

# Inspection Report

8 July 2021



## Beverly Lodge

Type of service: Nursing (NH)  
Address: 186a Bangor Road, Newtownards, BT23 7PH  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ashdon Care Ltd  <b>Responsible Individual:</b> Mrs Lesley Catherine Megarity	<b>Registered Manager:</b> Mrs Joanne Roy  <b>Date registered:</b> 29 August 2019
<b>Person in charge at the time of inspection:</b> Mrs Joanne Roy – registered manager	<b>Number of registered places:</b> 45
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43
<b>Brief description of the accommodation/how the service operates:</b>  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 8 July 2021 from 9.15 am to 5.30 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.

New areas requiring improvement were identified in relation to management of falls, infection prevention and control practices, induction of agency staff and management of wounds. Further areas for improvement included bed rail risk assessment, planning and evaluation of care and audit arrangements.

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.

RQIA were assured that the delivery of care and service provided in Beverly Lodge was provided in a compassionate manner.

The findings of this report will provide the management team 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, staff and relatives 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 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**

We spoke with 12 patients, three relatives and nine staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of 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 said the home's management team were approachable 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 15 October 2020 & 19 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	<p>The registered person shall ensure that following completion of measures and remedial works to address the items listed on the fire risk assessment action plan, undertake a review of the fire risk assessment by the fire risk assessor to confirm that the risk in the premises is now 'tolerable'.</p>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	<p>The registered person shall ensure that patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.</p>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the organisation of the mealtime arrangements is reviewed so as:</p> <ul style="list-style-type: none"> <li>• Sufficient time is afforded to patients who require assistance with their meals</li> <li>• Patients who are not able to attend the dining room have their meals served appropriately on a tray and that meals are covered</li> <li>• The length of time patients wait for the serving of their meal is minimised.</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff adhere to the specific recommendations made by the Speech and Language Therapist and/or Dietician when assisting patients with their meals.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of staff recruitment and selection records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. However, review of induction records for agency staff confirmed that not all staff had an induction recorded. An area for improvement was identified. 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).

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. The majority of training during the COVID-19 pandemic had been completed electronically. Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about how to report concerns about patients' safety and/or poor practice.

Staff shared varied opinions about teamwork in the home although staff were observed working well together. The comments received were shared with the manager for their attention and action as required.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Patients spoke highly 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 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 records evidenced that they were maintained in a contemporaneous manner. Review of one identified patients care records confirmed wound assessments were not always completed after their wound was dressed. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) regarding management of the wound although the patients plan of care had not been updated to reflect their recommendations. Evaluation of care was not consistently recorded in keeping with best practice guidance and gaps in recording were noted. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. 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. 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.

However, review of the management of one fall evidenced appropriate actions were not consistently taken following the fall in keeping with best practice guidance. Examination of care records confirmed that registered nursing staff did not consistently record clinical and neurological observations after the fall and daily evaluation records did not comment on the patients neurological status. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Discussion with staff confirmed that they were knowledgeable regarding the use of such equipment. However, review of patients' records and observation of practice confirmed correct procedures were not consistently followed if restrictive equipment was used. One identified patient was seen to have bedrails deployed inappropriately; review of records confirmed a corresponding risk assessment had not been completed. This was discussed with the manager who addressed the deficit immediately. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff. 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. Plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. The Manager agreed to review the use of plastic tumblers to ensure patients who prefer to use glass are facilitated. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written record of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided. Patients' weights were monitored monthly or more often if required, for weight loss and/or weight gain.

Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. However, deficits were identified regarding the use of thickening agents. Staff were observed to modify fluids for multiple patients with thickening agent prescribed for one identified patient. This was discussed with the regional manager who advised of ongoing challenges regarding pharmacy arrangements. Assurances were given that this practice would be reviewed and cease.

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 care plans had not been developed in a timely manner, to guide the staff in the delivery of daily care needs. Care plans had not been developed within five days of admission to the home to accurately reflect the assessed needs of the patient. Examination of a second patient's care records confirmed a delay in completing a nutritional assessment and choking risk assessment. An area for improvement was identified.

