

# Inspection Report

**Name of Service:** Beverly Lodge

**Provider:** Ashdon Care Ltd

**Date of Inspection:** 17 September 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Ashdon Care Ltd
<b>Responsible Individual:</b>	Mrs Lesley Catherine Megarity
<b>Registered Manager:</b>	Miss Kerris Cintra Jack
<b>Service Profile:</b> This is a registered Nursing Home which provides care for patients living with dementia. The home can occupy up to 45 patients. Patient bedrooms are located over one floor. Patients have access to a range of communal areas, including lounges, dining rooms and a patio garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 September 2024, from 9.30 am to 5 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While the inspection found that compassionate care was delivered to patients, improvements were required to ensure the effectiveness and oversight of care delivery and the safety of patients.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. One previously identified area for improvement was assessed as not met and was stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

### 3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### 3.2 What people told us about the service

Due to the nature of dementia, some patients were unable to fully express their views about the home. However, these patients looked comfortable in their surroundings and during interactions with staff.

Patients spoken with said that living in Beverly Lodge was a positive experience. Patients described staff as "very good", and told us that staff had a good understanding of their needs and would often pre-empt patients' needs. For example, one patient told us, "they (staff) think of the things before you think of it."

Patients said that the food was good and that they enjoyed the lunch. One patient told us that there was plenty of drinks and snacks available, but also said that the quality of meat served with the main meals could be better. This comment was shared with the management team for their consideration and action where required.

Patients said that there was an activities programme on offer and confirmed that they could pick and choose what events to take part in. One patient said that they liked to "keep busy" and confirmed that they had an active day.

Relatives told us that they were happy with the care and services provided in the home. Relatives described the care delivery as "very good", and told us that staff were knowledgeable about patient needs, "all staff know all the residents." Relatives said that staff were "friendly" and "treat everyone with respect."

Relatives confirmed that visiting arrangements were working well and that they could also take their loved ones out of the home for family activities, such as attending church services together.

Relatives told us that they were kept informed about their loved one's needs and care and that they knew how to raise concerns or complaints.

Staff told us that they were happy working in the home and that they were satisfied with the staffing arrangements and the management of the home.

RQIA did not receive any patient/relative questionnaires following the inspection, and no staff surveys were returned.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training, registration with professional bodies and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

The staff duty rota accurately reflected the staff working in the home each day.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, one patient who liked to walk a lot but required a level of support to achieve this, was supported by staff.

It was noted that staff were always visible around the home and responded to requests for assistance in a timely manner. Staff told us that they were "very happy" with the staffing levels and skill mix, and described good teamwork.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, staff demonstrated patience and respect towards a patient who displayed repetitive questioning. Staff provided this patient with a response and reassurance each time.

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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, increase staff supervision and support with mobility, the use of mobility aids such as zimmer frames, placing beds in a low position, or specialist equipment such as alarm mats and bed rails. There was evidence of decision making discussions with patients' Trust key workers and next of kin, where appropriate.

At times some patients may require the use of equipment that could be considered restrictive and patients were living in a unit that was secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Staff were seen to use moving and handling equipment such as hoists correctly. However, it was observed that staff did not always communicate with patients during moving and handling manoeuvres. This was discussed with the management team, who acknowledged that some staff had language challenges and informed us that the provider was working with staff to improve this important aspect of care delivery. This will be reviewed at a future inspection.

The serving of lunch was observed. Menus displayed in word and picture formats showed at least two choices at each mealtime. Staff were seen to assist patients to make choices and to offer a range of drinks. Staff practiced safe food handling; wore personal protective equipment (PPE) and kept meals covered until patients were ready to eat.

It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet.

Oral care plays an important part in patients', nutrition, general health, and dignity. Shortfalls were identified in relation to the consistent provision of oral care to some patients. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, arts and crafts before lunch, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others. For example, while there was an activities programme on display, it was noted that there was flexibility in these arrangements and the activities coordinator was able to rearrange bespoke activities as per patient choice.

One patient told us that they enjoyed some activities and not others, but that they could pick and choose what to attend. The activities coordinator was familiar with individual patients' likes and dislikes.

