



Unannounced Follow Up Care Inspection Report 29 October 2019



Beverly Lodge

Type of Service: Nursing Home
Address: 186a Bangor Road, Newtownards, BT23 7PH
Tel No: 028 9182 3573
Inspector: Dermot Walsh

www.rqia.org.uk

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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 DHSSPS Care Standards for Nursing Homes. 2015.

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

Organisation/Registered Provider: Ashdon Care Ltd Responsible Individual: Mrs Lesley Catherine Megarity	Registered Manager and date registered: Joanne Roy 29 August 2019
Person in charge at the time of inspection: Joanne Roy	Number of registered places: 45 The home is also approved to provide care on a day basis to 2 persons.
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 37

4.0 Inspection summary

An unannounced inspection took place on 29 October 2019 from 09.15 to 12.15 hours.

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 DHSSPS Care Standards for Nursing Homes 2015.

RQIA received information from an anonymous source who had concerns with Beverly Lodge nursing home in relation to staffing arrangements, the environment and governance.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing arrangements including deployment
- the environment
- complaints
- governance.

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
Total number of areas for improvement	*2	*2

*The total number of areas for improvement includes four which will be 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 Joanne Roy, registered manger and Heather Murray, group quality and development 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 dated 10 January 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- complaints records
- infection prevention and control audits.

Areas for improvement identified at the last care and medicines management inspections were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the registered manager and the group quality and development manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 Stated: Second time	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.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second 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.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that antibiotics are administered in strict accordance with the prescriber's instructions.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that handwritten personal medication records and medicine administration records are routinely signed by two staff.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

Staffing arrangements

The manager confirmed that staffing levels and skill mix was determined through monitoring of patient dependency levels. Patient dependency levels in the home had recently lowered due to eight vacant beds; however, the staffing levels had remained unchanged. The manager confirmed that there had been a recent senior management agreement, following a review of the staffing arrangements, to increase nursing, care assistant, activity and domestic hours. The manager also confirmed that they were already actively recruiting for these additional staff.

Three staff consulted confirmed that they felt the home was 'busy' and that they were 'kept going' continuously throughout the day, though, staff also stated that they felt patients' needs were met. Staff confirmed that they would prefer if care assistant hours were not reduced in the evening time. This was discussed with the manager who confirmed that a staff meeting had been arranged for nursing staff and a separate meeting for care staff would be arranged to discuss staffing arrangements and the planned increase of hours. Staff spoke positively in relation to teamwork in the home.

Patients were well presented and three patients consulted spoke positively in relation to the care in the home. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Call bells had been responded to promptly. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors.

The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. An action plan detailing refurbishment was submitted to RQIA following the inspection detailing improvement plans for the nursing home. It was evident on arrival to the home that refurbishment had commenced and was in progress. Plans included redecoration, replacement of flooring in communal areas and identified bedrooms and new furnishings. A 'viewing room' had been completed which had been refurbished and offered an opportunity to review the standard expected of bedrooms in the home.

There had been a recent infectious outbreak in the home. RQIA and relevant authorities had been notified of the outbreak. Identified areas in relation to compliance with best practice on infection prevention and control (IPC) were managed during the inspection. There were no malodours detected in the home. The manager confirmed that staff had received IPC training electronically and that additional face to face IPC training had been scheduled to commence week commencing 4 November 2019 for all staff to attend. IPC audits were conducted monthly and spot checks were conducted to ensure proper hand hygiene and that staff were using personal protective equipment (PPE) appropriately. The manager confirmed that new dani centres to hold PPE and new dispensing pumps for hand gels had been ordered to replace existing ones.

Complaints

We reviewed the complaints book. There had been no recent recorded complaints in the home for the month of September 2019. The manager confirmed that a number of issues had been raised during a relatives meeting on 16 October 2019 and that they had planned to meet the identified relatives in a one to one capacity to discuss their concerns. The manager also confirmed that any areas of dissatisfaction would be recorded and managed through the home's complaints process.

Governance

Since the last care inspection, Ashdon Care Ltd commenced operational management of the home. The group quality and development manager confirmed that they would be conducting the monthly monitoring visits to the home. The monthly monitoring report for September 2019 was submitted to RQIA following the inspection. The report included an action plan and a review of the previous month's action plan. Areas reviewed during the visit included consultation with patients and staff, staffing, review of quality improvements, notifiable events and governance record keeping.

Quality monitoring audits were conducted including accidents, complaints, deaths, bedrails, dining, first aid, housekeeping, medication management and patients' weights. The manager confirmed that new auditing documentation was gradually being introduced into the home. We discussed the auditing process to ensure the use of action plans when addressing identified shortfalls and evidencing the review of action plans to ensure completion.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Roy, registered manger and Heather Murray, group quality and development 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 nursing 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 Stated: Second time To be completed by: Immediate action required	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. Ref: 6.1 Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 9 February 2019	The registered person shall ensure that antibiotics are administered in strict accordance with the prescriber's instructions. Ref: 6.1 Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: Immediate action required	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. Ref: 6.1 Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: 9 February 2019	The registered person shall ensure that handwritten personal medication records and medicine administration records are routinely signed by two staff. Ref: 6.1 Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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



The Regulation and
Quality Improvement
Authority

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
Web www.rqia.org.uk
📍 @RQIANews

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