The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Edgewater Lodge

Provider: Electus Healthcare 1 Limited

Date of Inspection: 13 February 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Electus Healthcare 1 Limited
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Mrs Karen Nicholson – not registered
Service Profile: This home is a registered nursing home which provides nursing care for up to 58 patients. The home is divided into three units. Copeland Suite which provides general nursing care; Orlock Suite and Lighthouse Suite which provides care for people with dementia. There are a range of communal areas throughout the home and patients have access to an enclosed garden. There is a separate registered residential care home which occupies the same site/building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 13 February 2025, from 9.10 am to 4.45 pm by care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 29 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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. Refer to Section 3.2 for more details.

As a result of this inspection 17 areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "They (the staff) are all very friendly and the food is good," "They (the staff) do their best," and "I enjoyed my lunch, I didn't leave much."

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included: "They (the staff) are very friendly."

Staff spoken with said that Edgewater Lodge was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Staff comments included, "The teamwork is great and we have two new hoists now which helps with the work load," "I have been here 18 years and the teamwork is good," and "Things have improved so much since the last inspection. We have new patient equipment, more hoists and the teamwork is great."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Concerns were identified regarding the lack of governance and management oversight regarding the staffing arrangements of one to one care for an identified patient. For example, there was no evidence of a system in place to check the identity of agency staff providing the one to one care and there were no records to confirm that all agency staff had been inducted to the home. In addition, discussion with one to one staff confirmed that they did not receive a detailed handover at the start of their shift as they were unable to describe the care needs of the patient they were caring for. These arrangements created a potential risk of harm to the identified patient and to the other patients living in the home. This was discussed with the manager and areas for improvement were identified.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was observed that the majority of staff working in the home did not have name badges to identify who they were and what role they worked in. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Most staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Those staff who did not receive a detailed handover to provide one to one care to an identified patient were discussed with the manager who arranged for a detailed handover to be delivered.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice.

A number of patients nursed in their bedroom were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager during the previous care inspection who provided verbal assurances that those patients who cannot use the system are appropriately supervised. Review of records and discussion with staff confirmed suitable arrangements for supervision of all patients were not in place. This was discussed with the manager and an area for improvement was identified.

The dining experience was an opportunity for patients to socialise. Menus were displayed on the dining room whiteboards, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff commented on the new crockery, jugs and cutlery that was purchased following the previous care inspection.

Discussion with patients, patients' relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in daily activities as they prefer to plan their own time.

Patients' needs were met through a range of individual and group activities such as colouring in, pamper morning, wartime scrapbooks, word searches, reminiscence, movies and music. Photos were displayed of patients enjoying events and entertainment that had been delivered in the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. 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.

It was observed that information relating to patient care and treatment was accessible in the nurse's office in the Copeland suite because staff had not locked the door when leaving the office. This was discussed was discussed with staff who took necessary action to secure access to the information. An area for improvement was identified.

Whilst care records were regularly reviewed; one to one care plans lacked specific details of the one to one care required or any information regarding the patients likes and preferences. This information was not available to the care staff providing one to one care. An area for improvement was identified.

Review of activity records for patients who required one to one care identified that further work was required around record keeping to evidence that all patients are provided with meaningful activities. The records reviewed were not completed fully every day and contained entries that were not person centred. This was discussed with the manager who gave assurances that additional supervision and support would be given to staff in this area. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well-maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks and drills.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment.

There was evidence that systems and processes were in place to manage IPC which included monitoring of staff practice to ensure compliance. However, audits were not completed consistently and lacked actions plans to address the deficits identified during the inspection. This was discussed with the manager and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Karen Nicholson has been the manager since 5 August 2024.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff. Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Nicholson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that checks relating to proof of a person's identity; including a recent photograph, are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records. This includes arrangements for temporary/agency staff employed to work in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: Documentation is now in place for staff to complete to ensure that they have checked a person's identity, including a recent photograph. This is reviewed regularly by the Home Manager and Deputy Manager.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that an appropriate system is implemented to evidence appropriate supervision of patients who are unable to use the nurse call system. Ref: 3.3.2
	Response by registered person detailing the actions taken: Documentation is now in place which includes an hourly check system to evidence supervision of residents who are unable to use the nurse call system.
Area for improvement 3 **Ref:** Regulation 19 (5) **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission. Ref: 3.3.3
	Response by registered person detailing the actions taken: A keypad is on each office door to ensure that when the door is closed it is locked. Signage has been placed on the door to remind staff to ensure that the office door is closed and locked when not in use. This is spot checked by the Home Manager on daily walk arounds.

Area for improvement 4 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans have been reviewed and made more detailed for the resident who requires one to one. There is a dedicated file containing information regarding the resident which is available for staff providing one to one care.
Area for improvement 5 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene. Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervision has been held with staff regarding the use of PPE and staff knowledge around infection control. IPC lead from the Trust is to provide training on 28th April for staff. The Deputy Manager has been providing group training with staff for infection control. An action plan has been put in place to complete when hand hygiene audits are carried out and deficits are identified.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. Ref: 3.3.1
	Response by registered person detailing the actions taken: All newly appointed staff receive an induction. Agency staff receive an induction before commencing their shift. This is recorded on an induction sheet and reviewed by the home manager.

Area for improvement 2 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure staff providing one to one care receive a comprehensive handover report and are appraised with any other significant information regarding the patient they are assigned to care for. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff providing one to one care receive a handover from the nurse in charge. Any updated information is handed over on the day. There is a dedicated file in place for the one to one staff.
Area for improvement 3 **Ref:** Standard 19.4 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that there is a system in place to easily identify each member of staff by their name and role within the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff have all received a name badge with their job role noted. Agency providers have been asked to ensure that their staff members are wearing a badge to identify them when they come on duty. This is spot checked by the Home Manager.
Area for improvement 4 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 13 February 2025	The registered person shall ensure that accurate activity records are retained for patients in receipt of one to one care. These records should be person centred and evidence that the activities delivered reflect the patient's individual likes and preferences. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff providing one to one care have been reminded that the records should reflect activities that the resident prefers and participates in.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews