



The **Regulation** and
Quality Improvement
Authority

Edgewater Lodge Copeland Suite
RQIA ID: 1079
4 Sunnydale Avenue
Donaghadee
BT21 0LE

Inspector: Sharon Loane
Inspection ID: IN024149

Tel: 028 9188 8044
Email: edgewater.lodge.m@fshc.co.uk

**Unannounced Care Inspection
of
Edgewater Lodge Copeland Suite**

9 February 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 09 February 2016 from 11.30 to 16.00 hours. The inspection was undertaken in response to information received by RQIA. The information was shared with senior management representatives at Four Seasons Healthcare Ltd as agreed by the complainant.

The purpose of this inspection was to seek assurances that the care and welfare of patients specifically in Copeland Suite was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, April 2015.

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.

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 11 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	*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 Vera Ribeiro, Manager and Anne Devoy, Registered Manager for Four Seasons Healthcare Ltd as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Ltd/Dr Maureen Claire Royston	Registered Manager: See comment below
Person in Charge of the Home at the Time of Inspection: Vera Ribeiro	Date Manager Registered: Vera Ribeiro– application not yet submitted
Categories of Care: NH-DE, NH-I,NH-PH,NH-PH(E), NH-TI	Number of Registered Places: 37
Number of Patients Accommodated on Day of Inspection: 19: Copeland Suite	Weekly Tariff at Time of Inspection: £593 - £605

3. Inspection Focus

In January 2016, RQIA received two complaints from the same complainant raising concerns regarding the quality of nursing care and management at Edgewater Lodge specifically the Copeland Suite. The complainant was provided with information regarding the complaints process by RQIA and was advised to raise their concerns accordingly. At this time, the complaints received by RQIA were shared with Four Seasons Health Care Ltd with the consent of the complainant. Management in the home investigated the issues and provided a written response to RQIA. We were satisfied with the outcomes of the investigation and were advised by Four Seasons Health Care Ltd that correspondence had been made with the relevant Health and Social Care Trust and the complainant.

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

Following discussion with senior management at RQIA, it was agreed that an inspection would be undertaken to review the quality of care and management with specific focus in the Copeland Suite. The focus of the inspection included the following areas:

- Dignity and personal care
- Meals and mealtimes
- Environment and infection prevention and control
- Health and welfare of patients
- Compliance in relation to the previous care inspection QIP.

4. Methods/Process

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

- discussion with the manager
- discussion with staff
- discussion with patients
- discussion with patient representatives / relatives
- review of a sample of staff training records
- review of a sample of care records
- review of the complaints record
- observation of care practice and delivery
- evaluation and feedback.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Edgewater Lodge was an announced estates inspection dated 28 July 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 11 May 2015

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 36 Stated: First time	It is recommended that the following policy guidance is updated; <ul style="list-style-type: none"> • Communication policy should include reference to the regional guidance for breaking bad news • The palliative care manual which incorporates palliative and end of life care, death and dying should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news • The palliative care manual should also be updated in respect of point 1.12 of the policy regarding the management of death and dying and to record that records are maintained for not less than 6 years in accordance with Regulation 19(2)(4) of the Nursing Homes Regulations (Northern Ireland) 2005. 	Met
	Action taken as confirmed during the inspection: A review of the Communication policy and the palliative care manual evidenced that these had been updated in accordance with the recommendation made.	
Recommendation 2 Ref: Standard 39 Stated: First time	It is recommended that the registered person ensures that all grades of staff receive training on the following; <ol style="list-style-type: none"> 1. Palliative / End of life care 2. Breaking bad news communication skills. 	Not Met
	Action taken as confirmed during the inspection: The manager advised that training had been organised by the previous registered manager however, staff had failed to attend. The current manager advised that the training areas identified will be scheduled as part of the training schedule for 2016. This recommendation has been stated for a second time.	

5.3 Management arrangements

The current manager, Mrs Vera Ribeiro had only been recently appointed approximately two weeks prior to this inspection. The previous registered manager, Tiago Moreiro had been seconded to another Four Seasons Health Care nursing home on a temporary basis, and RQIA had been notified of the interim management arrangements for Edgewater Lodge. A decision was made by Four Seasons Health Care that Tiago Moreiro would not return to Edgewater Lodge Care Home for operational reasons. Discussions with patients, staff and patient representatives advised that this information had not been effectively communicated to them. This matter was discussed at feedback and it was agreed that this matter would be shared with senior management to ensure that systems are in place to ensure effective communication in this regard. The manager advised that they would ensure that all relevant persons would be informed of the changes made.

The current manager advised that their application for registration, as registered manager would be submitted to RQIA shortly.

5.4 Dignity and personal care

During the inspection, staff were observed assisting and responding to patients needs in a timely manner and were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff. Patients were observed either in their bedrooms, the dining room or the lounge in accordance with their own individual preferences. Those patients observed were well presented with their clothing suitable for the season and personalised. Some patients were observed in their nightwear however, care plans reviewed confirmed that this was in accordance with their individual personal choices. The demeanour of patients indicated that they were relaxed and comfortable in their surroundings. Eight patients were spoken with individually and the majority of others in smaller groups. All patients spoken with expressed high levels of satisfaction with the standard of care, facilities and services provided in the home.

