

**Unannounced Care Inspection
of
Ailsa Lodge**

7 January 2016

1.

Summary of Inspection

An unannounced care inspection took place on 7 January 2016 from 08.40 to 14.20 hours.

The inspection sought to assess progress with the issues raised during and since the previous inspection.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 26 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1*	1

*The requirement has been stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Jacqueline Robinson, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Jacqueline Robinson	Registered Manager: Mrs Jacqueline Robinson
Person in Charge of the Home at the Time of Inspection: Mrs Jacqueline Robinson	Date Manager Registered: 1 April 2005
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: 40	Weekly Tariff at Time of Inspection: £597 - £620

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

- discussion with the manager
- discussion with staff
- discussion with patients
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with ten patients individually and with the majority of others in groups, five care staff, two registered nurses and one patient's representative.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in this inspection year
- the previous care inspection report.

The following records were examined during the inspection:

- three patients' care records
- staff duty rota from 30 November 2015 to 7 January 2016
- staff training records
- staff induction records
- competency and capability assessments for registered nurses
- complaints records
- accident and incident records
- a selection of audits
- monthly quality monitoring reports
- a selection of policies and procedures
- guidelines for staff regarding palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection on 25 November 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (2) (c) Stated: First time	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. This refers specifically to the following: <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. 	Not Met
	Action taken as confirmed during the inspection: Unlabelled cleaning chemicals were found in the sluice rooms and the sluice doors were left open. The presence of lockable storage cupboards was noted but these were left unlocked. This requirement has not been met and has been stated for the second time.	
Requirement 2 Ref: Regulation 14 (2) (c) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of notifiable events submitted to RQIA and the home's own incident and accident records found that these had been managed appropriately. This requirement has been met.	

Requirement 3 Ref: Regulation 30 (1) (a-g) Stated: First time	The registered persons must ensure that a competency and capability assessment is completed with any nurse given the responsibility of being in charge of the home in the absence of the manager. These records must be available for inspection at any time.	Met
	Action taken as confirmed during the inspection: The competency and capability assessments of two registered nurses were reviewed and found to be up to date and signed by the nurse and the manager. This requirement has been met.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.12 Stated: Second time	The registered person should complete a summary report and action plan which is shared with patients and their representatives when completing the monthly report.	Met
	Action taken as confirmed during the inspection: A summary report is completed monthly and included in the home's "sparkle newsletter" which is available to patients and their representatives. This recommendation has been met.	
Recommendation 2 Ref: Standard 35.1 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Continence pads were found to be stored appropriately in their original packaging. This recommendation has been met.	
Recommendation 3 Ref: Standard 19.6 Stated: First time	The policy on breaking bad news should be further developed to include up to date best practice guidelines.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The policy on breaking bad news had been updated and included reference to appropriate best practice guidelines.</p> <p>This recommendation has been met.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 32; 20</p> <p>Stated: First time</p>	<p>The following policies/ procedures should be developed to include up to date best practice guidelines in order to guide the practice of staff:</p> <ul style="list-style-type: none"> • Palliative and end of life care • Death and dying. <p>Action taken as confirmed during the inspection:</p> <p>The manager had created a palliative care information booklet for patients and their representatives including relevant policies and procedures. On review, these were in accordance with best practice guidelines. The GAIN palliative care guidelines (2013) were also available for staff in a resource folder and staff were aware of these guidelines.</p> <p>This recommendation has been met.</p>	<p>Met</p>

5.3 Additional Areas Examined

5.3.1. Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted. Comments received are included below.

Patients

Patients were observed to be well presented. Relationships between staff and patients was observed to be friendly and relaxed and staff were responding to patients needs promptly. Those patients spoken with were generally positive about the care provided and the kindness of the staff. Two patients commented that they did not get to lie on in bed as long as they would like in the mornings. Observations on the day of inspection found that, whilst some patients were up by 09.00 hours, a number of patients were still in bed until later on in the morning. The staff and the manager confirmed that patients were given choice regarding their rising and resting times. A review of three care records confirmed that rising and resting times were consistently recorded in the care records with the evident involvement the patients. The comments of patients were shared with the manager for her consideration and action as required.

Patients Representatives

One patient's representative spoke with the inspector and was very happy with the care provided. They believed that their mother was safe and that staff were very proactive if a problem was identified. They reported that the staff always kept them informed regarding their mother's care.

Staff

Staff were generally happy working in the home and were of the opinion that they worked well as a team. They raised no concerns on the day of the inspection.

5.3.2. Pressure ulcer management

Care plans were in place for those with pressure ulcers/ wounds. There was evidence that wounds were being managed appropriately. However, it was noted that registered nurses were not grading pressure ulcers in accordance with best practice guidelines, for example, describing pressure ulcers as, "breaks" or discoloured areas". A recommendation has been made that pressure ulcers are graded using a validated tool in accordance with best practice guidelines.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jacqueline Robinson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 14 (2) (c) Stated: Second time To be Completed by: 7 February 2016	<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: Section 5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Locks have been provided to all sluice cupboards throughout the home and all staff have been instructed to label bottles PRIOR to dispensing cleaning products.</p>

Recommendations

Recommendation 1 Ref: Standard 23, criterion 3 Stated: First time To be Completed by: 7 February 2016	<p>A validated pressure ulcer grading system should be used for patients who have skin damage and an appropriate treatment plan implemented.</p> <p>Ref: Section 5.3.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All Staff Nurses educated in a validated pressure ulcer grading system - International EPUAP/NPUAP classification system and all wording used is in accordance with TVN guidance.</p>

Registered Manager Completing QIP	Mrs J Robinson	Date Completed	09/03/2016
Registered Person Approving QIP	Mrs J Robinson	Date Approved	09/03/2016
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	11/03/2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: