staff and a requirement has been made.

The incident and accident reports for the home were examined. These were well recorded and follow up of incidents was, in the main, very good. However, one incident which resulted in a resident requiring emergency care had not been reported to RQIA as outlined in Regulation 30 of The Nursing Homes Regulations (Northern Ireland), 2005. A requirement has been made in this regard.

Following a request by a patient the inspectors looked at a bruise on their upper right arm. The cause of the bruising was discussed with Mrs Robinson and records were reviewed. Following which inspectors requested that a follow up notification be forwarded to the RQIA detailing the actions taken to address this. A follow up letter was submitted on 12 November 2014 and confirmed that appropriate actions had been taken and that care records would be updated. For further information refer to section 6.5.

The focus of the inspection was to assess compliance with Standard 19 of the DHSSPSNI Nursing Home Minimum Standards. There was found to be a generally high standard of continence care, with staff demonstrating a satisfactory level of competence in this area. However, in order to improve upon the continence care delivered it has been recommended that more current, evidence based guidance be made available to staff. It has also been recommended that the storage of continence products is reviewed in accordance with manufacturers' guidelines to ensure the efficacy of the products and effective infection prevention and control practices. For further information refer to section 5.0.

An examination of patients' care records evidenced that staff were consistently signing their name in the care records but were not consistently recording the date and time nor printing their name and designation in accordance with Nursing and Midwifery Council (NMC) guidelines . A recommendation has been made. For further information refer to section 6.6.

Conclusion

At the time of this inspection the delivery of care to patients was evidenced to be of a good standard. There were processes in place to ensure the effective management of the theme inspected.

Two requirements and seven recommendations have been made, two of which have been stated for the second time and one which was not reviewed and will be carried forward to the next inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the patients, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspectors would also like to thank the patients and staff who completed questionnaires.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	14 (4)	<p>The registered person/manager must ensure that where allegations are made regarding staff/volunteers, the statutory authorities are informed in a timely way.</p> <p>Ref: Previous Report</p>	<p>A review of the accident/incident file and discussion with Mrs Robinson confirmed that staff are aware of ensuring that when allegations are made they are reported to the appropriate authorities in a timely manner.</p> <p>There were no ongoing safeguarding issues identified.</p> <p>This requirement has been addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.12	<p>The registered person/manager should complete an action plan which is shared with patients and their representatives when completing the monthly report.</p> <p>Ref: Previous Report</p>	<p>A review of the monthly reports file confirmed that these were being completed. The accompanying action plan has not yet been completed.</p> <p>This recommendation has been stated for the second time.</p>	Moving toward compliance
2.	25.13	<p>The annual quality review report for the home should be further developed to include the following information :</p> <ul style="list-style-type: none"> • the views of patients and their representatives should be reflected in the report using both qualitative and quantitative data. • the annual report should be made available to patients and RQIA require confirmation how this will be addressed <p>Ref: Previous Report</p>	<p>A review of the monthly report file confirmed that the views of patients and their representatives were being sought to inform the report. Patients and their representatives were also made aware of the report via the home's own newsletter.</p> <p>This recommendation has been addressed.</p>	Compliant

3.	16.1 16.3 16.4	<p>The registered person/manager should ensure that staff receive training on the role, function and responsibilities of the Health and Social Care Trusts safeguarding gateway teams for undertaking safeguarding investigations including allegations which are made against staff/volunteers working in the home; as referenced in the “Safeguarding Vulnerable Adults”, A Shared Responsibility”. (1st Edition 2010).</p> <p>Ref: Previous Report</p>	<p>A review of staff training records confirmed that safeguarding training is up to date for all staff. Examination of the content of the training confirmed that the role of the Health and Social Care Trusts had been included.</p> <p>This recommendation has been addressed.</p>	Compliant
4.	16.4	<p>The registered person/manager should submit a follow up notification confirming the action taken by management in respect of the notification reported following the inspection on 20 December 2013.</p> <p>Ref: Previous Report</p>	<p>This follow up notification was submitted to RQIA within the required timeframe following the previous inspection.</p> <p>This recommendation has been addressed.</p>	Compliant

