

Inspection Report

31 January 2022



Beverly Lodge

Type of service: Nursing Home
Address: 186a Bangor Road, Newtownards BT23 7PH
Telephone number: 028 9182 3573

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ashdon Care Ltd Responsible Individual: Mrs Lesley Catherine Megarity	Registered Manager: Mrs Joanne Roy Date registered: 29 August 2019
Person in charge at the time of inspection: Mrs Joanne Roy – registered manager	Number of registered places: 45
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 36
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides social care for up to 45 persons. Patient bedrooms are located over one floor. Patients have access to communal lounges, dining rooms and a patio garden area.	

2.0 Inspection summary

An unannounced inspection took place on 31 January 2022 from 10.50 am to 4.30 pm 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 this is discussed within the main body of the report and Section 7.0. Four of the areas for improvement identified at the previous care inspection were partially met and were stated for a second time.

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 Beverly Lodge was provided in a compassionate manner by staff who 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 and staff were asked for their opinion on the quality of the care and their experience of living or working in Beverly 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

Eight patients and eight staff were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

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.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Beverly Lodge was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 08 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Partially met
	Action taken as confirmed during the inspection There was evidence of some improvement against this area for improvement although some deficits were identified regarding the management of falls. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of PPE • staff knowledge and practice regarding hand hygiene. 	Partially met
	Action taken as confirmed during the inspection There was evidence of improvement against this area for improvement however some deficits remain. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 39.1 Stated: First time	The registered person shall ensure orientation and induction records are retained for all agency staff.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team and are updated to reflect the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 4.8 Stated: First time	The registered person shall ensure where risks with patients' safety whilst in bed are identified, a clear plan of care to manage this risk must be in place following completion of an appropriate risk assessment. Bedrails must not be deployed unless a robust risk assessment has been completed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Risk assessments must be completed and the care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Action taken as confirmed during the inspection: Examination of care records confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <p>Action taken as confirmed during the inspection There was evidence of some improvement against this area for improvement although some deficits in evaluation of care were noted. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control, wound care and care records.</p> <p>Action taken as confirmed during the inspection There was evidence of some improvement in the audits although some issues were identified regarding completion and effectiveness of some of the audits. This is discussed further in section 5.2.5. This area for improvement was partially met is stated for a second time.</p>	<p>Partially met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

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.

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. Some staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

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 met at the beginning of each shift to discuss any changes in the needs of the patients. Staff 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 were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who are less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly; accurate records were maintained.

Falls in the home were monitored monthly 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. Examination of two patients' care records regarding the management of falls indicated that at times nursing staff did not complete a full set of neurological observations post fall in keeping with best practice guidance nor did they consistently evaluate the status of the patient post fall. In addition, review of the specific falls risk assessments evidenced that these records were not always 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 identified at the previous care inspection is stated for a second time.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with staff confirmed that the correct procedures were followed if restrictive equipment was used.

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 residents' dining needs in a caring and compassionate manner while maintaining written records of what residents had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

It was pleasing to note the speech and language (SALT) department from the South Eastern Health and Social Care Trust had provided positive feedback to the manager following a recent visit to the home. SALT was delivering a safer eating, drinking and swallowing (SEDS) quality improvement programme and had recently monitored the mealtime experience in the home. However, one isolated incident was observed which posed a potential risk to patients' health and wellbeing. Patients were not appropriately supervised during lunch and food and fluid thickening agent was unsupervised allowing potential patient access. This incident was discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager who gave assurances that deployment of staff at mealtimes and storage of thickening agent would be reviewed. An area for improvement was identified.

Plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. Some patients spoken with said they would prefer to drink from a glass. This was discussed with the manager during the previous care inspection although no action was taken. The manager gave a further assurance that the mealtime experience would be reviewed with regards to the availability of glassware. This will be reviewed at a future care inspection.

Management of wound care was examined. Review of one patient's care records confirmed that wound assessments records were consistently completed after the patient's wound was redressed; however, evaluations by nursing staff did not detail the progress or otherwise of the wound or the status of the patient. This was discussed with the manager who gave assurances that this would be addressed with nursing staff and monitored through wound care audits.

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 patient's care records evidenced that their care plans had been developed within a timely manner to accurately reflect the patient's assessed needs.

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. Although some improvement was noted since the last care inspection, review of a sample of care records evidenced that some of the evaluations of care contained repetitive statements which were not sufficiently patient centred. An area for improvement identified at the previous care inspection is stated for a second time.

The management of weight loss and choking risk was examined. Review of one patient's records confirmed their care plan and/or risk assessment had not been updated to reflect changes in the patient's assessed needs. This had the potential to cause confusion in relation to the delivery of patient care. Details were discussed with the manager and an area for improvement was identified.

Deficits in record keeping with regard to personal care were identified. The manager agreed to review the system currently in use to ensure an accurate record is maintained. Staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. An area for improvement was identified.

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.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There was an adequate supply of PPE and hand sanitiser. 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 displayed at some PPE stations but not at others. This was discussed with the manager who agreed to have these put in place.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE. This was identified as an area for improvement at the last care inspection; this is stated for a second time.

Discussion with the manager confirmed there was no nurse leading on IPC procedures and compliance within the home. In order to drive improvement in this regard, 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. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed talking with each other, listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

There was evidence that some planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered; these included arts and crafts, reminiscence, ball games and reading. Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. Patients were seen to enjoy arts and crafts in the morning and reading in the afternoon with some of the staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff 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 Joanne Roy has been the Registered Manager in this home since 29 August 2019.

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 had improved since the last care inspection although some issues were identified regarding completion and effectiveness of audits relating to IPC practices, wound management and care records. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

Staff commented positively about the manager and the management team 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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA.

7.0 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) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	*4	*4

*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joanne Roy, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Further supervision sessions have been carried out with nurses and a more robust system implemented by the Home Manager for checking daily all falls to ensure that nurses have taken the appropriate action for all residents following a fall and that all such observations/actions are appropriately recorded in the residents' care record. This will be monitored closely through the audit system and by the management team in the Home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 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"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: A nurse has now been delegated as the Infection Prevention and Control link Nurse for the home and regular audits and observations of staff continue in the home to ensure staff are fully compliant in this area to minimise the risk and spread of infection. This will be monitored closely through the audit system and by the management team in the Home</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that staff deployment at mealtimes is reviewed to ensure appropriate supervision of patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff have had supervision sessions regarding this area to ensure appropriate supervision of residents at mealtimes. This will be monitored closely through the audit system and by the management team in the Home.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure that patients care plans and risk assessments are kept under review to reflect any change in their assessed care needs.</p> <p>This area for improvement is made with specific reference to the management of weight loss and choking risk.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans have been reviewed and updated according to the residents needs to reflect any change in their assessed care requirements. this will be monitored closely through the audit system and by the management team in the home.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Further supervisions with nurses have been carried out and actions taken to ensure daily evaluation records are meaningful and resident centred. The computerised system has also been updated to encourage more meaningful and person-centred recording. This will be closely monitored through the audit system and by the management team in the home.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control, wound care and care records.</p> <p>Ref: 5.1 and 5.2.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision sessions have been carried out with the nurses to ensure that personal care records are accurately maintained, this will be closely monitored by the management team in the home through the audit system.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.5</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures such as hand decontamination and use of personal protective equipment.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A registered nurse has been allocated to be the identified Infection, Prevention and Control Link Nurse and will be responsible for monitoring compliance such as hand decontamination and use of Personal Protective Equipment. this will be closely monitored by the management team in the home and audit system.</p>

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