



Unannounced Care Inspection Report 5 November 2019



Edgewater Lodge Copeland, Orlock and Lighthouse Suites

Type of Service: Nursing Home
Address: 4 Sunnyside Avenue, Donaghadee, BT21 0LE
Tel No: 02891888044
Inspector: Linda Parkes

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 registered nursing home which provides care for up to 58 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Jacqueline Bowen – registration pending
Person in charge at the time of inspection: Jacqueline Bowen	Number of registered places: 58 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.
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 49

4.0 Inspection summary

An unannounced inspection took place on 5 November 2019 from 10.30 hours to 18.05 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Edgewater Lodge which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home 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.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. 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 valuing patients and their representatives, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding appropriate storage of equipment in order to adhere to infection prevention and control (IPC) best practice guidance, the contemporaneous recording of patient reposition charts, that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime and that the programme of activities is displayed in a suitable format in an appropriate location, in order that residents know what is scheduled.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Bowen, 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.

4.2 Action/enforcement taken following the most recent inspection dated 25 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life

- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 14 October to 3 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- two patient reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 25 June to 20 August 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially 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 previous inspection

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 20 (1) (a)	The registered person shall ensure that suitably competent and experienced staff are working in the home in such numbers as are appropriate for the health and welfare of the patients.	Met

Stated: First time	Action taken as confirmed during the inspection: Discussion with the manager, review of the duty rota from 14 October to 3 November 2019 and staff training records for 2019 evidenced that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that broken bins and damaged equipment are replaced in order to adhere to infection prevention and control policies and procedures. Action taken as confirmed during the inspection: Discussion with the manager and review of the environment evidenced that broken bins and damaged equipment have been replaced in order to adhere to infection prevention and control policies and procedures. This area for improvement has been met.	Met
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that storage cupboards are uncluttered, tidy and items are stored appropriately to adhere to infection prevention and control measures and best practice guidance. Action taken as confirmed during the inspection: Discussion with the manager and observation of storage cupboards throughout the home evidenced that they are uncluttered, tidy and items are stored appropriately to adhere to infection prevention and control measures and best practice guidance. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 12.11 Stated: First time	The registered person shall ensure that the serving of meals in the home is reviewed and that there are adequate numbers of staff present to ensure that potential choking risks when residents are eating and drinking are managed and that required assistance is provided. Action taken as confirmed during the inspection: Discussion with the manager and observation of the lunch time experience in Lighthouse Suite evidenced that there are adequate numbers of staff present to ensure that potential choking risks when residents are eating and drinking are	Met

	managed and that required assistance is provided. This area for improvement has been met.	
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There were no areas for improvement identified as a result of the last medicines inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 14 October to 3 November 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

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 on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Five relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding Dementia care, moving and handling, adult safeguarding, control of substances hazardous to health (COSHH), infection prevention and control (IPC), first aid and fire training.

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.

We reviewed accidents/incidents records from 6 June to 4 September 2019 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.

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, well decorated, fresh smelling and clean throughout. The manager advised that refurbishment of the shower room in Orlock Suite has commenced. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On inspection of identified bathrooms in the home it was observed that equipment such as a standing hoist, commodes, and a bed pan were inappropriately stored. Facilities in the sluice room in Orlock Suite were inaccessible due to storage of trolleys and a large number of commodes. This was discussed with the manager and an area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. On the afternoon of inspection the fire alarm was tested.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home's environment.

Areas for improvement

One area requiring improvement was identified regarding appropriate storage of equipment in order to adhere to infection prevention and control (IPC) best practice guidance.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), 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), the speech and language therapist (SALT) or the dietician. The manager advised that a dietician from the South Eastern Health and Social Care Trust completes a monthly review of patients' weight and dietary requirements.

Review of patient repositioning charts identified gaps in recording the delivery of care. It was evidenced that the recording of two patients who required repositioning every four hours was inconsistent. This was discussed with the registered manager. An area for improvement was identified.

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.

We observed the serving of the lunchtime meal in the dining room in Lighthouse Suite. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day displayed on the notice board in the dining room was observed to be in an unsuitable format. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

Two areas for improvement were identified in relation to the contemporaneous recording of patient repositioning charts and to ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

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.

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

"... and I would like to thank you all for the care and love you gave to mum. We would not have got through mum's last days without your support."

"Thank you all, each and everyone of you for looking after ... so well these past two years. Knowing that he was being cared for, and that he was safe and content meant so much to us."

During the inspection the inspector met with four patients, small groups of patients in the dining room and lounges, five patients' relatives and seven staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Edgewater Lodge. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Three patients commented:

- "The girls look after me well. I've no concerns."
- "I'm ok and I'm settled here."
- "The staff are very good. I have no concerns."

Three patient's representatives commented:

- "All's ok. I have no main concerns. If I do have anything it's usually small and would be sorted out quickly."
- "The staff are fantastic. They're attentive and ... is treated the right way with respect and dignity."
- "We couldn't ask for better care. We couldn't fault them (staff) in any one way."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with the patient activity leader, patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The patient activity leader (PAL) was observed attending a church service with patients. Patients were responsive and appeared to be enjoying the experience. We discussed the availability of an activity planner to be displayed in the home as two units did not have one on display to advise patients what is scheduled. The activity planner in Orlock Suite was noted to be out of date in an unsuitable format. It is required that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled. An area for improvement was identified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

An area for improvement was identified to 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.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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 the monitoring of patients' weight, wounds, the use of bed rails and alarm mats, complaints, accidents/incidents and infection prevention and control (IPC) practices including hand hygiene.

Discussion with the manager and review of records from 25 June to 20 August 2019 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.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	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 Jacqueline Bowen, 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.

Quality Improvement Plan	
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 46 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors. Ref: 6.3
	Response by registered person detailing the actions taken: The storage in the home is under review, the new bath is now installed and equipment is now stored appropriately.
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed: Immediate action required	The registered person shall ensure that patient charts including repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance. Ref: 6.4
	Response by registered person detailing the actions taken: This has been discussed with staff as part of team meetings and clinical supervision and is monitored by the nurse in charge of the unit on a daily basis.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed: Immediate action required	The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime. Ref: 6.4
	Response by registered person detailing the actions taken: The menu is currently displayed in all four dining rooms on menu boards. The two 'blackboard' type menu boards are being replaced with a suitable type of display board - these have been ordered and waiting on delivery.
Area for improvement 4 Ref: Standard 11 Stated: First time To be completed: Immediate action required	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. Ref: 6.5
	Response by registered person detailing the actions taken: The activity programme is currently on display on each unit in a suitable format and location so that residents and relatives can view easily. The activity programme is updated on a weekly basis.

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



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