

# Inspection Report

**29 October 2022**



## Ailsa Lodge

**Type of Service: Nursing Home**

**Address: 6 Killaire Avenue, Carnalea, Bangor BT19 1EW**

**Tel no: 028 9145 2225**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Merit Homes Ltd  <b>Responsible Individual:</b> Ms Therese Elizabeth Conway	<b>Registered Manager:</b> Mrs Janet Davison  <b>Date registered:</b> 7 December 2020
<b>Person in charge at the time of inspection:</b> Miss Sandra Mamatela - nurse in charge from 9.15am until 9.45am and Mrs Ada Johnston – deputy manager from 9.45am until 2.45pm	<b>Number of registered places:</b> 42
<b>Categories of care:</b> Nursing Home (NH) TI – Terminally ill. PH(E) - Physical disability other than sensory impairment – over 65 years. PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 42 patients. The patient bedrooms are divided over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 29 October 2022 from 9.15am to 2.45pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0. Three areas for improvement identified at the previous inspection were carried forward for review at the next medicines management inspection.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Ailsa Lodge was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Ailsa Lodge. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients 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.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient told us, "I am very happy here. The carers, cleaners and nurses are all very good to me," while another patient said, "I am well looked after here. I enjoy the staff, they are good craic."

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home.

Staff spoken with said that Ailsa Lodge was a good place to work. Staff spoke about the good teamwork in the home and spoke of how much they enjoyed caring for the patients. No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

## 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 18 October 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that nurses follow safe processes for the administration of medicines.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that medication administration records are accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall review and revise the management of medicines which are self-administered. Care plans should be in place and records of transfer of medicines to the patient should be maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Review of agency staff induction records confirmed systems were in place to orientate them to the home. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. Training records reviewed evidenced a high level of compliance with mandatory training.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels.

Relatives spoken with were complimentary about the care delivered in the home.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff members meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

It observed that information relating to patient care and treatment was accessible because staff had not locked a door when leaving the office. In addition, further information was observed to be inappropriately displayed. This was discussed with staff who took necessary action to secure access to the information. The deputy manager confirmed they would review arrangements for safe storage of patient information. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these records were generally well completed.

Moving and handling of patients was examined. Staff demonstrated good knowledge in moving and handling although shortfalls in staff practice were identified which posed a potential risk to patients' health and wellbeing. Three patients were observed sitting in wheelchairs which did not have their brakes deployed. These incidents were discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager and an area for improvement was identified.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was provided in keeping with care plan directions.

Falls in the home were monitored on a monthly basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were not consistently taken following falls in keeping with best practice guidance. Examination of one specific patients care plan and falls risk assessment evidenced that these records were not reviewed, post fall, to ensure they reflected the needs of the patients in preventing or managing falls or that nursing staff had evaluated the previous falls history and the potential impact on the patient. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal.

Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and the administration of food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Care plans examined detailed how patients should be supported with their food and fluid intake. However, they had not been consistently written reflecting the international dysphagia diet standardisation initiative (IDDSI) descriptors.

Examination of menu choice records confirmed conflicting information regarding the levels of food and fluid recommended for one patient was recorded in a modified diet file held by kitchen staff. In addition, menu choice records did not contain patients' full name; this had the potential to cause confusion in relation to the delivery of patient care. This was discussed with the deputy manager who agreed to review records relating to the management of patients on modified diets. Areas for improvement were identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Patient care plans should be developed in consultation with the patient or their representative. Review of care records evidenced this was not always clear in the patient's plan of care. This was discussed with the deputy manager who agreed to address this with nursing staff. This will be reviewed at a future care inspection.

Review of records such as personal care records and food and fluid intake evidenced that these were well maintained. Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Inappropriate storage of personal care items, patient equipment and incontinence products was observed in a number of ensembles and toilets. These deficits were discussed with staff who arranged for the issues to be addressed before the end of the inspection. The manager agreed to address these matters with staff and ensure the nurse in charge monitors compliance on their daily walk about. This will be reviewed at a future care inspection.

