Beverly Lodge
RQIA ID: 1062
186a Bangor Road
Newtownards
BT23 7PH

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Unannounced Care Inspection
of
Beverly Lodge

26 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 26 January 2016 from 10.00 to 16.00. The inspector was accompanied during the inspection by a lay assessor Anjte Otto from 10.00 to 16.00 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support
Standard 6: Privacy, Dignity and Personal Care
Standard 21: Heath care
Standard 39: Staff Training and Development

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 1 July 2015

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4*

*The total number of recommendations includes one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Janet Davison, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ashdon Care James Cole	**Registered Manager:** Janet Davison
Person in Charge of the Home at the Time of Inspection: Janet Davison	**Date Manager Registered:** 22 April 2010
Categories of Care: NH-DE	**Number of Registered Places:** 45
Number of Patients Accommodated on Day of Inspection: 44	**Weekly Tariff at Time of Inspection:** £618 - £633 per week

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: **Individualised Care and Support, criterion 8**
Standard 6: **Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8and 15**
Standard 21: **Heath Care, criteria 6, 7 and 11**
Standard 39: **Staff Training and Development, criterion 4**

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with staff on duty during the inspection
- review of care records
- observation during a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- inspection report and quality improvement plan (QIP) from the previous care inspection on 1 July 2015
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005

During the inspection, the inspector met with approximately 15 patients, two care staff, ancillary staff and two registered nurses.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection focus
- staffing arrangements
- three patient care records
- staff training records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 29 September 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 1 July 2015

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 32.1 **Stated:** First time	A system should be implemented whereby the registered manager can verify staff have read and have knowledge of policy documentation and best practice guidance in respect of communicating effectively and palliative and end of life care.	**Met**
	Action taken as confirmed during the inspection: The registered manager had implemented a system whereby staff signed and dated a record to confirm they had read the policy documentation in respect of communicating effectively and palliative and end of life care.	
Recommendation 1 **Ref:** Standard 18.6 **Stated:** First time	Care documentation should clearly identify the rational for the use of any restrictive practice. Risk assessments should identify why the particular restrictive practice is assessed as required.	**Partially Met**
	Action taken as confirmed during the inspection: The review of three patient care records did not clearly evidence the involvement of the multidisciplinary team in respect of specialised seating.	

Recommendation 1 **Ref:** Standard 43.2 **Stated:** First time	An action plan, in accordance with the findings of the completed dementia audit, should be developed and actioned. Particular attention should be given to the lounge and dining areas of the home.	**Met**
	Action taken as confirmed during the inspection: The observation of the environment confirmed that the registered persons had been actively enhancing the environment in accordance with best practice dementia guidelines. The registered manager stated that the enhancement of the home will continue with the focus being the lounge areas.	

5.3 Continence Management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

A resource file on the management of continence/incontinence had been developed and was available for staff. The file included regional and national guidelines for the management of urinary catheters), constipation (RCN and NICE) and improving continence care (RCN)

Discussion with staff and the registered manager confirmed that training relating to the management of the urinary and bowel incontinence had been completed by 23 staff on 19 January 2016 and further training had been scheduled for those staff that were unable to attend on 19 January 2016. The registered manager also informed the inspector that there was support, and training opportunities from the local health and social care trust, if staff required an update in their training of catheterisation and/or the management of stomas.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Effective? (Quality of Management)

Review of three patients' care records did not evidence that a specific continence assessment was in place. Continence information was detailed in the patient's overall assessment of need. A care plan was in place to direct the care to meet the needs of the patients. This was discussed with the registered manager who agreed to commence the use of an assessment which identified patients' individual continence needs. A recommendation has been made. Care plans reviewed identified the specific type of continence aid required by patients.

There was evidence in the patients' care records that the assessment and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Care plans referred to patients normal bowel patterns and care staff maintained a record using the Bristol Stool chart of bowel movements. However, there was no evidence in patients progress records that nursing staff were monitoring and evaluating patients' bowel function. A recommendation has been made.

Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. Registered nurses (RNs) spoken with were knowledgeable regarding the management of urinary catheters and the rationale for the use of urinary catheters. Urinary catheters were only inserted on the instructions of the patient's GP or consultant. Registered nurses are currently updating their competency based skills in relation to catheter care.

