

# Inspection Report

11 May 2021



## 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**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Electus Healthcare 1 Limited  <b>Responsible Individual:</b> Ms Alana Irvine	<b>Registered Manager:</b> Ms Leeanna Bonar  <b>Date registered:</b> 16 October 2020
<b>Person in charge at the time of inspection:</b> Ms Leeanna Bonar	<b>Number of registered places:</b> 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.
<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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 50
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 58 persons. The home is divided into three units. Copeland Suite which provides general nursing care; Orlock Suite and Lighthouse Suite which provide care for people with dementia. There is also a registered Residential Care Home under the same roof.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 May 2021 from 10.30 am until 5.55 pm by the care inspector.

The inspection assessed progress with all 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 in relation to care delivery, the environment and maintaining good working relationships.

It was positive to note that the existing areas for improvement had been met and no areas requiring improvement were identified.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

RQIA were assured that the delivery of care and service provided in Edgewater Lodge was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Responsible Individual and the Registered Manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

During the inspection we spoke with 10 patients, both individually and in small groups, one patients' relative and five staff. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful, kind and nice. A patients' relative spoken with said that care is excellent, communication was good and staff cared about their loved one and they were well looked after. Staff said that the manager and management team were approachable and that they felt well supported in their role.

Following the inspection we received four completed questionnaires. One patient indicated that they were satisfied/very satisfied that the care provided was safe, effective, compassionate and well led. Three relatives indicated that they were very satisfied across all four domains. One staff response was received within the timescale specified. The staff member indicated that they were satisfied regarding staffing arrangements/staff training and that patients were treated with compassion. However, they indicated that they were dissatisfied regarding how the service is managed in relation to staff empowerment and involvement in the running of the service. Comments made on returned questionnaires were shared with the manager post inspection.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4 August 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and of the treatment room in each unit, evidenced that doors were locked to 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.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 36  <b>Stated:</b> Second time	The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and of bathrooms throughout the home, evidenced that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors. The manager advised that due to limited storage facilities in the home, a request that work be completed to provide sufficient storage facilities would be submitted to RQIA for review and approval. The application was received by RQIA on 11 May 2021.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second time	The registered person shall ensure that patient charts including repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of two patients' repositioning charts evidenced they are completed contemporaneously in accordance with legislative requirements and best practice guidance.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and of the locked nurses' office door in each unit, evidenced 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.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to prepare them to work with patients and to protect patients as much as possible. Records reviewed evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received regular training in a range of subjects including moving and handling and fire safety.

Staff said that they felt well supported in their role by management and whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said that staff were nice and they were kind. A patient's relative said they didn't have anything negative to say about the care provided and that staff and management were approachable and willing to help.

There were safe systems in place to ensure staff were recruited and trained properly and also to ensure that patients' needs were met by the number and skill mix of the staff on duty.

### 5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

Some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was positive to note that patients and/or their relatives were involved in the consultation process and could give informed consent. Risk assessments and care plans were in place regarding the use of restrictive practices where required.

Staff confirmed they had attended specialised training to ensure they were aware of deprivation of liberty safeguards (DoLS) and restrictive practices. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice.

The manager told us that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Review of the home's complaint audit records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

A patients' relative spoken with said that they felt listened to if they raised any issues or concerns.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping patients safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, ensuites, treatment rooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was clean, tidy and well maintained. The manager said that all the required safety checks and measures were in place and regularly monitored.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were generally well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

The reception area was welcoming and had been recently decorated. The home was found to be warm, fresh smelling and clean throughout. The manager advised that a refurbishment plan had commenced for 2021. An action plan regarding improvements to be made to both the exterior and interior of the home was submitted to RQIA on 14 May 2021.

It was observed in the lounge in Orlock Suite that a seat cushion was in disrepair as there was a hole in it and it could not be effectively cleaned. In Lighthouse Suite a commode chair in a bathroom, was seen to be rusted around the wheels and could not be effectively cleaned. In another bathroom the bin opening mechanism was faulty and broken. This was discussed with the manager who advised she would address these issues. Correspondence from the manager on 7 June 2021 confirmed that the issues have all been addressed.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.