5.	10.7	<p>The registered person/manager should ensure restraint policies reflect the relevant articles of Human Rights legislation and Deprivation of Liberty Safeguards (DOLS).</p> <p>The registered person/manager should ensure that staff receive training on human rights and are aware of human rights implications, including how they should be reflected in care records.</p> <p>Ref: Previous Report</p>	<p>The policies were reviewed and evidenced that the required legislation was included. A new policy had also been developed on Human Rights.</p> <p>There was no evidence that staff had attended training on human rights to develop their awareness of human rights implications or how these should be reflected in care records.</p> <p>This recommendation has been partially addressed and the relevant section has been stated for the second time.</p>	Substantially compliant
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6.	5.3	<p>The registered person/manager should ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • the patient personal profile and life history of one identified patient requires completion. • the prescribed dressing regime for wound care should be effectively completed at all times. • a statement to reflect each patients' condition since the previous review should be recorded when evaluating patient care. <p>Ref: Previous Report</p>	<p>Not reviewed at this inspection and has been carried forward to the next inspection.</p>	<p>Carried forward to next inspection</p>
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7.	35.3	<p>The registered person/manager should ensure that a post incident review is consistently completed following each accident/incident to identify learning and to ensure risk management issues are promptly identified and effectively addressed.</p> <p>Ref: Previous Report</p>	<p>Evidence of thorough post incident review was available.</p> <p>A review of the information confirmed that the post incident reviews had been consistently completed in a timely manner, enabling learning and to identify and address any issues.</p> <p>This recommendation has been addressed.</p>	Compliant
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4.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

Since the previous care inspection concluded on 21 January 2014 RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Ailsa Lodge.

5.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of three patients’ care records evidenced that bladder and bowel continence assessments were undertaken for each patient. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients’ care plans on continence care.</p> <p>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients’ dignity were addressed in the care plans inspected.</p> <p>Review of three patient’s care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients’ assessed needs in regard to continence management.</p> <p>Discussion with staff and observation evidenced that there were adequate stocks of continence products available. However, during a tour of the premises it was observed that continence pads had been taken out of their packaging and were being stacked on shelves. This practice could potentially compromise the efficacy of the products and does not meet with best practice guidance in terms of infection prevention and control. A recommendation has been made.</p>	<p>Substantially compliant</p>

<p>Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The inspectors can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care <p>Staff confirmed during discussion that they had an awareness of these policies, procedures and guidelines.</p> <p>The following guideline documents were also available for staff:</p> <ul style="list-style-type: none"> • Continence Guidelines for Residential Aged Care: An Education Guide by Deakon Health <p>A recommendation has been made for the following best practice guidelines to be readily available to staff and used a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes; • RCN continence care guidelines; • NICE guidelines on the management of urinary incontinence and • NICE guidelines on the management of faecal incontinence. 	<p>Substantially compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not applicable</p>	<p align="center">Not Applicable</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the deputy manager and review of training records confirmed that staff were trained and assessed as competent in continence care. The deputy manager confirmed during discussion that designated registered nurses were deemed competent in female and male catheterisation and the management of stoma appliances.</p> <p>There was an identified nurse with a special interest in continence care working in the home and this is to be commended. Discussion with a number of registered nurses and care assistants evidenced a sound grasp of the important elements of continence care including the promotion of patients' dignity and privacy.</p>	<p align="center">Compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Substantially compliant</p>
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6.0 Additional Areas Examined

6.1 Care Practices

Staff were observed treating patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

6.2 Patients' Views

Inspectors spoke with ten patients individually and two patients completed questionnaires. The majority of patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. One patient stated that their meals are often cold. This was fed back to Mrs Robinson and Ms Foster who agreed to address the concern. Examples of patients' comments were as follows:

"Very happy here"
"Very satisfied"
"Food very good"
"They look after me well"
"The home is the best available"

6.3 Staffing/Staff Views

Duty rotas spanning a three week period were reviewed and indicated that the staffing numbers were sufficient to meet RQIA's recommended minimum staffing guidance for nursing homes for the number of patients currently accommodated. The review identified that the registered nurse skill mix was below the recommended minimum during the afternoon and weekend periods. However, no issues in relation to the provision of care were observed, nor were there any concerns raised regarding staffing by patients or staff.