During the course of the day patients were seen to participate in autumnal painting, playing games, reading independently, watching television or listening to music, and availing of hand and nail pampering.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on a noticeboard advising of future events such as games, musical entertainment, or religious services.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Discussion with agency staff confirmed that they were familiar with the care needs of those patients that they were assigned to work with, and had access to relevant care records.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Patients' Environment Control

Communal areas of the home were generally clean, warm, and well lit. Some furniture in communal lounges was found to be not thoroughly cleaned. For example, food debris was found under some seat cushions. Some patient bedrooms were not clean, despite having been attended to by domestic staff that morning. An area for improvement was identified.

Patient bedrooms were personalised with items of importance or interest to the patient. A number of curtains in patients' bedrooms were falling down. This was brought to the attention of the management team to address.

Some patients' personal care and toiletry items were not stored appropriately. For example, toothbrushes stored touching other items, and toiletries stored in dirty cupboards. Further poor infection prevention and control practices were identified. For example, clean towels left in tops on bins, and clean lined stored on the floor of the linen store. An area for improvement was identified.

Denture cleaning tablets and razors were not securely stored which had the potential to impact on the health and safety of patients; this storage issue was identified as an area for improvement at the previous inspection and is now stated for a second time.

There were homely touches throughout the home, such as plants, flowers, ornaments, pictures, and reading materials.

Corridors were wide, well lit, and free from clutter. Most fire doors were free from obstruction, however, it was noted at one fire exit that a large plant was slightly obscuring the keypad and the fire extinguisher box. This was brought to the attention of the deputy manager and immediate action was taken to move the plant.

Fire safety records evidenced that staff were trained in fire safety and took part in fire drill practice. Records were well maintained.

The most recent fire risk assessment was undertaken on 8 September 2023. Six recommendations were made at the time by the assessor. Records evidenced that one recommendation which the risk assessor advised to be actioned within two months from the date of the assessment, had not been addressed by the provider. An area for improvement was identified.

Staff were observed not washing their hands correctly or at appropriate times and to use personal PPE inappropriately. Review of records confirmed that hand hygiene audits were carried out routinely.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Kerris Jack has been the manager since August 2023 and was registered with RQIA on 1 July 2024.

Staff knew who was in charge of the home at any given time and spoke positively about the manager and wider management team. Staff said, “they are very good...they have worked on the floor and understand the challenges”, “very approachable and listens to us”, “we are supported by the senior team.”

Relatives knew who the manager was and said that they knew how to raise any concerns or complaints.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

A record of compliments received about the home was maintained and shared with staff. One compliment from a relative said “...(redacted) was happy there...the end of life care was second to none.”

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	1

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Nicola Harvey, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 September 2024	<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: 2.0 and 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Immediately following the inspection, staff ensured residents personal items were stored safely in the lockable cupboard within their bedrooms. Supervision sessions have been held with staff to ensure they are aware of the importance of locking residents personal belongings, such as their razors and liquid soaps to reduce risk of harm. This will be closely monitored by the Home Manager and the management team.</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 September 2024	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Supervision sessions and additional training has been provided for the domestic staff to increase awareness of the importance of high standards of cleanliness within the home. Walkabouts of the home are carried out more frequently and recorded. This will be closely monitored by Home Manager and the management team.</p>



<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 September 2024</p>	<p>The registered person shall ensure that patient items such as toiletries, towels and linen are stored appropriately and in line with infection prevention and control (IPC) best practice.</p> <p>Ref: 3.3.4</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 September 2024</p>	<p>The registered person shall ensure that recommendations made by the fire risk assessor are addressed within the required timeframe.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The storage of linen and towels is now in compliance with IPC best practice. Supervision Sessions have been had with the staff to ensure they are aware of correct IPC practices. This will be monitored closely by the Home Manager and the management team.</p> <p><b>Response by registered person detailing the actions taken:</b> A recent fire risk assessment carried out 31.10.24 identified all areas were addressed accordingly. Any further actions identified from this recent Fire Risk Assessment will be carried out within the required timeframe. This will be monitored by the Home Manager.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 September 2024</p>	<p>The registered person shall ensure that oral care is consistently provided in accordance with individual assessed need. Any variations from the prescribed care should be documented in the patient's care records, along with the rationale for the variation.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Residents care plans have been reviewed to ensure that oral care is provided in accordance with the individual assessed need of the residents and any variations from their prescribed care is documented in their care records with a rationale for the variation. This will be closely monitored by the Home Manager and management team.</p>

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



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