



# Unannounced Follow Up Care Inspection Report 19 September 2018



## Beverly Lodge

**Type of Service: Nursing Home (NH)**  
**Address: 186a Bangor Road, Newtownards, BT23 7PH**  
**Tel No: 028 9182 3573**  
**Inspectors: Kieran McCormick & Jean Gilmour**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 45 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ashdon Care Ltd  <b>Responsible Individual(s):</b> James Edward Russel Cole	<b>Registered Manager:</b> Janet Davison
<b>Person in charge at the time of inspection:</b> Janet Davison – Registered Manager	<b>Date manager registered:</b> 22 April 2010
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of registered places:</b> 45

### 4.0 Inspection summary

An unannounced inspection took place on 19 September 2018 from 11.05 to 14.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last inspection on the 15 June 2018.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	*1

\*The total number of areas for improvement include two which has been restated for a second time and which has been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Janet Davison, registered manager and Emma Kerrigan, deputy manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 15 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 June 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspectors met with four patients, two patients' relatives/representatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspectors provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 16 September 2018
- evidence of completed fire safety training
- two patient care records
- two patient supplementary care records
- a selection of governance audits
- complaint records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 June 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 15 June 2018

Areas for improvement from the last care inspection		
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 13 (7) <b>Stated:</b> First time	The registered provider should ensure that there is an established system to ensure compliance with best practice in infection prevention and control measures in the home. This includes ensuring that there is no inappropriate storage of equipment in the sluice rooms and that the IPC concerns identified in this report are urgently addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspectors noted throughout the home a significant improvement with the cleanliness of the environment and adherence to best practice infection control guidance.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that patients' prescribed medicines and items are safely, securely and appropriately stored at all times in accordance with legislative requirements and professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Prescribed medicines were observed to have been securely and appropriately stored.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 19 (b) <b>Stated:</b> First time	The registered person shall ensure that confidential patient records/information and mail are maintained in accordance with best practice guidance and legislative requirements.	

	<p><b>Action taken as confirmed during the inspection:</b> Confidential patient records/information and mail were observed to have been securely and appropriately stored.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the individual frequency of repositioning is accurately recorded within the patient's care plan and that the prescribed frequency of repositioning is adhered to and contemporaneously recorded at all times.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Repositioning records reviewed were completed in accordance with the individual patient's plan of care.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that patient supplementary care records are maintained on an individual basis and that they are consistently signed, contemporaneous and provide specific instruction to staff regarding patients' individual needs.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Supplementary care records reviewed were not individualised and continued to demonstrate a collated and communal recording system in place. This was discussed with the registered manager who assured that this would be addressed with the introduction of the electronic recording system.</p> <p><b>This area for improvement has not been met and will be stated for a second time.</b></p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Third and final time</p>	<p>The registered provider should ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Observation of the dining experience demonstrated an improved system in place that was based upon individual patient preferences. Staff were attentive, discreet and responsive to individual patient need in keeping with best practice guidance. Patients appeared to have positively enjoyed their meal time experience.</p>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered provider should ensure that the monthly review of the professional registration status of all staff includes all details of individual staff members' registration information.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced a robust system in place for the monitoring and review of the professional registration status of all staff.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 48 <b>Stated:</b> First time	The registered person shall ensure that fire safety training is provided to all staff in accordance with legislative requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Training records reviewed provided an assurance regarding the provision and compliance with fire safety training.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that net pants, stockings, socks and tights are provided for each patient's individual use and not used communally.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspectors did not observe any evidence of the communal use of clothing items during the inspection.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that existing auditing arrangements are further developed to ensure the completion of an action plan, where relevant, post audit and subsequently followed up at the next audit.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspectors reviewed a selection of governance audits that were in place. However completed audits did not consistently include a timescale for completing identified actions, a date of completion and by whom the action had been completed by.  <b>This area for improvement has not been met and will be stated for a second time.</b>	

### 6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 15 June 2018. It was positive to note that eight of the ten areas for improvement were assessed as having been met.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The home was fresh smelling and tidy throughout. The cleanliness of the environment and adherence to infection prevention control practices was noted to have improved since the last inspection. The inspectors noted that patients prescribed medications and personal records were stored in accordance with regulatory requirements. Inspectors were also reassured to have found no evidence that specific clothing items were being shared communally.

The inspectors reviewed records for the provision of fire training and noted an improved compliance with evidence of further training planned.

The inspectors reviewed the care records for two patients within the home. In the case of both records the inspectors noted that the repositioning of patients was in keeping with their individual plan of care.

The inspectors noted from the review of supplementary care records that a collated and communal recording system was still in use. This was discussed with the registered manager who advised that this would be resolved with the introduction of the electronic recording system; an area for improvement has been stated for a second time.

Observation of the lunchtime experience provided assurances that a review of the meal time experience had been completed to consider the individual preferences and needs of patients. Staff were observed to be attentively and discreetly attending to individual patient's needs, staff spoke passionately about caring for the patients in Beverly Lodge and clearly demonstrated knowledge of patients individual likes and dislikes.

The registered manager had developed a robust system to oversee and provide assurances regarding the professional registration status of all staff. The home had an established programme of auditing in place however completed audits did not consistently include a timescale for completing identified actions, a date of completion and by whom the action had been completed by, this was discussed with the registered manager and an area for improvement has been stated for a second time.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, staffing, completion of mandatory training, the mealtime experience and delivery of care in accordance with individual patient's plan of care.

#### Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 7.0 Quality improvement plan

Areas for improvement detailed in the QIP include two areas for improvement which have been restated for a second time and which have been carried forward for review at the next care inspection.

Details of the QIP were discussed with Janet Davison, registered manager and Emma Kerrigan, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 DHSSPS Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<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 16  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that patient supplementary care records are maintained on an individual basis and that they are consistently signed, contemporaneous and provide specific instruction to staff regarding patients' individual needs.</p> <p><b>Ref: Section 6.2 &amp; 6.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The nursing and supplementary care records are currently in the process of being transferred to a computerised system. Records will be; maintained on an individual basis, consistently signed, contemporaneous and provide specific instructions to staff.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that existing auditing arrangements are further developed to ensure the completion of an action plan, where relevant, post audit and subsequently followed up at the next audit.</p> <p><b>Ref: Section 6.2 &amp; 6.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Audits developed further to ensure the completion of an action plan, and if relevant, a follow up at the next audit.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

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