Shortfalls were identified in regard to the effective management of potential risk to patients' health and wellbeing. Cleaning chemicals were found to be inappropriately stored and/or supervised on three occasions. This was discussed with identified staff who ensured that the risks were reduced or removed immediately. Assurances were provided by the deputy manager that further action would be taken to reduce risks to residents in the home. An area for improvement was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 21 September 2022. The manager confirmed that all actions identified by the fire risk assessor were being addressed.



The deputy manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE were frequently displayed at PPE stations.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while other staff members were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room or a lounge for meals.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One patient said, "I enjoy the activities, especially the baking" while another patient said "We have games and services downstairs. I enjoyed pulling flowers in vases for the harvest fair and cutting pumpkins for Halloween".

There was evidence that additional planned activities were being delivered for patients within the home. Activity planners displayed in the home confirmed varied activities were delivered which included bingo, quizzes, arts and crafts, light exercises and church services. Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. Staff said there were plans in place to celebrate Halloween; many decorations had been displayed throughout the home.

Feedback received from one relative regarding activity provision was discussed with the manager who agreed to follow up with the relative directly.

The staff and management were commended by the care inspector for winning awards for nurse of the year and activity co-ordinator of the year at the recent Peninsula Care Awards.

#### **5.2.5 Management and Governance Arrangements**

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Janet Davison has been the registered manager in this home since 7 December 2020.



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 or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Review of accidents and incidents records found that these were well managed and reported appropriately.

The home was visited each month by a representative 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. These reports were available in the home for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	3*

\*The total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janet Davison, registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (18 October 2022)	The registered person shall ensure that nurses follow safe processes for the administration of medicines.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (18 October 2022)	The registered person shall ensure that medication administration records are accurately maintained.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (5)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that information about a resident's health and treatment is securely stored to ensure resident information is only accessible to those with permission.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Privacy blinds fitted to the window at the nurses station to ensure resident's information is securely stored and only accessible to authorised personnel.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (29 October 2022)</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair brakes.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Moving and handling competencies reviewed for all care staff to confirm that training is embedded into practice. Increased audits scheduled to monitor compliance. Supervision completed for all care staff to ensure awareness of the safety implications if brakes are not applied to stationary wheelchairs.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (29 October 2022)</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All nursing staff communicated with to ensure that care plans and risk assessments are updated immediately post fall. A trigger to remind staff now placed in the Accident/Incident register.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (29 October 2022)</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Domestic Staff member on duty attended a meeting with the registered manager for assurance that cleaning chemicals remain under supervision at all times. Additional training and supervision also scheduled. All domestic staff have completed supervision to ensure they are knowledgeable regarding the policy for safe storage of cleaning chemicals. Regular auditing ongoing to monitor compliance.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (29 October 2022)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Immediate communication to all staff to remind them to comply with infection prevent and control (IPC) measures at all times. Refresher supervision and competencies completed for all staff. Auditing by the registered manager to be increased to twice weekly to monitor compliance.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2022</p>	<p>The registered person shall review and revise the management of medicines which are self-administered. Care plans should be in place and records of transfer of medicines to the patient should be maintained.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (29 October 2022)</p>	<p>The registered person shall ensure that nutritional care plans for patients requiring a modified diet are reflective of the current IDDSI terminology.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision completed by all nursing staff to ensure the international dysphagia diet standardisation initiative (IDDSI) descriptors are consistently recorded. Care plans audited to ensure that the IDDSI descriptor has been implemented into relevant care plans.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that accurate and contemporaneous records for patients on modified diets are maintained by kitchen staff.  Ref: 5.2.2
<b>To be completed by:</b> Immediate action required (29 October 2022)	<b>Response by registered person detailing the actions taken:</b> Records reviewed and updated to reflect resident's current dietary recommendations. Menu choice records updated to contain each resident's full name. Nursing staff aware that they must remove existing recommendations when a change of consistency to food and/or fluid has been made. Auditing of the records stored by the kitchen to be incorporated into the managers nutritional audit.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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