



The Regulation and
Quality Improvement
Authority

Inspector: Karen Scarlett
Inspection ID: 022135

Ailsa Lodge
RQIA ID: 1045
6 Killaire Avenue
Bangor
BT19 1 EW

Tel: 02891452225
Email: jacqui@ailsalodge.co.uk

**Unannounced Care Inspection
of
Ailsa Lodge**

26 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 26 May 2015 from 09.50 to 16.55 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015); **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of 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 3 November 2014.

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	3	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Tara Foster, deputy manager, and Mrs Ada Johnston, staff nurse, 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: Ms Tara Foster	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: 41	Weekly Tariff at Time of Inspection: £593
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3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

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

The inspector met with seven patients individually and the majority of others in groups, two registered nurses, four care staff, one ancillary staff member and two patients' visitors/representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care 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 the previous inspection year
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- staff induction records
- staff supervision records
- three care records
- a selection of policies and procedures
- incident and accident records
- guidance for staff in relation to palliative and end of life care.

- complaints/ compliments records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 3 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<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>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>An inspection of the premises evidenced that cleaning chemicals continue to be stored in unlocked cupboards, sluices and the hairdressing room. This was in contravention of the cleaning policy of the home. The cleaning fluids are decanted into spray containers. The name of the cleaning product was written in marker on the outside of these containers. It could not be ascertained when these had been decanted and if they were still able to be used effectively.</p> <p>This requirement has not been met and will be stated for the second time.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 30 (1) (a-g)</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the incident and accident books evidenced that the home were reporting more relevant incidents to RQIA. However, RQIA were still not being notified of a number of reportable incidents. The type of incidents required to be notified to RQIA was discussed with the deputy manager.</p> <p>This requirement has been partially met and will be stated for the second time.</p>	<p>Partially Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 25.12</p> <p>Stated: Second time</p>	<p>The registered person should complete a summary report and action plan which is shared with patients and their representatives when completing the monthly report.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The monthly regulation 29 reports were not reviewed at this inspection and this will be carried forward until the next inspection.</p>	<p>Carried forward until next inspection</p>
<p>Recommendation 2</p> <p>Ref: Standard 10.7</p> <p>Stated: Second time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that a number of staff had attended training on human rights and restrictive practice. The implications of human rights legislation was further discussed with staff as part of a “lunch and learn” session on medicines management. A review of care records evidenced that any potentially restrictive practice in use were discussed with the patient and their representative as appropriate and this was well documented. This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of three care records evidenced that the personal profiles were up to date and complete. Wound dressings were consistently well documented on open wound charts. Progress notes and care plan reviews were reflective of the condition of patients.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<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 Contenance 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>Action taken as confirmed during the inspection: The home had updated the continence file to include some of the up to date best practice guidelines suggested. This recommendation has been partially met and will not be stated again.</p>	<p>Partially Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Continence pads continue to be stored out of their packaging which is not in accordance with best practice in infection prevention and control.</p> <p>This recommendation has been stated for the second time.</p>	<p>Not Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 35.5</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Observation of practice and discussion with domestic staff evidenced that staff were wearing the recommended personal protective equipment when carrying out cleaning duties and were aware of the reasons for its use.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: All entries were recorded contemporaneously, dated, timed and signed and accompanied by the name and designation of the signatory in accordance with NMC guidelines.</p> <p>This recommendation has been met.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on breaking bad news. This was very brief and did not include reference to the regional guidelines on Breaking Bad News.

A sample of training records evidenced that the majority of staff had attended in-house "lunch and learn" sessions on end of life care, facilitated by the deputy manager and palliative link nurse. These sessions included information on how to effectively communicate with patients and their representatives.

Is Care Effective? (Quality of Management)

The three care records reviewed reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs including sensory and cognitive impairments.

A review of the care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by allowing privacy and sufficient time for discussion and questions.

Is Care Compassionate? (Quality of Care)

Staff were able to provide an overview of how they delivered bad news sensitively and effectively. This included involving patients' representatives to enable the patient to feel supported. They emphasised the importance of building supportive, therapeutic relationships with patients and their families.

Consultation with patients and their representatives confirmed that staff were approachable and helpful if there were any issues or concerns. Good relationships were evident between patients and staff and staff were noted to be responding promptly to patients' needs. Fluids were readily accessible to patients at all times.

There were a number of thank you cards sent from patients' relatives thanking staff for their care and attention.

Areas for Improvement

A recommendation has been made that the breaking bad news policy is further developed and includes reference to best practice guidelines.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were not available in the home. There was one policy to guide staff in completing last offices for a patient who had died with an infection. The manager had developed a useful palliative care manual for patients and their representatives outlining the care they could expect and including relevant documentation which would be used.

The Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013) was available along with other useful guidance for staff in a resource folder. Staff were aware of this information and guidance.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Two registered nurses had attended a session in palliative care provided by the local Trust in April 2015. A number of in-house "lunch and learn" sessions had been facilitated by the deputy manager and one of the palliative link nurses. These included discussions of topics such as, communication, spiritual needs of patients, respect for individual's needs and wishes and pain management.

Discussion with staff and a review of the care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the deputy manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and staff confirmed their knowledge of the protocol.

A palliative care link nurse has been identified and there was evidence of attendance at recent link meetings. The link nurse was also active in cascading information to other staff in the home which is good practice.

Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care.

