



Unannounced Care Inspection Report 22 & 23 January 2019



Ailsa Lodge

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

www.rqia.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: Merit Retail Limited Responsible Individual: Therese Elizabeth Conway	Registered Manager: See box below
Person in charge at the time of inspection: Ada Johnston	Date manager registered: Ada Johnston – temporary manager
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 22 January 2019 from 10.00 to 17:30 and 23 January 2019 from 09:30 – 13:30.

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 DHSSPS 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 training, adult safeguarding, risk management and the home's environment. There was further good practice found in regard to assessment of patient need; management of nutrition, falls and wound care. In addition, good practice was also evidenced in the culture and ethos of the home, maintaining the dignity and privacy of patients and the serving of lunch.

Areas for improvement

Areas for improvement were identified in relation to staffing levels, care routines, recruitment records, the induction process and the use of a keypad to exit the home. Improvements are also required in regard to the completion of supplementary care charts.

Patients said they were happy with the care they were receiving. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*2	4

*The total number of areas for improvement include one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ada Johnston, manager and Julie McKearney, regional 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 26 September 2018

The most recent inspection of the home was an unannounced post registration care inspection undertaken on 26 September 2018. 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 may include 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 nine patients, four patients' relatives and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rota for nursing and care staff from 26 November 2018 to 24 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patients' care records
- three patients' supplementary care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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 26 September 2018.

The most recent inspection of the home was an unannounced post registration 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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time	The registered person shall ensure that there are sufficient staff to meet the assessed needs of the patients.	Partially met
	Action taken as confirmed during the inspection: A review of staffing rosters for the period 26 November 2018 to 24 January 2019 evidenced that planned staffing levels were not consistently adhered to. This area for improvement has been partially met and is stated for a second time. Staffing is further discussed in section 6.4	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that individual assessments to identify the appropriate continence aids to meet patients' needs are completed.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of care records evidenced that individual assessments to identify the appropriate continence aids to meet patients' needs were completed. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 4.7 Stated: First time	The registered person shall ensure that reassessment is ongoing to make sure that continence products meet the needs of the patients. Records must be maintained, for an identified period, to evidence that patients continence needs are being met by the new products	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of records evidenced that this area for improvement has been met.	

Area for improvement 3 Ref: Standard 7 Stated: First time	The registered person shall ensure that a response is provided to relatives following the quality assurance questionnaires issued in June 2018.	Met
	Action taken as confirmed during the inspection: A review of records concerning relatives' meetings evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 16.11 Stated: First time	The registered person shall ensure that the complaints record is further developed to include how the level of satisfaction was determined	Met
	Action taken as confirmed during the inspection: A review of complaints records evidenced that this area for improvement has been met.	

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.

As previously discussed, a review of the duty rosters for the period 26 November 2018 to 24 January 2019 evidenced that the planned staffing levels were not consistently adhered to. While it was positive to note that the management team had attempted to provide staff cover on those occasions when staff had reported sick at short notice, it was evident that this was not always achievable. The need to ensure that there are sufficient staff on duty to meet the assessed needs of the patients was identified as an area for improvement during the previous care inspection and is therefore stated for second time.

Staff spoken with were satisfied that, when the planned staffing levels were met, there were sufficient staff to meet the patients' needs in a timely manner. They provided examples of how, at times, they believed that inadequate staffing levels had impacted on care. A review of examples given evidenced that, on occasion, a lack of a person centred approach to care and inflexible routines, alongside being short staffed, impacted care delivery. The routines in the home should be flexible, responsive and varied to suit patients' needs. This was identified as an area for improvement. The regional manager confirmed that assurances in regard to staffing levels would be provided during a staff meeting which was scheduled to occur on the second day of the inspection.

We also sought staff opinion on staffing via an online survey; no responses were returned prior to the issue of this report.

Nine patients spoken with stated that they were well looked after by the staff and were happy in the home.

Relatives of four patients spoken with were satisfied with staff and staffing levels. No issues were identified with staff. We also sought relatives' opinion on staffing via questionnaires; none were returned prior to the issue of this report.

A review of two staff recruitment files evidenced that their reasons for leaving previously held positions which involved working with children or vulnerable adults were not recorded. This was identified as an area for improvement. All other information and records required in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 were maintained. Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. However, a review of duty rotas evidenced that staff were not always rostered in a supernumerary capacity to allow them time to complete the induction programme. This was identified as an area for improvement.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC. No concerns were noted with regard to the registration of staff within the home.

We discussed the provision of mandatory training with staff and reviewed training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that systems were in place to collate the information required for the annual adult safeguarding position report in accordance with the regional operational safeguarding policy. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period October 2018 to January 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the manager and review of records confirmed that on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge and dining room. The home was found to be warm, fresh smelling and clean throughout. The responsible person explained that a rolling plan was in place to refurbish the bedrooms throughout the home. Once this work is complete, a plan will be implemented to refurbish the communal areas. We observed that the refurbishment completed to date has been done to a high standard and has created a bright and fresh environment throughout patients' bedrooms.

We observed that a keypad lock had been fitted to the front door for which a code was required to exit the building. This code was not readily available at the exit to the home. The manager explained that a new intercom system had also been fitted to the front door to reduce the time visitors have to wait for staff to open the door; the keypad to exit the building was fitted as part of this intercom system. The need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was discussed. Given the home's registered categories of care, the use of the keypad lock should be reviewed in accordance with the Department Of Health deprivation of liberty (DOL) safeguards; this was identified as an area for improvement.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to staffing levels, care routines, recruitment records, the induction process and use of a keypad to exit the home.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, patients' weight, falls, management of infections and wound care. Care records contained details of patients' specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed on at least a monthly basis. We reviewed the management of nutrition for two patients; referrals and advice had been sought from healthcare professionals as required. Nutritional risk assessments were completed monthly; care plans for nutritional management, including modified textured diets, were also in place.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were also in place. A post falls review was completed following recorded falls.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound and the prescribed dressing regime. A review of wound care records evidenced that prescribed dressing regimes were adhered to.

Supplementary care charts, such as food and fluid intake records and repositioning charts were completed daily. However, gaps in recording the delivery of such care were evidenced in both repositioning and fluid intake charts. This was identified as an area for improvement.

Risk assessments and care plans were reviewed regularly. However, there was no evidence to demonstrate that care plans had been evaluated in a person centred manner by nursing staff. For instance, one monthly evaluation by nursing staff included the statement: “all assessments /care plans updated and reviewed no changes required.” There was no comment on how the patient had been since the previous review to evidence why no changes were required. Care plan evaluations should include how the registered nurse has concluded that the care plan continues to meet the needs of the patient.

The manager and regional manager advised that the recording of care records was currently under review with plans to implement a new system. The regional manager was confident that the new system would address this issue. The evaluation of care plans will be reviewed at the next inspection.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), Speech and Language Therapists (SALT) and dieticians. There was also evidence that care plans had been reviewed in accordance with recommendations made by the multiprofessional team, such as the tissue viability nurse (TVN) and appropriately updated as necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, management of nutrition, falls and wound care.

Areas for improvement

An area for improvement was identified in relation to the completion of supplementary care charts.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home on the first day of the inspection at 10:00 and were greeted by staff who were helpful and attentive. Patients were either sitting in their bedrooms as was their personal preference or remained in bed, again in keeping with their personal preference or physical need. There was a calm atmosphere throughout the home. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Patients spoken with commented positively in regard to the care they received and were happy in their surroundings. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner. Staff interactions with patients were observed to be compassionate and caring.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had their lunch delivered to them on a tray, as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated a good knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were available in the home. Some of the comments recorded included:

“I would like to express my sincere gratitude to you all for your kindness and care for my... over the last six years.... residents could have a quality of life and dignity in their lives knowing that they were safe and well looked after.” (October 2018)

“...she looked at Ailsa Lodge as her home and you as her friends.” (September 2018)

We spoke with the relatives of four patients. Relatives were generally happy with the care in the home and were confident that any issues raised with the manager would be addressed. One relative informed us of an issue she had raised recently with management. We discussed the issue with the manager who confirmed that the issue had been addressed and that the relative would be provided with the necessary reassurances. Two relatives spoke of improvements to the service under the new ownership.

Ten patients’ relative questionnaires were also provided; none were returned within the timescale.

As previously discussed, we spoke with nine members of staff throughout the inspection. Staff opinion on staffing levels, as previously discussed, and communication in the home were shared with the manager and regional manager. Staff were asked to complete an on-line survey; we had no responses prior to the issue of this report. .

Any comments from patients, patients’ representatives or staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining the dignity and privacy of patients and the serving of lunch.

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in the management arrangements of the home. RQIA have been notified. The responsible person explained that, due to the number of changes to management over the recent months they had taken the decision to be available in the home a number of days each week. This decision was taken in order to provide continuity for patients, relatives and staff. The registered nurses spoken with were of the opinion that having the responsible person available within the home had strengthened working relationships. It was confirmed that recruitment efforts to appoint a permanent manager were ongoing.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that the manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, wound care and care records.

Governance records reviewed provided assurance that quality monitoring visits had been completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and developing good working relationships.

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, manager and Julie McKearney, regional 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: Second time To be completed by: 20 February 2019	<p>The registered person shall ensure that there are sufficient staff to meet the assessed needs of the patients.</p> <p>Ref: 6.2 & 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> . Duty rota checked daily by Manager or Nurse-in-charge. . Dependency levels reviewed to ensure staffing levels are sufficient to meet residents' needs. . Contingency planning in place in the event of sickness, absence or annual leave to ensure sufficient staff on duty rota to meet Residents' needs.
Area for improvement 2 Ref: Regulation 13(1) Stated: First time To be completed by: 20 February 2019	<p>The registered person shall review the use of keypad lock to exit the home in conjunction with guidance from the Department of Health, deprivation of liberty safeguards (DoLs) and the home's registration categories.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Keypad lock on front entrance has been replaced with a push button door release system.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 6.4 Stated: First time To be completed by: 20 February 2019	<p>The registered person shall ensure that the routines in the home are flexible, responsive and varied to suit patients' needs.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> . Individual Residents care plans reviewed with focus on person-centred care. . Development of individual care planning, encouraging involvement of both the resident and families in the planning of care. . Review of current practices within the Care Home to ensure Residents' needs are met.

<p>Area for improvement 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2019</p>	<p>The registered person shall ensure that newly appointed staff are rostered in a supernumerary capacity to allow them time to effectively complete the induction programme.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All newly appointed staff receive a supernummary induction programme .Training and completed induction programme is signed by Manager/Nurse-in-charge</p>
<p>Area for improvement 3</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2019</p>	<p>The registered person shall ensure that recruitment records include the reasons for staff leaving previously held positions which involved working with children or vulnerable adults.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Recruitment processes have been reviewed for both the application form and interview template which now includes reasons for leaving employment for all previously held positions which involved working with children or vulnerable adults.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2019</p>	<p>The registered person shall ensure that supplementary care charts are fully completed to evidence care delivery.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Nurse-in-charge reviews supplementary care charts and signs that documentation has been fully completed. This also forms part of the Managers auditing process.</p>

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



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