

# Unannounced Care Inspection Report 4 August 2020



## Edgewater Lodge

**Type of Service: Nursing Home (NH)**  
**Address: Copeland, Orlock and Lighthouse Suites,  
4 Sunnydale Avenue, Donaghadee, BT21 0LE**  
**Tel No: 028 91 888 044**  
**Inspector: Linda Parkes**

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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 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 58 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Electus Healthcare 1 Limited</p> <p><b>Responsible Individual:</b> Alana Irvine</p>	<p><b>Registered Manager and date registered:</b> Leeanna Bonar – registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Leeanna Bonar</p>	<p><b>Number of registered places:</b> 58</p> <p>A maximum of 20 patients in categories NH-I, NH-PH/PH(E), NH-TI accommodated in the Copeland Suite, a maximum of 38 patients in category NH-DE; 21 accommodated in the Orlock Suite and 17 accommodated in the Lighthouse Suite.</p>
<p><b>Categories of Care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49</p>

### 4.0 Inspection summary

An unannounced inspection took place on 4 August 2020 from 10.00 to 17.20 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- The environment/Infection Prevention and Control
- Staffing and care delivery
- Patients' records
- Governance and management.

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	*3

\*The total number of areas for improvement includes two under standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Alana Irvine, responsible individual, Lorraine Kirkpatrick, regional manager, Leeanna Bonar, manager and Karen Nicholson, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with one patient individually, small groups of patients in the dining rooms and lounges and eight staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Tell us' cards which were 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.

The following records were examined during the inspection:

- duty rotas from 27 July to 9 August 2020
- statement of purpose
- patient user guide
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)

- complaints and compliments records
- incident and accident records
- activity planner
- care records and supplementary care records.

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 manager and senior management team at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 36  <b>Stated:</b> First time	The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the management team and review of the environment evidenced that there was limited access in the sluice room of two units of the home, due to inappropriate storage of equipment restricting staff access to the facilities. A hoist with sling was noted to be stored in a bathroom.	
This area for improvement has not been met and has been stated for a second time.		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patient charts including repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.</p>	<p style="text-align: center;"><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the management team and review of a patient repositioning chart from 1 to 4 August 2020 evidenced gaps in the recording of care. The responsible person advised that care had been delivered and that the importance of accurate recording of patient care delivery would be discussed with staff.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the management team and review of the daily menu in each unit evidenced that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location, in each unit in order that residents know what is scheduled.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the management team and review of the activity programme displayed in each unit evidenced that the programme of activities is displayed in a suitable format to reflect that arrangements are in place to meet patients' social, religious and spiritual needs within the home.</p>		

## 6.2 Inspection findings

### 6.2.1 The environment/Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. The responsible individual advised that a refurbishment programme of the home has been planned and that redecoration of the reception area had commenced.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

Pull cords in bathrooms throughout the home were seen to have covers that could be easily cleaned. It was noted in a recently refurbished bathroom in Orlock Suite that pull cords were uncovered. This was discussed with the nursing sister in charge of the unit who advised she would address the matter. Correspondence from the manager to RQIA on 18 August 2020 confirmed that covers were now in place.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### 6.2.2 Staffing and care delivery

A review of the staff duty rota from 27 July to 9 August 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. The manager advised that she has commenced a 'surgery' each Tuesday and Thursday from 14.00 to 16.00 hours so that staff can meet with her if there is anything they wish to discuss.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Patients were seen to be well presented. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

The activity therapist was observed to facilitate visits with use of a transparent screen, in order to keep patients and their visitors safe by adhering to government guidelines regarding social distancing during the current COVID-19 pandemic.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Edgewater Lodge. We also sought the opinion of patients and their representatives on staffing via questionnaires.

One relative questionnaire was returned within the timescale specified and included the following comment:

“My relative’s care is second to none. My grandfather loves his home, staff and other residents.”

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The regional manager is identified as the adult safeguarding champion for the home.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you for everything you’re already done for Dad. The contact so far has been overwhelmingly positive and reassuring that Dad is being well cared for.”

### **6.2.3 Patients’ records**

Review of one patient’s care records evidenced that care plans regarding nutrition, weight and continence were clearly documented and well maintained, in order to direct staff to the care required and reflected the assessed needs of the patient.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, bedrails and alarm mats. Care plans were in place for the management of alarm mats.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

On inspection of Copeland Suite, it was observed that a cupboard containing patient records and information was unlocked and easily accessed. This was discussed with the management team and an area for improvement under the standards was identified.

It was also noted on one occasion that the treatment room was unlocked and unsupervised by nursing staff. This was discussed with the management team and the registered nurse on duty and an area for improvement was identified under regulation.



#### **6.2.4 Governance and management**

Since the last care inspection, Edgewater Lodge has been acquired by Electus Healthcare 1 Limited and a new manager has been appointed. RQIA were notified appropriately of these changes.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The Statement of Purpose and Patient's User Guide for the service was reviewed. Both were informative regarding the aim, objectives and the facilities and services offered within the nursing home. A copy of the Statement of Purpose and Patient's User Guide was supplied to RQIA on 26 June 2020 in accordance with regulation.

A review of records confirmed that a process was in place to monitor the registration status of nurses with the Nursing and Midwifery Council and care staff registration with the Northern Ireland Social Care Council.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding wounds, the use of bedrails, infection prevention and control practices including hand hygiene, the environment, housekeeping and the patients' dining experience.

We reviewed accidents/incidents records from 24 January to 10 July 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records from 24 June to 28 July 2020 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

#### **Areas of good practice**

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment, the environment and the personalisation of the patients' bedrooms. Good practice was also found regarding adult safeguarding, risk management, management of accidents/incidents and communication between patients, their representatives, staff and other professionals.

## Areas for improvement

Two new areas requiring improvement were identified regarding the storage of medication and patients' records.

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

### 6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of personal protective equipment. Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding governance arrangements and maintaining good working relationships.

Review of the Quality Improvement Plan resulted in two areas for improvement regarding the daily menu and the activity programme identified as met. Two areas for improvement in relation to the storage of equipment and patient repositioning have been stated for a second time and two new areas for improvement have been identified regarding the secure storage of medication and patient records.

On discussion with Alana Irvine, responsible person it was agreed that the refurbishment action plan for the home would be provided to RQIA. This was received 17 August 2020.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alana Irvine, responsible individual, Lorraine Kirkpatrick, regional manager, Leeanna Bonar, manager and Karen Nicholson, 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 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.

<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 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients. This relates specifically to ensuring that the treatment room is appropriately secure/supervised at all times.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All Registered Nurses have been reminded of their responsibility for the security and safe storage of medications within the Treatment Room. Compliance is monitored by the Registered Manager (Registration Pending) and senior nursing team during daily governance checks and out of hours visits.</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 36  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Storage areas within the 3 units has been reviewed and a proposal for the change of use of a number of storerooms is being submitted to the RQIA for consideration. Once approval for this has been received works will commence subject to Covid-19 restrictions and advice from PHA</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that patient charts including repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Nurse in Charge of each unit will check the completion of all supplementary charts during and at the end of each shift and sign to confirm this check. The Nurse in Charge of each unit will also document on the 24 hour shift report that these checks have been completed. Any non-compliance identified will be addressed immediately with the staff on duty through supervision. Compliance is monitored by the Registered Manager (Registration Pending) and senior nursing team during daily governance checks and out of hours visits.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored securely and in accordance with DHSSP policy, procedures and guidance and best practice standards.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> On the day of the inspection this was discussed with the relevant nurse and reinforced with all nursing staff at the daily team meetings.</p>

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



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