Discussion with the deputy manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Staff confirmed that relatives and friends were made welcome in the home and were enabled to stay overnight in the patient's room or in the quiet room. Regular beverages and snacks were offered. All staff talked about the importance of letting family know that you were available but also allowing them time and space with their loved one at end of life.

A number of staff emphasised the importance of spending extra time with patients who had no family and recounted how they held the patient's hand as they sat with them or read to them.

A review of notifications of death to RQIA during the previous inspection year confirmed that these had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff consulted demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. A comfortable chair and bedding was provided to facilitate overnight stays.

From discussion with the deputy manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the deputy manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. All staff confirmed that as the deceased person was taken from the home by the funeral directors they formed a guard of honour. Staff stated that this was a meaningful way of paying their last respects to the patient and of supporting one another.

From discussion with the deputy manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included support of the team, some time alone if required and the support of the manager and deputy manager.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included bereavement services, funeral services and care of the dying.

Areas for Improvement

A recommendation has been made that policies /procedures should be developed to guide staff in relation to palliative and end of life care and death and dying.

Number of Requirements:	0	Number of Recommendations: *1 recommendation made is stated under Standard 19 above	2
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5.5 Additional Areas Examined

5.5.1. Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

Patients

Patients were unable to complete the questionnaires but comments made in discussion included:

"I couldn't be in a better place. They are good to me and I have no complaints."

"I like it here."

"I am quite happy here. The staff are very good."

Patients' representatives

Two relatives were consulted and their comments were very positive. One relative stated that the care was good and that any concerns had been promptly addressed. Another relative stated that their loved one would rather be at home but that this was not possible. They were of the opinion that the care was very good and commented that the staff looked after them too.

Staff

Staff comments in questionnaires included the following:

"We are a very caring team and go out of our way to accommodate everybody's needs."

"Mrs Robinson is very good so staff can attend courses to maintain a high standard of care."

"I feel that residents and relatives are well cared for at the end of life."

"Staff have a good working rapport as well as good knowledge and skills which we update regularly."

In discussion staff confirmed that they were happy working in the home. They stated that they worked well as a team and were well supported by the management team. No concerns or issues were raised.

5.5.2. Competency and capability assessments

The competency and capability assessments for the nurse in charge of the home in the absence of the manager were requested. The record of one staff nurse was presented detailing assessments carried out in 2013. There were no other competency and capability assessments available for inspection. The deputy manager gave assurances that these were in progress for this year but no evidence could be provided. A requirement has been made that these assessments be completed for any nurse given the responsibility of being in charge of the home in the absence of the manager. These assessments must be available for inspection at all times.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Tara Foster, deputy manager and Mrs Ada Johnston, staff nurse, 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 further 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be Completed by: 26 June 2015</p>	<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>Response by Registered Person(s) Detailing the Actions Taken: Products 'in use' are labelled and dated and staff are aware that they must be placed inside the cupboard for storage. The storage cupboard is now locked.</p>

<p>Requirement 2</p> <p>Ref: Regulation 30 (1) (a-g)</p> <p>Stated: Second time</p> <p>To be Completed by: Ongoing from date of inspection</p>	<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>Response by Registered Person(s) Detailing the Actions Taken: A further review has been carried out and reference made to RQAI documentation Guidance document which outlines the specific details of the Reporting Arrangements Guidance on legislative reporting requirements We believe that we fully comply with these requirements as per the guidance.</p>

<p>Requirement 3</p> <p>Ref: Regulation 20 (3); Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 26 July 2015</p>	<p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: An assessment IS completed as above. These records which are highly personal and confidential are held by the Nurse Manager and are completed annually. In addition bi-annual questionnaires are issued and reviewed. The Inspector was shown the Master Copies. In order to make these fully available for future inspection, privileged access has been extended to the Deputy Nurse Manager in whose office these documents will be stored.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 25.12</p> <p>Stated: Second time</p> <p>To be Completed by: 26 September 2015</p>	<p>The registered person should complete a summary report and action plan which is shared with patients and their representatives when completing the monthly report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This IS completed monthly and the report is currently shared with both Residents and Relatives by way of summary in the weekly Sparkle newspaper.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 35.1</p> <p>Stated: Second time</p> <p>To be Completed by: 26 June 2015</p>	<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>Response by Registered Person(s) Detailing the Actions Taken: We have consulted with the manufacturer following previous inspection and have always stored our pads in accordance with their recommendation. We have sought further detailed advice from RQIA to explain the rationale behind their recommendation. We have commenced storing in accordance with this recommendation pending further explanation and rationale.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 19.6</p> <p>Stated: First time</p> <p>To be Completed by: 26 September 2015</p>	<p>The policy on breaking bad news should be further developed to include up to date best practice guidelines.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Prior to inspection we developed a New inhouse Palliative care Guide. Policy and other documentation has now been reviewed and extended to include best practice guidelines and to cross reference to our Palliative Care Guide.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 32; 20</p> <p>Stated: First time</p> <p>To be Completed by: 26 September 2015</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>Response by Registered Person(s) Detailing the Actions Taken: These policies have been completed and updated as required.</p>		
<p>Registered Manager Completing QIP</p>	<p>Mrs J Robinson</p>	<p>Date Completed</p>	<p>02.07.2015</p>
<p>Registered Person Approving QIP</p>	<p>Mrs J Robinson</p>	<p>Date Approved</p>	<p>02.07.2015</p>
<p>RQIA Inspector Assessing Response</p>	<p>Karen scarlett</p>	<p>Date Approved</p>	<p>8/7/15</p>

Please ensure the QIP 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: