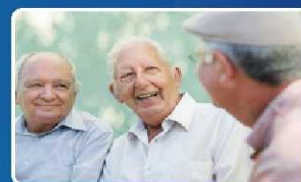




# Unannounced Post-Registration Care Inspection Report 26 September 2018



## Ailsa Lodge

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

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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 registered nursing home which is registered to provide nursing care for up to 41 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Merit Retail Limited  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager:</b> see box below
<b>Person in charge at the time of inspection:</b> Ada Johnston, deputy manager	<b>Date manager registered:</b> Ada Johnston, acting manager.
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 41

### 4.0 Inspection summary

An unannounced inspection took place on 26 September 2018 from 10.00 to 15.00.

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 Care Standards for Nursing Homes 2015.

On 23 May 2018 ownership of the home transferred to Merit Retail Limited. This inspection assessed progress with any areas for improvement identified during and since the change of ownership 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 recruitment, adult safeguarding, infection prevention and control and the home's environment. There were examples of good practice found with care records and the provision of staff meetings. We observed good practice in relation to the caring and compassionate manner in which staff delivered care and assisted patients with their mealtimes.

One areas requiring improvement under regulation was identified with staffing.

Areas requiring improvement under the standards were identified with the assessment and evaluation of patients' continence needs following the introduction of alternative continence aids, responding to the recent quality assurance questionnaires and the recording of complaints.

Patients said they were happy living in the home. 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
<b>Total number of areas for improvement</b>	<b>1</b>	<b>4</b>

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ada Johnston, acting manager and Jane Bell, 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 3 January 2018.

The most recent inspection of the home was an unannounced care inspection undertaken on 3 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 includes 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 eight patients individually, two patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also provided for staff inviting them to feedback to RQIA on-line. The inspectors provided the acting 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 to the home.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 23 September 2018
- incident and accident records
- two staff recruitment and induction files
- training records
- three patient care records
- accident/incident reports
- complaints record
- RQIA registration certificate
- 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 3 January 2018.**

The most recent inspection of the home was an unannounced 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 3 January 2018.**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that induction records are maintained to evidence that agency staff complete a structured orientation and induction to the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of induction records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 22.10 <b>Stated:</b> First time	The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and ensure appropriate action is taken.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement has been met.	<b>Met</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.11 <b>Stated:</b> First time		The registered person shall ensure that assistance at mealtimes is provided in a timely manner to all patients who require it.
<b>Action taken as confirmed during the inspection:</b> We observed the serving of lunch. Patients were assisted as required and in a timely manner. 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.**

The regional manager confirmed the planned staffing levels for the home and stated that these were subject to review to ensure the assessed needs of the patients were met. Patients, relatives and staff spoken with were of the opinion that at times there was insufficient staff to meet the needs of the patients, in a timely manner. One questionnaire was received from a relative following the inspection. Whilst the relative indicated that they were satisfied with the staffing the following comment was provided:

“I don’t think there are always enough staff on the floor particular when patients need the toilet.”

A review of the duty roster for a three week period from 3 to 23 September 2018 evidenced that a member of staff, specifically employed to only assist patients with meals and drinks, was included in the allocation of care assistants despite them not undertaking the full range of care assistant duties, for example personal care. Therefore the planned staffing levels for care assistants was not adhered to. This was identified as area for improvement under regulation.

One relative spoken with explained how, they believed, that insufficient staff had impacted on their loved one’s care very recently. Details were shared with the acting manager who provided assurances that this care would be delivered prior to the end of the week.



Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the regional manager, acting manager and staff, and a review of training records evidenced that a robust system was in place to ensure staff received mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the regional manager and a review of records confirmed that systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed a sample of accidents/incidents records 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. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge and dining room. We spoke with one member of housekeeping staff who commented positively regarding a recent restructure of staff, which had enabled them to complete their duties more efficiently. No concerns or issues were raised with regard to the environment. The home was found to be warm, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, adult safeguarding, infection prevention and control and the home's environment.

### **Areas for improvement**

An area for improvement was identified in relation to the provision of staffing.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>1</b>	<b>0</b>

## 6.5 Is care effective?

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

A review of three patient care records evidenced that a range of assessments were completed and care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of continence.

A new range of continence products, including pads and wipes, had been introduced a number of weeks prior to the inspection. Relatives and staff expressed dissatisfaction with the performance of the new products. A review of patients' care records evidenced that continence assessments had not been updated to reflect the change of product, their relative absorbencies and their suitability for patients. There was no evaluation/review system in place to record if the pads were meeting the continence needs of patients. The following areas for improvement were identified:

- individual assessments to identify the appropriate continence aids to meet patients' needs must be completed
- evaluation and reassessment must be ongoing to ensure 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

The regional manager and deputy manager were aware of the dissatisfaction in relation to both the continence products and the 'wipes' and explained that alternative wipes had arrived the day prior to the inspection. The regional manager also confirmed that staff training had been provided by the continence product company the week prior to the inspection.

We discussed communication in the home. The regional manager confirmed that, since the change of ownership of the home on 23 May 2018, staff meetings had been held on 29 May and 26 July 2018. A review of minutes evidenced that these meetings were well attended by staff. Communication with staff is further discussed in section 6.7.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and the provision of staff meetings.

### Areas for improvement

Areas for improvement were identified with the assessment and evaluation of patients' continence needs following the introduction of alternative continence aids.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>



## 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 at 10:00 and were greeted by the regional manager. The majority of patients were in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We observed the serving of the lunchtime meal. The regional manager explained that, following a change of chef in the kitchen, a number of complaints had been received from patients and relatives regarding the quality of meals. Details of these complaints and the actions taken to address them were clearly recorded. Patients, relatives and staff spoken with during this inspection confirmed that the quality of meals had "greatly improved"; no issues were raised with the quality or variety of meals served.

We observed that a choice of two dishes were available at lunch; the meals were nicely presented and smelt appetising. Staff assisted patients with their meal appropriately and in a timely manner. Patients able to communicate indicated that they enjoyed their meal. We observed that there was a greater number of patients in the dining room for lunch than on previous inspections. Staff explained that patients were encouraged to come to the dining room to enjoy the social aspect of mealtimes. Patients who preferred to remain in their bedrooms for meals had trays delivered to them as required.

Patients spoken with were satisfied with the care they received and commented on the caring and kind attitude of staff. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"It's a very nice home."

"I am very comfortable."

"I just buzz and the staff come to me."

Relatives spoken with felt reassured by the continuity of staff following the recent change in the home's ownership. They reiterated the concerns regarding the continence aids and the previous issues with food. As previously discussed in section 6.4 one relative discussed a recent issue with staffing which was shared with the acting manager for action. One relative commented:

"Staff work very hard and they are very good to ... They are excellent with him."

Relatives confirmed that a meeting was held on 29 May 2018 when relatives were able to meet with the responsible person Ms Conway. Minutes of this meeting were available and evidenced that the meeting was well attended. Relatives also said that they had been provided with an opportunity to complete a quality assurance questionnaire in June 2018. One relative expressed frustration that they had not received any feedback or witnessed any action following completion of the questionnaires. This was discussed with the regional manager and identified as an area for improvement.

Relative questionnaires were also provided by RQIA. One was returned prior to the issue of the report. The relative was very satisfied that care was safe, effective and compassionate, they were neither satisfied or dissatisfied that the service was well led.

We spoke with seven staff who explained that whilst meetings had been held with the new provider at the time of the change of ownership of the home, they reported that responses to suggestions or issues raised were sometimes slow. They felt this was partly due to the recent change to the day to day management of the home. The need for regular communication with staff during this transition period was discussed with the regional manager who agreed to review the format and frequency of staff meetings. Staff discussed the recent complaints regarding the quality of meals but were satisfied that these issues had been addressed and the improvements sustained. They remained dissatisfied with the continence products and staffing; both of these issues were identified as part of the inspection process and areas for improvement have been made. Staff reported that they had confidence in the current acting manager and would bring any concerns they had to her attention.

All of the comments received from patients, relatives and staff were shared with the regional manager and acting manager during feedback at the conclusion of the inspection.

A poster was provided for staff, who did not have the opportunity to speak to the inspectors, inviting them to complete an on line survey, we had no responses within the timescale specified.

Any comments received from patients, relatives and staff in returned questionnaires or online after the return date will be shared with the regional 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 caring manner in which staff delivered care and mealtimes.

### **Areas for improvement**

An area for improvement was identified in relation to responding to the recent quality assurance questionnaires issued to relatives.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

## 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 the manager who was appointed at the time the ownership of the home transferred to Merit Retail Limited had resigned and temporary management arrangements were in place. RQIA had not been notified of this change to management; this was discussed with the regional manager who agreed to follow up the issue with the responsible person. Confirmation of the management arrangements were received by RQIA on 5 October 2018. Staff and relatives spoken with were knowledgeable regarding the temporary management arrangements and who to speak with if they had concerns.

Discussion with the regional manager and review of the home's complaints record evidenced 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. The complaints record should be further developed to include greater detail of how the level of satisfaction was determined. This was identified as an area for improvement.

A review of notifications of incidents to RQIA since 23 May 2018 confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications from the Chief Nursing Officer (CNO) and, safety alerts and notices from the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed and where appropriate, made available to key staff in a timely manner.

A review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager on behalf of the responsible person and in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Issues to be addressed were identified within the report. The progress on compliance with the issues identified were reviewed and evaluated as part of the in the subsequent visit.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring visit and report.

### Areas for improvement

Areas for improvement were identified in relation to the recording of complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ada Johnston, acting manager and Jane Bell, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2018	<p>The registered person shall ensure that there are sufficient staff to meet the assessed needs of the patients.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            A comprehensive review of residents dependency levels undertaken and management will oversee the rota to ensure there are sufficient staff to meet the assessed needs of the residents. Dependency levels are reviewed monthly or when changes have occurred.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2018	<p>The registered person shall ensure that individual assessments to identify the appropriate continence aids to meet patients' needs are completed.</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Individual assessments of continence aids to meet patients needs have been undertaken by carrying out an assessment of incontinence aids over a 24 hour cycle for a period of two weeks. This was evaluated for frequency and specific continence aid required.            Management worked in partnership with supplier's specialist continence advisor.            Data collated with recommendations made to identify correct products.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.7  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2018	<p>The registered person shall ensure that reassessment is ongoing to make sure that continence products meet the needs of the patients.</p> <p>Records must be maintained, for an identified period, to evidence that patients continence needs are being met by the new products</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Going forward, continence product type and frequency are to be reassessed following evaluation of resident's person-centred careplan</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2018</p>	<p>The registered person shall ensure that a response is provided to relatives following the quality assurance questionnaires issued in June 2018.</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Relatives meeting took place on 22-10-2018. Feedback provided at this forum.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 16.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2018</p>	<p>The registered person shall ensure that the complaints record is further developed to include how the level of satisfaction was determined</p> <p>Ref: Section 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager will ensure complaint follow up is documented to include the complainant's response and conclusion to the complaint.</p>

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





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