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 any healthcare professional was also recorded. Whilst it was positive to see evidence of patient centred care plans, some of the evaluations of care contained repetitive nursing entries. 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. There were no malodours detected in the home.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The lounges and dining areas were arranged in such a way that patients could safely socially distance.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff 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 30 June 2021; the manager shared a copy of the report via email following the inspection and confirmed all recommendations were being addressed. Corridors and fire exits were clear of clutter and obstruction.

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) such as aprons, masks and/or gloves.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE; however they were not always displayed in the appropriate area. The manager agreed to review this. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. While the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. 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, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could go out outside when they wanted, remain in their bedroom or go to a communal room when they requested.

Patients were observed enjoying listening to music and watching TV. Other patients enjoyed a visit from relatives. Patients spoke positively about activities delivered in the home. One patient said "I like the music." Patients told us they liked looking at the flowers and bird feeders which were located outside.

A programme of activities was available for review. The activities listed included jigsaws, music time, gardening, art, movies and flower arranging. One to one activities were tailored to meet individual preferences such as hand and nail care.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff told us they assisted patients to make phone or video calls and facilitated window visits if required.



Visiting and Care Partner arrangements were in place with staff noting positive benefits to the physical and mental wellbeing of patients. The manager confirmed visiting champions were on duty every day to support patients with meaningful and safe visits.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day.

### **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 manager should enhance the current governance systems to ensure they are robust enough to identify the deficits identified in IPC practices, wound management and care records. An area for improvement was identified.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Review of records identified one complaint which was required to be retrospectively recorded. The manager agreed to address this immediately. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Discussion with the manager and staff confirmed that there were good working relationships between staff and management. Most staff commented positively about the management team and described them as supportive, approachable and always available for guidance. Some staff shared varied opinions about teamwork and the management team. The comments received were shared with the regional manager for their attention and action as required.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly 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. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other. Patients, staff and relatives did not express any concerns about the nursing care. Comments received regarding teamwork were discussed with the manager for action as required.

New areas requiring improvement were identified in relation to management of falls, infection prevention and control practices, induction of agency staff and management of wounds. Further areas for improvement included bed rail risk assessment, planning and evaluation of care and audit arrangements.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	6

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

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	<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: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>          Further supervision sessions have been completed with the nurses regarding the importance of clinical/neurological observations being carried out for all residents, as appropriate, following a fall. This will be monitored closely by the Home Manager and senior team through the auditing process.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	<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>          Additional observations and discussions with all staff will continue to be carried out in regard to donning and doffing, appropriate use of Personal Protective Equipment and staff knowledge. This will be monitored closely by the Home Manager and senior team through the auditing process.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39.1  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	<p>The registered person shall ensure orientation and induction records are retained for all agency staff.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>          The system in place has been reviewed and updated to ensure the orientation and induction records are retained for all agency staff. This will be monitored closely by the Home Manager and senior team through the auditing process.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Further supervisions with the nurses have been carried out in relation to all documentation required for wound management, to reflect recommendations of the multidisciplinary team and updated to reflect the needs of the resident. This will be monitored closely by the Home Manager and senior team through the auditing process.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Further supervision sessions have been carried out with the nurses to ensure appropriate risk assessments are in place before any bedrail is deployed. This will be monitored closely by the Home Manager and senior team through the auditing process.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</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>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Further supervision sessions have been carried out with the nurses, a new system is now in place to monitor and audit all assessments and referral information to ensure they are in place within 24 hours of admission. This will be monitored closely by the Home Manager and senior team through the auditing process.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p><b>Response by registered person detailing the actions taken:</b> Further supervision sessions have been completed with the nurses to highlight the importance of person centred and meaningful daily evaluations. This will be monitored closely by the Home Manager and senior team through the auditing process.</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: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> The auditing system has been reviewed and updated to ensure compliance with best practice on infection, prevention and control, wound care and care audits. This will be monitored closely by the Home Manager and senior team through the auditing process.</p>

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