

Unannounced Care Inspection Report

23 July 2019



Ailsa Lodge

Type of Service: Nursing Home (NH)
Address: 6 Killaire Avenue, Carnalea, Bangor, BT19 1EW
Tel No: 02891452225
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 provider 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 nursing home 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 below
Person in charge at the time of inspection: 06 45–08 00 Delmar Abercede nurse in charge 08 00 – 12 50 hours – Janet Dickson	Date manager registered: Application not yet submitted
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 DE – Dementia. TI – Terminally ill.	Number of registered places: 41

4.0 Inspection summary

An unannounced inspection took place on 23 July 2019 from 06.45 hours to 12.50 hours.

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.

This inspection was undertaken by the care inspector.

The inspection assessed progress with areas for improvement identified in the home 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 staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

Areas for improvement were identified with regard to the risk of non-adherence to the smoking policy.

Patients said that they were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be comfortable in their surroundings and in their interactions with staff.

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	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Janet Davidson, manager, Julie McKearney, regional manager and the two nursing sisters 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 7 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 February 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care and medicines management, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for nursing and care staff for the period 28 June to 25 July 2019
- four patients care records including supplementary care charts
- menu choice sheets

- minutes of staff meetings
- minutes of relatives meetings
- one staff recruitment file

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

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: Second time	The registered person shall ensure that there are sufficient staff to meet the assessed needs of the patients.	Met
	Action taken as confirmed during the inspection: A review of the duty rotas for the period 28 June to 25 July 2019 evidenced that the planned staffing was consistently provided. We spoke with nine members of staff; all were satisfied that there was sufficient staff to meet the needs of the patient. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: We observed that the keypad has been removed. The door is now released by pushing a button. This area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6.4 Stated: First time	The registered person shall ensure that the routines in the home are flexible, responsive and varied to suit patients' needs.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of care records evidenced that routines were varied in response to patients' requests. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 39.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the staff rota and discussion with two recently appointed staff confirmed that that had been given supernumerary hours during their induction period to allow them time to effectively complete the induction programme. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 38.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of recruitment records evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that supplementary care charts are fully completed to evidence care delivery.	Met
	Action taken as confirmed during the inspection: A review of four patients' supplementary charts, including fluid intake and repositioning charts evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.3.1 Early morning routine

We arrived in the home at 06.45 hours. The home was very quiet. Staff explained that patients continence needs are attended to and patients are left comfortable in bed; they only assist patients to wash and dress if the patient requests to get up. Two patients were dressed, one of those was attending a hospital appointment the other patient was listening to the radio in their bedroom. These patients were being provided with a cup of tea when we arrived. The other patients were all comfortable and sleeping in bed. The home was well organised, tidy and fresh smelling throughout.

Day staff arrived well in advance of the start of their shift. All staff received a report at 07:30 hours from the night staff on the patients' conditions overnight. Staff spoken with valued this report and confirmed that it provide them with the relevant information to keep their knowledge of patients' needs up to date.

6.3.2 Staffing

Staff spoken with on day and night duty were satisfied that there was sufficient staff to meet the needs of the patients and that there was good team work throughout between the nurse and care staff.

Staff were also rostered to ensure that catering, cleaning and laundry duties were undertaken. We spoke with two members of cleaning staff; both were satisfied with the current staffing arrangements. There is currently one vacancy with the cleaning staff. The manager explained that under the current terms and conditions of the staff they all work morning shifts. The current vacant post will be filled with a view to providing domestic cover into the afternoon.

In an attempt to gain the opinion of staff not on duty during the inspection a poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received from staff following the inspection.

The most recent care staff meeting was held on 15 May 2019 and was attended by 10 staff. Minutes of the issues discussed and the actions to be taken following the meeting were available.

6.3.3 Continence management

We discussed the management of continence with both day and night staff. All staff were satisfied that they were provided with the necessary aids and equipment to enable them to support patients with their continence needs. Staff confirmed that there was a good supply of continence aids; no issues were identified with their performance.

6.3.4 Nutrition

Breakfast was served from 09:00 hours. An additional member of staff is rostered to provide additional support for patients at mealtimes and morning and afternoon tea. Patients commented positively on the variety and quality of meals. The menu choice sheets evidenced that there was a good variety of meals served with a choice at each mealtime; it was good to note that choice was also available for patients who required to have the texture of their meal modified. We spoke with the chef who spoke positively about the menu and food served; they were satisfied that they had the necessary resources to provide good quality meals. Patients, relatives and staff spoken with all commented positively with regard to the meals served.

Patients weights are generally monitored monthly. Staff informed us that the weighing scales were recently repaired and not all weights had been completed for July. A review of the records evidenced that the majority of patients' weights were stable. Procedures were in place to ensure any patient who was losing weight was referred to the community dietician in the local health and social care trust.

6.3.5 Consultation with patients' and relatives

Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them. Patients told us:

"Everyone is so nice."

"The girls are very good."

"The food is fantastic."

"My appetites not great but the food is fine."

"The staff know me so well and know what I need."

We spoke with the relatives of three patients; all were happy with the care provided. We provided questionnaires in an attempt to gain the views of relatives and patients. No responses were received following the inspection.

The most recent relatives meeting was held on 15 May 2019 and was attended by 12 relatives. Issues discussed included introduction of the new manager, how to make a complaint, provision of activities and how effective the communication was in the home. A number of suggestions made by relatives were in the process of being actioned.

6.3.6 Management arrangements

Since the previous inspection a new manager has been appointed. They spoke enthusiastically about the patients and staff and their role in the home. Staff told us they felt supported by the manager and that they were approachable and available regularly to speak with.

The manager confirmed that they were well supported by the responsible individual (RI), the regional manager and the deputy and nursing sisters. The manager's office is now located on the first floor of the home in a more visible and accessible location for patients and relatives.

6.3.7 Management of risk

An incident of non-adherence to the smoking policy occurred recently. Whilst action had been taken at the time of the incident, advice should be sought from the home's fire risk assessor with regard to the need for any additional precautions. This was identified as an area for improvement. The need to ensure records are maintained to evidence the patient's consent to the agreed plan was also discussed and an area for improvement made.

Areas of good practice

Evidence of good practice was found in relation to staffing, team work and the delivery of care, the environment and the management arrangements.

Areas for improvement

Areas for improvement were identified with regard to the risk of non-adherence to the smoking policy.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Davidson, manager, Julie McKearney, regional manager and the two nursing sisters as part of the inspection process, 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 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 DHSSPS 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 27(4)(a) Stated: First time To be completed by: Immediate from the day of the inspection.	The registered person shall ensure that the recent incident of non-adherence to the smoking policy is discussed with the home's fire risk assessor and advice sought with regard to the need for any additional precautions. Ref: 6.3.7 Response by registered person detailing the actions taken: Fire risk assessor attended the home providing advice on the minimisation of risk in the event of non adherence to the smoking policy. Fire risk Assessment updated accordingly. Individual risk assessment completed on the day of the inspection.
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 5.3 Stated: First time To be completed by: 20 August 2019	The registered person shall ensure that records are maintained to evidence the identified patient's consent to the agreed plan. Ref: 6.3.7 Response by registered person detailing the actions taken: Individual risk assessment completed in accordance with the Guidance on Service Users Smoking in Residential Care and Nursing Homes. The assessment was completed in partnership and with consent of the resident who wishes to smoke.

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



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