5.5 Meals and Mealtimes

The serving of the lunchtime meal was observed at this inspection. Meals were served in the dining room or in patients' individual bedrooms in accordance with their choice. During the inspection there were only a small number of patients who came to the dining room to have their lunch. The registered nurse was present in the dining room and was observed assisting patients according to their individual needs. Care staff were well organised and ensured that all patients received their meal in a timely way.

Patients who chose to stay in their bedroom were served their meal on a tray, appropriately set with cutlery and condiments and the meal was covered prior to leaving the dining room. The menu on the day of inspection was supposed to be a choice of gammon or sweet and sour chicken however; the sweet and sour chicken had to be substituted with sausages due to delivery problems. Discussions with patients and staff advised that they had been informed of this information and an alternative choice was available. A selection of hot and cold drinks were available. Patients completed a menu choice sheet the day before with their choice of meals for the following day.

The serving of the lunch was observed to be well organised. Staff interactions with patients were good, providing encouragement, confirming food choices, offering alternatives and demonstrated a working knowledge of patients likes and dislikes. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance. Aids such as specialised drinking cups and cutlery were also available to assist patients with their eating and drinking needs.

Comments received from patients included:

- “The staff offer me different foods to try and stimulate my appetite.”
- “Very happy with the food.”
- “I choose what I want the day before and if I change my mind that’s no problem.”

One relative spoken with advised that the food was “satisfactory” however; this was largely attributed to the needs of the patients and advised that the home tried their best to accommodate by offering a selection of foods and fruit.

5.6 Environment and Infection Prevention and Control

As part of the inspection process, a random sample of bedrooms, bath and / shower rooms and toilet facilities and communal areas were examined. In general the areas examined were found to be clean, reasonably tidy and warm throughout. Some areas observed were found to be cluttered and disorganised however, staff advised that a delivery had been made and that these items for example continence products, gloves and aprons would be stored in the appropriate location when staff had time to organise same. The home was reasonably decorated however, some décor and furnishings appeared worn, faded and in need of replacing. Some issues were identified as follows:

- a number of bedroom vanity units were damaged and worn
- a number of wheelchairs were worn and seat coverings were torn
- a number of bedframes were damaged
- a window in the dining room had condensation within the glass panels and signage was displayed to advise the window was broken.

These matters were discussed at feedback with management on the day of inspection. The manager advised that an environmental and an infection control audit would be undertaken to ensure the homes compliance with best practice in infection prevention and control and that the environment was to an acceptable standard. Whilst RQIA acknowledge that the current manager has only been appointed a recommendation has been made to ensure that those matters identified are actioned and a copy of the action plan subsequent to the audit undertaken is submitted to RQIA with the QIP demonstrating actions to be taken with timescales identified.

5.7 Quality of Nursing Care

A review of two patients records identified as requiring wound care was undertaken. On reviewing the care records it was evident that both of the patients had been assessed by the Trust tissue viability nurse specialist and care was prescribed. However there was a lack of evidence that the dressings were carried out in accordance with the prescribed frequency. A review of records for a three week period evidenced treatment gaps between four to eight days in regards to one of the records reviewed, however more recent treatment records evidenced that this had improved. This was concerning given that the treatment plan advised the dressing (s) were to be renewed on alternate days. These shortfalls have the potential to have a direct impact on the delivery of safe effective care. This was discussed at feedback and a requirement has been made.

A sample review of repositioning charts for one identified patient evidenced that the care delivered on some occasions was not consistent with the regime of care recorded in the care plan. The care plan indicated that the repositioning schedule for the patient was two hourly however, recorded information advised two to four hourly. The registered nurse on duty confirmed that the patient required two to four hourly repositioning and agreed to update the care plan immediately. In addition, comments on the condition of the patient's skin were not consistently recorded, for example comments such as "no change" were evidenced. A recommendation has been made.

5.8 Consultation with patients, their representatives and staff

Discussion took place with nine patients individually and with others during the lunchtime meal experience. Comments from patients regarding the quality of care, staff response to nurse call bells and life in the home were positive. Patients did not raise any issues or concerns about care delivery in the home.

Comments included:

- "I have been here for over two years and the staff are very good, am treated well and the food is excellent with plenty of choice."
- "I am here for two to three weeks and its very good, very friendly staff and staff help me when needed."
- "We are like a big family...the care is very good."
- "Staff are all very good and keeps me informed... it would be nice if staff had more time to spend with us but they try their best."

Some patients spoken with indicated that they were disappointed that they had not been informed of the new management arrangements. This has also been referred to in section 5.3. One patient spoken with advised that the home had had no "handy man" for some time and that this was greatly missed however, advised that they had been informed that this service was now available again and they were delighted with this news. Management confirmed that an estates person was now in post and was available to the home.