Inspectors spoke with eight staff. Examples of staff comments were as follows;

"Love it here"
"Care is of an exceptionally high standard"
"Very good team work"

6.4 Environment

The inspectors undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

A tour of the premises identified a number of issues within the environment which require to be addressed. There was a malodour evident in the hairdressing salon and a light bulb in an identified sluice was not working. Mrs Robinson confirmed during discussion that the hairdressing room would be cleaned and the light bulb replaced that day.

A number of unlabelled cleaning products were observed throughout the home and these were not safely stored in accordance with COSHH Regulations. A requirement has been made.

A staff member was observed cleaning a patient's room without the recommended personal protective equipment. The registered provider must ensure that all cleaning chemicals are risk assessed and effective control measures and safe processes are reviewed to ensure that staff are adequately protected when carrying out environmental cleaning duties or handling any other chemicals. These must also be effectively communicated to all staff. A recommendation has been made.

6.5 Notifiable Events

A review of the incident and accident reports identified an incident in which a resident had fallen and sustained a head injury. The information reviewed confirmed that the appropriate action had been taken to manage this incident. However, RQIA had not been informed as outlined in Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This was discussed with Mrs Robinson, Ms Foster and Mr Robinson during feedback and a requirement has been made in this regard.

At approximately 11:00 a patient asked the inspectors to view a bruise on the outer aspect of their upper, right arm. A black bruise measuring approximately 12 x 8 cm was observed. It was also observed that this patient had very fragile and turgid skin with other smaller bruises evident on the other arm and hand. A review of the patient's care records at 12:00 evidenced, that although previous bruising had been appropriately recorded, this most recent bruise had not been recorded in the daily progress notes and there was no up to date body map completed. The last entry in the progress notes was at 01:00 on 3 November 2014 and the deputy manager confirmed during discussion that this had been the last entry made.

On initial discussion, the deputy manager and one staff nurse were unaware of the bruise. Following an investigation by Mrs Robinson, the inspectors were furnished with a copy of the "Resident Update and Falls Daily Safety Briefings" form for 3 November 2014. The deputy manager confirmed that these daily briefings were completed at approximately 10:10 each day.

Mrs Robinson confirmed that a registered nurse had been made aware of the bruise by the outgoing, night duty care assistants who had assisted this patient with personal care that morning. The registered nurse had not had sufficient time to document the incident in the progress notes or complete a body map but she had contacted the GP. The GP attended on the morning of the inspection. The registered nurse and deputy manager confirmed that this patient was very prone to bruising due to their condition and medications.

Mrs Robinson gave assurances during discussions that a body map would be completed and the incident fully documented. Given the initial ambiguity surrounding the incident a notification follow-up Form 2 was requested to be submitted to RQIA as soon as possible. A follow up letter was received on 12 November 2014 confirming that the appropriate actions had been taken and that the care records would continue to be updated.

6.6 Care Records

In two out of the three patients' records examined it was noted that, although staff were consistently signing entries, they were not consistently including their printed name, designation or the date and time of the entry in accordance with NMC (Nursing and Midwifery Council) best practice guidelines. A recommendation has been made in regard to care records.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Robinson, Ms Foster and Mr Robinson as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Karen Scarlett
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
A pre-admission assessment, incorporating a comprehensive, holistic assessment of the Resident's care needs using validated assessment tools is completed prior to admission and also within eleven days of admission and on a monthly basis or as dictated by changing needs.	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The appointed named nurse meets with family and the Resident within four weeks of admission date to discuss all aspects of care and demonstrate the Resident's plan of care. Referral to TVN is made on assessment of need but within Ailsa Lodge we have a strong ethos of training to enhance and improve knowledge. Our own TVN works alongside the MDT to direct care. Podiatry is arranged by MDT on referral and excellent support available. The model of a 'Virtual Ward' is current practice but closely monitored by our own dedicated Practical Care Co-ordinator since we are not confident of the practical working of same.</p>	<p>Compliant</p>