Care plans relating to the management of urinary catheters did contain information regarding the frequency of changing the catheter in accordance with the type and evidenced based practice and that 'catheter care' was to be provided.

Review of patient's care records evidenced that patients and/or their representatives were consulted/informed of regarding care. However, 'care plan agreements' were signed and dated in 2014. Patients and/or their representatives should be informed of changes to patient need and/or condition and the action taken on a more regular basis. This was discussed with the registered manager who agreed the process for evidencing patient/representative involvement would be reviewed to ensure the information is accurate and up to date. A recommendation has been made.

Is Care Compassionate? (Quality of Care)

Discussion with the registered manager confirmed where patients, or their families, have a personal preference for the gender of the staff providing intimate care their wishes would be respected, as far as possible. Arrangements were in place for the deployment of staff, if required, to ensure that patients' wishes were adhered to.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff.

Areas for Improvement

It is recommended an up to date specific continence assessment is present in patients' care records.

It is recommended that registered nurses evidence in care records that they are monitoring patients' bowel function.

It is recommended management implement a system to evidence patients and/or their representatives have been consulted and updated regarding the planning of care on a more regular basis.

Number of Requirements:	**0**	**Number of Recommendations**:	**3**

5.3 Additional Areas Examined

5.3.1. Restrictive Practice

A number of specialised chairs were observed to be in use, including kirton chairs. Care records did not evidence in all cases, that the relevant health professional i.e. occupational therapist or the multidisciplinary team had been consulted regarding the use of specialised seating. Some patients were also observed to be in a 'tilted' position whilst sitting. This was discussed with the registered manager who stated the seating arrangements were to afford patients comfort. The use of specialised seating or chairs which are tilted should be following consultation with the multidisciplinary team and care planned in accordance with best practice guidance on the use of a restrictive practice. A recommendation has been stated for the second time regarding restrictive practice.

5.3.2 Lay Assessor's Comments

The inspector was accompanied by a lay assessor. The lay assessor spoke with patients, relatives and staff throughout all areas of the home. All comments made during feedback were very positive regarding the overall environment of the home and the care provided. The lay assessor also commented that the home appeared to provide a safe environment; there were no issues of concern identified during the inspection. Furthermore staff were friendly and responsive to the needs of the patients. Staff appeared motivated and enjoyed the work environment.

Areas for Improvement

It is recommended the advice of the multidisciplinary team is sought where equipment is used which may be perceived to contribute to a restrictive practice.

Number of Requirements:	**0**	**Number of Recommendations:**	**1***

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Davison, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref:** Standard 18.6 and 18.8 **Stated:** Second time **To be Completed by:** 16 March 2016	Care documentation should clearly identify the rational for the use of any restrictive practice. Risk assessments should identify why the particular restrictive practice is assessed as required. **Ref: Section 5.3.1** **Response by Registered Person(s) Detailing the Actions Taken:** Care records and risk assessments updated to identify the rationale and the reason for the use of restrictive practice.
Recommendation 2 **Ref:** Standard 21.6 **Stated:** First time **To be Completed by:** 16 March 2016	The registered person shall ensure a specific continence assessment has been completed for patients where a care plan for elimination needs has been written. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** Continence assessments completed for all residents where a care plan for elimination has been recorded
Recommendation 3 **Ref:** Standard 4.9 **Stated:** First time **To be Completed by:** 16 March 2016	The registered person shall ensure registered nurses evidence the monitoring of patients bowel function in care records. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** Nurses routinely to review bowel function for all residents and document action taken

Recommendation 4 **Ref:** Standard 4.5 **Stated:** First time **To be Completed by:** 30 April 2016	The registered person shall ensure a system is implemented to evidence patients and/or their representative have been consulted regarding the planning of care and informed of any changes to the care plan. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Residents and/or their representatives currently being updated annually to unchanged care plans and routinely on any changes to the care plan.

Registered Manager Completing QIP	Janet Davison	**Date Completed**	23/03/16
Registered Person Approving QIP	James Cole	**Date Approved**	23/03/16
RQIA Inspector Assessing Response	Heather Sleator	**Date Approved**	30/03/16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address