

Inspection Report

8 February 2024



Beverly Lodge

Type of service: Nursing

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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: Miss Kerris Jack - not registered
Person in charge at the time of inspection: Miss Kerris Jack - 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: 43
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing 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 8 February 2024 from 9.10 am to 5.15 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.

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 members 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.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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 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 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 said, "I am happy here. The staff are taking good care of me", while another patient said, "I am getting well looked after. The girls do very good."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "The staff are wonderful and have taken the time to get to know my relative. The communication is very good", while another relative said, "They (the staff) are absolutely amazing, I couldn't praise them highly enough." A further relative said, "I am very happy with the care. The staff are fantastic."

Staff spoken with said that Beverly Lodge was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

5.0 The inspection

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

The last inspection to Beverly Lodge was undertaken on 10 November 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that not all pre-employment checks had been completed prior to each staff member commencing in post. This was discussed with the manager who provided assurances regarding oversight of recruitment files. An area for improvement was identified.

Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with 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 first aid, infection prevention and control (IPC) and fire safety.

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

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives 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 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 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 members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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 were generally well completed

A number of patients were on bed rest and were unable use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit to the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. Appropriate care plans should be implemented and records maintained. This will be reviewed at a future care inspection.

Management of wound care was examined. Care records confirmed that wound care was managed in keeping with best practice guidance.

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 records regarding the management of falls evidenced that these were managed in keeping with best practice guidance.

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 the manager and 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 spoke positively in relation to the quality of the meals provided.

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. Minor shortfalls in record keeping were discussed with the manager who agreed to monitor this through a care record audit.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

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 a selection of care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs. Patients' care records were held confidentially. Minor deficits in some care plans were highlighted to the manager who provided assurances that these would be addressed without delay.

Some patients required one to one care. Examination of care records evidenced bespoke care plans were not in place; those care plans reviewed lacked sufficient specific details of the one to one care required. Observations on the day of inspection evidenced that one staff member did not appropriately supervise an identified patient who was in receipt of one to one care. These concerns were discussed with the manager and areas for improvement were identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. Some of the daily evaluation of care records examined were seen to contain repetitive statements while some other entries had been made early in the day or night shift. This was discussed with the manager who agreed to monitor daily evaluations to ensure these entries were more person centred. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were clean and tidy. Some bedrooms did not have a full range of furniture available, such as a table top facility, arm chair and a lockable space. This was discussed with the manager who agreed to complete an audit of the bedrooms and to ensure appropriate furniture is provided for patients.

Some areas of the home required painting and decorating. This was discussed with the manager who confirmed this had been identified in their environmental audits. Following the inspection, the manager confirmed that these matters were due to be addressed and a copy of a refurbishment plan was also shared. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. Cleaning chemicals were found to be inappropriately stored and/or left on the domestic trolley unsupervised by staff on a number of occasions. In addition, denture cleaning tablets and razors were not securely stored. This was discussed with staff who took immediate action. An area for improvement was identified. Assurances were provided by the manager that further action would be taken to reduce risks to residents in the home.

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 8 September 2023; all actions identified by the fire risk assessor had been addressed in a timely manner.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of personal protective equipment (PPE) had been provided, although shortfalls in staff practice were noted. 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 others 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 for meals.

Patients were observed enjoying listening to music, singing and watching TV, while others enjoyed a visit from relatives.

There was evidence that planned activities were being delivered within the home. An activity planner displayed in the home was dementia friendly and included the date and weather. Visual prompts were displayed of upcoming activities such as arts and crafts, pamper time, reading, music therapy and a visit from Tom the music man. Plans were also in place to celebrate Valentine's day with patients. The activity therapists said they did a variety of one to one and group activities to ensure all patients availed of meaningful engagement with staff.

Relatives spoke very highly of the work that the activity therapists do within their relatives and commented on how much they value their commitment.

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.

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.

There has been a change in the management of the home since the last inspection; RQIA were notified appropriately. Miss Kerris Jack has been the manager since August 2023.

The staff and management were commended for winning recent awards. The home were named nursing home of the year for work with dementia patients in October 2023 at the Healthcare and Keyworker awards ceremony, while the manager was recognised at the “worker who made an impact” in December 2023 from Families First NI.

Review of records confirmed that systems were in place for staff appraisal. Systems were in place for staff supervision although not all staff had completed supervision. This was discussed with the manager who advised they had plans to develop a new matrix to monitor supervision and appraisal of all staff.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

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

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.

Review of a sample of audits and discussion with the manager confirmed that improvements were required regarding the auditing of care records and infection prevention and control practices. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. This will be reviewed at a future care inspection.

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. The reports of these visits were completed in detail. These are available 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.

	Regulations	Standards
Total number of Areas for Improvement	5	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Kerris Jack, 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 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2024</p>	<p>The registered person shall ensure that the appropriate pre-employment checks are made before making an offer of employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: We will ensure that all appropriate pre-employment checks are made before an individual commences work. Home Manager and Human Resources department will monitor compliance ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2024</p>	<p>The registered person shall ensure detailed and patient centred care plans are in place for those patients who require bespoke one to one care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This was rectified on the day following the inspection. This area will be closely monitored by the Home Manager and Deputy Manager.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2024</p>	<p>The registered person shall ensure that patients in receipt of one to one care are appropriately supervised at all times.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This was addressed on the day of the inspection. The one to one care was being provided by an agency and the agency provider was notified also. This area will be closely monitored by the Home Manager and Deputy Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2024</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>This was addressed on the day of the inspection. The member of staff involved was given supervision. This area will be closely monitored by the Home Manager and Deputy Manager</p>
	<p>The registered person shall ensure that 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: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following the inspection staff have undergone additional supervision sessions. Increased infection prevention and control PPE audits have been commenced to ensure satisfactory standards are embedded into practice. This area will be closely monitored by the Home Manager and Deputy Manager</p>

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