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Each primary nurse completes a monthly assessment using identified and recognised assessment tools. Critical care is reassessed and actioned on a daily basis, with both Resident and relative kept fully informed.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.5 We refer to preceding section - Each primary nurse completes a monthly assessment using identified and recognised assessment tools. Critical care is reassessed and actioned on a daily basis, with both Resident and relative kept fully informed.</p> <p>11.4 Each Resident is assessed daily for risk of pressure damage and where same is noted this is validated by two Registered Nurses using recognised grading tool. Preventative steps are enacted immediately. The aim is to prevent damage by early positive intervention.</p> <p>8.4 From kitchen to floor - ALL staff are familiar with current nutritional guidelines. It is practice at Ailsa Lodge to fortify every meal and this is easily achieved by our experienced and well trained chef and his kitchen staff.</p>	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.6 Resident care plans detailing all aspects of practical nursing care and maintaining at all times the Resident's ability and freedom to be independent and retain their dignity, alongside a comprehensive care need assessment document - are updated daily by Registered Staff.</p> <p>12.11 Each Resident is given a menu choice and records retained of that choice. Those Residents whose MUST score presents as at risk to Registered Staff are monitored daily by way of a food diary.</p> <p>12.12 Those Residents whose MUST score presents as at risk to Registered Staff are monitored daily by way of a food diary. The daily statement is an immediate method to record changing need which is reported as a concern by care staff who are involved daily in full interaction and delivery of care.</p>	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
As previously, Registered Nurse completes monthly evaluation but daily delivery of care is communicated at ground level by experienced and well trained staff who recognise and report change. It is communicated both verbally and alongside written documentation which enables staff to review and plan intervention care. Ailsa Lodge discusses with Resident and invites family to meet with the care co-ordinator after the plan of care is established and we do find this beneficial. However we have also experienced on an ongoing basis that family are often reluctant to be involved to review the care plan established and are satisfied with the availability of one to one conversation. Staff are aware to document same.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.8 Ailsa Lodge discusses with Resident and invites family to meet with the care co-ordinator after the plan of care is established and we do find this beneficial. However we have also experienced on an ongoing basis that family are often reluctant to be involved to review the care plan established and are satisfied with the availability of one to one conversation. Staff are aware to document same. Family are encouraged to participate on a not less than annualm basis.</p> <p>5.9 The results of all reviews and minutes are recorded and changes made where required. The same is documented in the care needs assessment document.</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>12.1 as previously, from kitchen to floor - ALL staff are familiar with current nutritional guidelines. It is practice at Ailsa Lodge to fortify every meal and this is easily achieved by our experienced and well trained chef and his kitchen staff. Each Resident is given a menu choice and records retained of that choice. Those Residents whose MUST score presents as at risk to Registered Staff are monitored daily by way of a food diary.</p> <p>12.3 In addition to above and previous, Ailsa operates a home chef policy with any requests facilitated and the availability of food and drink at any time.</p>	Compliant

Section I

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 8.6

- **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.**

Criterion 12.5

- **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.**

Criterion 12.10

- **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:**
 - **risks when patients are eating and drinking are managed**
 - **required assistance is provided**
 - **necessary aids and equipment are available for use.**

Criterion 11.7

- **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.**

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>8.6 Annual training in Swallowing Awareness is attended by all Registered Staff and key care staff. Training knowledge is cascaded to all care staff to ensure competence in care.</p> <p>12.5 As previously Ailsa operates a home chef policy with any requests facilitated and the availability of food and drink at any time.</p> <p>12.10 All staff are fully informed on a daily basis by way of an informative reporting system. Resident's changing needs are priority and full and effective training is also considered key to implementation and delivery of high standards of care.</p> <p>11.7 Ailsa Lodge practical care co-ordinator has been fully trained in wound management and pressure sore prevention. Alongside this expertise and knowledge every Registered Nurse on the floor has been trained to offer practical knowledge in wound care, always seeking guidance from the Care co-ordinator S/N Ada Johnston.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	<p>Compliant</p>



Quality Improvement Plan

Secondary Unannounced Care Inspection

Ailsa Lodge

3 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager, deputy manager and general manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14 (2) (a)	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This refers specifically to the following:</p> <ul style="list-style-type: none"> The presence of unlabelled cleaning products and air fresheners in unlocked cupboards in sluices, hairdressing room and throughout the home <p>Ref: 35.1; 35.5 and Section 6.4 of the report</p>	One	All products are now fully labelled and stord in cupboards in the sluice room	From date of inspection
2.	30 (1) (a-g)	<p>The registered person shall give notice to the RQIA without any delay of the occurrence of any death, illness or other event adversely affecting a patient in the nursing home as outlined in Regulation 30.</p> <p>Ref: 25.17 and section 6.5 of report</p>	One	The missing incident report has been submitted and all subsequent reports submitted as required	From date of inspection

Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	25.12	The registered person should complete a summary report and action plan which is shared with patients and their representatives when completing the monthly report. Ref: Follow up from previous issues and Section 4 of report	Two	The Summary Report is completed monthly and an action plan has been commenced and is on display for Residents and relatives information.	From date of inspection
2.	10.7	The registered person should ensure that staff receive training on human rights and are aware of human rights implications, including how they should be reflected in care records. Ref: Follow up from previous inspection and Section 4 of report	Two	Human Rights training has been delivered. Unfortunately it was not clearly documented at the time of the inspection. We have reviewed training documentation and records to ensure that all are combined into a single information source. Lunch and learn sessions are now integrated into this training matrix.	From date of inspection

3.	5.3	<p>Carried forward for review at the next inspection.</p> <p>The registered person should ensure that the following issues are addressed:</p> <ul style="list-style-type: none"> • the patient personal profile and life history of one patient requires completion • the prescribed dressing regime for wound care should be effectively completed at all times • a statement to reflect each patients' condition since the previous review should be recorded when evaluating patient care. <p>Ref: Previous Report</p>	One	N/A as not reviewed. However the outstanding matters have been addressed and rectified	From date of inspection
4.	19.2	<p>The registered person should ensure that the following best practice guidelines are readily available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence <p>Ref: Section 5.0 of report</p>	One	All literature referred to has been downloaded, printed and made available on file in the Nurse's Office for ease of reference.	From date of inspection

5.	35.1	<p>It is recommended that continence pads are stored in their original packaging in order to maintain this equipment safely, in accordance with manufacturers' instructions and to ensure effective infection prevention and control.</p> <p>Ref: Section 5.0 of report</p>	One	<p>Having contacted the manufacturer for further guidance and advice, it is confirmed that the efficacy of the continence products is not adversely affected by removing the external packaging. The manufacturer states inter alia that "there are a number of holes in the packaging to allow air to dissipate when filling. This means that there is always contact between the contents and the world"</p> <p>"It is recommended that the product is used within five years of production"</p> <p>"Excess humidity will have a detrimental effect whether the bags are open or not"</p> <p>"The bags are not hermetically sealed whether the bags are open or not"</p> <p>Ailsa Lodge is fully compliant with all the manufacturer's guidelines on use and storage.</p>	From date of inspection
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6.	35.5	<p>Cleaning chemicals should be risk assessed and effective control measures and safe working processes reviewed to ensure that staff members are adequately protected when using or handling cleaning products or any other chemicals.</p> <p>These assessments and their recommendations must also be effectively communicated to all staff.</p> <p>Ref: Section 6.4 of the report</p>	One	<p>Staff are fully advised on the use of products and the wearing of gloves but, as discussed at feedback, the specific staff member noted by the Inspectors not wearing gloves was exercising his right of choice. Ailsa Lodge recommends that all staff wear PPE . All relevant COSHH requirements and implications have been addressed, discussed and signed. In the identified individual's case more frequent hand washing audits are conducted.</p>	From date of inspection
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7.	6.2	<p>All entries in case records are to be contemporaneous; dated, timed and signed, with the signature accompanied by the name and designation of the signatory.</p> <p>Ref: Section 6.5 and 6.6 of the report</p>	One	<p>All entries in case records by Ailsa Lodge ARE contemporaneous (but not necessarily instantaneous), are dated, timed and signed, all as discussed with the inspectors at feedback. We note the additional requirement for the designation of the signatory and have implemented this recommendation. In the case referred to in the report where the Resident mistook the inspector for the GP whom he was expecting, we are firmly of the opinion and confident that our Staff Nurse acted correctly in the situation, her priority being the Resident and his care and is evidenced by her contacting the GP before 9.00am. The outcome and body maps were recorded contemporaneously but not instantaneously.</p> <p>The Staff Nurse reported by the inspector as being unaware of the incident was on a different floor. Joint feedback takes place twice daily to ensure ALL staff have a general knowledge of every Resident and any incidents within the home.</p>	From date of inspection
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Jacqueline Robinson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Jacqueline Robinson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Karen Scarlett	2/2/15
Further information requested from provider			