

Inspection Report

28 June 2021



Ailsa Lodge

Type of Service: Nursing Home
Address: 6 Killaire Avenue, Carnalea, Bangor BT19 1EW
Tel no: 02891452225

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Merit Retail Ltd Responsible Individual: Ms Therese Elizabeth Conway	Registered Manager: Mrs Janet Davidson Date registered: 07/12/2020
Person in charge at the time of inspection: Mrs Janet Davidson	Number of registered places: 41
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 patients accommodated in the nursing home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides general nursing care for up to 41 patients. The home is a large, two storey, traditional style house. Bedrooms, bathrooms and lounges are located throughout the home. A large dining room is situated on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 28 June 2021 from 10:00 am to 5:20pm by a care Inspector.

The inspection assessed progress with the 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.

The outcome of the inspection confirmed that the care in Ailsa Lodge was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and systems in place to provide oversight of the delivery of care.

As a result of this inspection an area for improvement was identified with care plans to support patients with distressed behaviours. Compliance with this area will further improve the services provided in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager, Deputy Manager and Regional Manager were provided with details of the findings.

4.0 What people told us about the service

Seven patients and seven staff were spoken with. Patients spoke confidently about the staff, their attitude and how they supported them with their everyday needs.

Patients were content and provided examples of what they liked about living in Ailsa Lodge. Patients said they were content, well looked after and that they enjoyed the food. The atmosphere in the home was unhurried and social. Ongoing support with dietary preferences was being provided by catering and nursing staff to one patient. Patients who were unable to give their opinion on their care were observed to be well attended to with good attention paid to their personal appearance.

Staff told us they were enough staff to meet the needs of the patients, that they were satisfied with the standard of care, that they were well supported by management and were happy working in the home.

A number of relatives visited during the inspection; three completed questionnaires during their visit. Their responses stated that they were all very satisfied with the provision of staffing, the compassion with which staff undertook their duties, the delivery of care and the management of the service.

One visiting healthcare professional also completed a questionnaire and indicated that they were very satisfied with staff, care and the management of the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 1 December 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that patients have a comprehensive, holistic assessment commenced on the day of admission and completed within 5 days.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. Systems were in place to check that they were appropriately registered and that their registration remained live. Newly appointed care staff were being supported by the manager to complete their registration.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs.

Patients were happy with the manner in which staff attended them; they described the staff as caring and outstanding. One patient spoke of how they felt they were spoilt by the attention they received and by the standard and variety of food provided.

Staff were satisfied with the number of staff on duty. The evidence reviewed provided assurances that staffing was safe.

Three relatives provided feedback via questionnaires; all were very satisfied with the provision and attitude of staff.

5.2.2 Care Delivery and Record Keeping

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded. Patients with wounds had these clearly recorded in their care records; records also reflected the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

A number of patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom there was evidence that these practices were the least restrictive possible and used in the patient's best interest.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet.

Whilst patients were encouraged to come to the dining room for their lunch some chose to have their meals in their bedroom. There was a relaxed atmosphere with patients socialising with one and other. Staff were present to assist patients with their meals as required.

The meals served were home cooked and smelt and looked appetising. Patients were complimentary regarding the quality and selection of meals provided. Intensive ongoing support with dietary preferences was being provided by catering and nursing staff to one patient.

Behavioural care plans were in place for a number of patients however the care plans were generic and not individualised. Care plans of this nature should contained details of how the patients' behaviours presents, any known triggers and what approaches helped to calm the situation. This was identified as an area for improvement.

5.2.3 Management of the Environment and Infection Prevention and Control

Improvements to the environment have continued with the refurbishment of further bedrooms and replacement flooring in a number of corridors in the home. This work continues to be completed to a high standard.

Patients' bedrooms were personalised with items important to the them and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out daily and weekly.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners; the Manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

5.2.4 Quality of Life for Patients

Patients said that they were involved in making decisions about their care and their day to day life within the home. One patient explained that their morning routine and the time they like to get up varies each day depending on how they are feeling. Staff engaged with patients on an individual and group basis throughout the day and had the opportunity to take part in social activities if they wished.

The staff member employed to plan and deliver activities was enthusiastic about her role and the benefits and enjoyment the daily activities provided to the patients. A selection of craft items were displayed in the reception area of the home and were available to buy. The programme of activities was planned around the interests of the patients and was arranged on a weekly basis.

The programme was displayed in the home; staff explained it was flexible to accommodate the daily preferences and choices of the patients. A number of patients choose to spend their day in their rooms; staff confirmed that these patients were made aware of what activities were planned and could therefore join in if they wished.

Processes were in place to safeguard those patients who lacked capacity with making decisions about their care. The Manager was in regular contact with the relevant health and social care Trust to ensure that the required safeguards were in place and reviewed as required. Staff spoken with were familiar with the term “deprivation of liberty” and the practices which could contribute.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Davidson has been the Manager since April 2020. The Manager is supported daily by the Deputy Manager who was available throughout the inspection and was knowledgeable of the day to day running of the home. Management support is also provided by the Regional Manager within the company.

Patients were familiar with the both the Manager and Deputy and many of them referred to them by name. It was obvious from their interactions with the patients that they were familiar with them.

Staff commented positively about the management team and described them as supportive, approachable and knowledgeable of the daily life and preferences of the patients.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home’s safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager completed regular audits of the environment, infection prevention and control (IPC) practices and care records.

There was a system in place to manage complaints and to record any compliments received about the home.

The Regional Manager undertook an unannounced visit each month, on behalf of the Responsible Individual, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Discussion with patients and staff, observations and a review of patient and management records evidenced that care in Ailsa Lodge was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager.

Staff responded to the needs of the patients in a timely way. Patients spoke confidently about the staff, their attitude and the caring manner with which they attended to them. Observation of practice confirmed that staff engaged with patients on an individual and group basis. The programme of activities was planned around the interests of the patients and provide them with positive outcomes.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

As a result of this inspection an area for improvement was identified with care plans to support patients with distressed behaviours. Compliance with this area will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified were action is required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janet Davidson, Manager, Mrs Ada Johnston, Deputy Manager and Geraldine Mary Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.8 Stated: First time To be completed by: 27 July 2021	<p>The registered persons shall ensure that care plans for behaviours which challenge contained details of how the patients' behaviours presented, any know triggers and what approaches helped to calm them.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and updated to ensure triggers and relevant responses to behaviours that challenge are explicit, meaningful and provide a positive outcome.</p>

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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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