Two patient's representatives spoken with confirmed that overall they were satisfied with the standard of care, meals and communication with staff in the home. One patient's relative spoken with felt that the home could benefit from more care staff so that more time could be spent with the patients, however indicated that this was a comment that was relevant to all care facilities. They advised that they were satisfied with staffing and that staff on duty did their best.

Three staff were spoken with individually and others in smaller groups. All staff spoken with commented positively with regards to the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff spoken with felt that staffing levels were adequate to meet patients' needs however, it can be difficult when staff report absent at short notice. Discussions with staff indicated that they had not received formal supervision or an appraisal for some time, however did acknowledge that there was always an opportunity for staff to raise any concerns or seek guidance at the handover period. This was discussed at feedback and a recommendation has been made in this regard.

Staff spoken with also advised that they felt disappointed that they had not been communicated effectively in relation to the management arrangements for the home. This has also been referred to in section 5.3. No other concerns were raised.

Areas for Improvement

A requirement has been made that any patients with pressure areas/wound management needs, has care and treatment delivered in accordance with their identified regime of care. All records pertaining to this area of practice should be updated and reviewed as required.

It is recommended that an environmental/infection control audit is conducted to ensure the home is well maintained in accordance with infection prevention and control best practice and actions are recorded.

It is recommended that staff are supervised and their performance appraised to promote the delivery of quality care and services in accordance with the homes company policy and guidance referred to in the DHSSPS Care Standards for Nursing Homes, April 2015.

It is recommended that repositioning charts contain documented evidenced that a skin inspection of pressure areas has been undertaken at the time of each repositioning and comments recorded reflect the actual condition of the skin.

Number of Requirements:	1	Number of Recommendations:	3
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed during feedback 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

Statutory Requirements

Requirement 1 Ref: Regulation 12 (1)(a)(b) Stated: First time	The registered person shall ensure that any patients with pressure areas/wound management needs, has care and treatment delivered in accordance with their identified regime of care. All records pertaining to this area of practice should be updated and reviewed as required. Ref Section: 5.7
To be Completed by: 29 February 2016	Response by Registered Person(s) Detailing the Actions Taken: Supervision has been carried with the Nursing team regarding Wound Management. Four Seasons Wound Management Policies, Procedures and Best Practice Guidelines were discussed. There is an ongoing review of Wound Management competencies. The documentation of residents with active wound is verified by Home Manager and reviewed monthly or more often if deemed necessary. Identified key members of staff are to attend Wound Management training provided by Trust Clinical Facilitators.

Recommendations

Recommendation 1 Ref: Standard 39 Stated: Second time To be Completed by: 30 May 2016	It is recommended that the registered person ensures that all grades of staff receive training on the following; 1. Palliative / End of life care 2. Breaking bad news communication skills. Ref Section: 5.2 Response by Registered Person(s) Detailing the Actions Taken: Palliative and end of life training / Breaking Bad news communication skills training has been planned to take place and will be completed by the end of May for each unit.
Recommendation 2 Ref: Standard 44 Stated: First time To be Completed by: 9 August 2016	It is recommended that an environmental/infection control audit is conducted to ensure the home is well maintained in accordance with infection prevention and control best practice and actions are recorded accordingly. A copy of the action plan should be submitted with the QIP. In addition, the issues identified at this inspection should be actioned appropriately. Ref Section: 5.6 Response by Registered Person(s) Detailing the Actions Taken: A full review has been carried to all issues identified. Wheelchairs and Bedframes has been repaired or disposed of and windows repaired. A schedule of works is in place for the repair/renewal of vanity units. Environmental and Infection control audits have been carried according Four Seasons Health Care Policy and quality assurance. Minor issues identified were acted upon immediately. .

Recommendation 3 Ref: Standard 40 Stated: First time To be Completed by: 9 August 2016	<p>It is recommended that staff are supervised and their performance appraised to promote the delivery of quality care and services in accordance with the homes company policy and guidance referred to in the DHSSPS Care Standards for Nursing Homes, April 2015.</p> <p>Ref Section: 5.8</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A Supervision and Appraisals matrix is now in place to ensure compliance with guidance referred to in the DHSSPS Care Standards for Nursing Homes. Completion of these will be monitored through the internal auditing process</p>
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Recommendation 4 Ref: Standard 23 Stated: First time To be Completed by: 9 April 2016	<p>It is recommended that repositioning charts contain documented evidenced that a skin inspection of pressure areas has been undertaken at the time of each repositioning and comments recorded reflect the actual condition of the skin.</p> <p>Ref Section: 5.7</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Supervision has been carried with staff regarding Four Seasons Policies and Procedures and Evidence-Based Best practice guidelines. Completion of these charts will be monitored by nurse in charge on a daily basis and via the internal auditing system.</p>
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Registered Manager Completing QIP	Vera Riberio	Date Completed	3/4/16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	05.04.16
RQIA Inspector Assessing Response	Sharon Loane	Date Approved	06.04.16

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