There were systems in place to ensure that the home was kept clean, tidy and well maintained in order that patients were comfortable and safe in their environment.

#### **5.2.4 How does this service manage the risk of infection?**

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and gloves.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting and care partner arrangements were managed in line with DoH and IPC guidance. Policies regarding visiting and the care partner initiative had been developed. Relatives were provided with guidance regarding visiting and the care partner role and provided with training on the use of PPE and effective hand hygiene.

A patient's relative who was in the home in their capacity as a care partner said that they had been well informed about the current guidelines regarding visiting and the care partner initiative.

There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. A relative made the following comment: "New visiting system at Edgewater very well organised. Booking system online very simple to use. Staff member met us at front door at the arranged time, made sure all PPE was in place then escorted us to our relative's room. Staff members had ... in his room all ready, waiting for us to arrive. Was fantastic to be reunited after all this time and was made even more special by the staff also waiting to witness the reunion."

#### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff attend a handover at the beginning of each shift to discuss any changes in the needs of the patients. The manager advised that 'daily huddle' meetings are held to inform staff of any current changes. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable about individual patients' needs including,



for example, dietary recommendations and their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was observed that staff respected patients' privacy by their actions such as discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were accurately maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Review of two patients' care record evidenced that care plans regarding mobility and falls management were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience observed in Orlock Suite, was an opportunity for patients to socialise and enjoy lunch. Staff had made an effort to ensure patients were comfortable. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to care for patients during mealtimes. Staff assisted patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Patients said that they enjoyed the food, get plenty to eat and if there is something that is not on the menu that they would like, staff would get it for them.

There were systems were in place to ensure that care records were regularly evaluated and updated to reflect any changes in patients' needs and to ensure that staff were aware of any changes.

#### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

A patient's relative said that communication was good and they felt that they were kept well informed about any change in care needs.

There were systems in place to ensure that care records were regularly evaluated and updated to reflect any changes in patients' needs and to ensure that staff were aware of any changes.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for food and drink options. Patients told us that they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of their time in their room and staff were observed supporting patients to make these choices.

Activities were provided for patients by the activity therapists. The range of activities included social, community, cultural, religious, spiritual and creative events. The activity schedule was on display and planned sessions included, for example, making a war time scrapbook, gentle exercises, pamper time and music therapy.

Patients told us that they were aware of the activities provided in the home and offered the choice of whether to join in or not.

The manager said that patients' views and opinions were sought via surveys. Review of records showed that patients had the opportunity to participate in regular meetings to give them an opportunity to comment on the running of the home and make suggestions as to how things could be improved further.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Staff also maintained good communication links directly with relatives via email and telephone calls.

A relative we spoke with in the home, in their capacity as a care partner agreed that this had a positive impact on both their loved one and themselves.

There were suitable systems in place to support patients to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Since the last inspection there has been no change in management arrangements. Ms Leeanna Bonar has been the manager of the home since 16 October 2020. The manager said she felt well supported by the responsible individual and their organisation.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed to review, for example, IPC including hand hygiene, wounds, pressure relieving devices, restrictive practices, weights and complaints. The audits contained clear action plans where required.

The manager advised that systems were in place to ensure that complaints were managed appropriately and that complaints were seen as an opportunity for the team to learn and improve.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The manager advised that staff are offered the opportunity to raise any concerns by operating an open door policy and there is also a dedicated staff email that they can use to leave feedback or send any concerns to. Regular staff meetings were held while adhering to government guidelines regarding social distancing.

Staff commented positively about the management team and described them as supportive and very approachable. A staff member said, “staff morale is much better now since new management took over. I would be assured that they would sort out any issues.”

A review of the records of accidents and incidents which had occurred in the home, found that these were managed correctly and reported appropriately to RQIA and those involved in the patients’ care.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

There were systems were in place to monitor the quality of care and services provided and to drive improvement in the home.

## 6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The home was clean, tidy and well maintained.

The outcome of this inspection concluded that all areas for improvement identified at the last care inspection had been met and no new areas for improvement were identified.

Thank you to the patients, relatives and staff for their assistance and input during the inspection and also to those who returned completed questionnaires following the inspection.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager and management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Alana Irvine, Responsible Individual and Ms Leeanna Bonar, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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