Inspection Report

20 April 2023

Edgewater Lodge

Type of service: Nursing Home
Address: Copeland, Orlock and Lighthouse Suites, 4 Sunnydale Avenue, Donaghadee, BT21 0LE
Telephone number: 028 9188 8044

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 Edmund Coyle	**Registered Manager:** Mr Paul Williamson **Date registered:** Not registered
Person in charge at the time of inspection: Mr Paul Williamson, Manager	**Number of registered places:** 58 A maximum of 17 patients in categories NH-I, NH-PH/PH(E), NH-TI accommodated in the Copeland Suite, a maximum of 41 patients in category NH-DE; 21 accommodated in the Orlock Suite and 20 accommodated in the Lighthouse Suite.
Category of Care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia 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:** 57
Brief description of the accommodation/how the service operates: 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 provides care for people with dementia. There is also a registered Residential Care Home under the same roof. The manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 20 April 2023 from 9.50 am to 5.45 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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, record keeping and maintaining good working relationships.

Two areas for improvement have been identified regarding display of the daily menu and ensuring patients cannot access areas of the home where there may be hazards.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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, a patients' relative, staff and a visiting professional are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with Mrs Caron McKay, Operations Manager and Mr Paul Williamson, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four patients individually, small groups of patients in the lounges and dining rooms, a patients' relative, eight staff and a visiting professional. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt supported in their role.

A patients' relative spoken with commented: "Mum is very well looked after and the staff are very good. I have no issues. If I had any concerns I would speak with the staff or the manager and would be confident that it would be sorted out.''

Following the inspection no responses to questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

A patient spoken with commented: "The staff are more than good. The food is good and I eat well here. I have no concerns.''

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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 2 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (1) (b) **Stated:** First time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are completed and made available for inspection.	**Met**
	Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement was met. Refer to section 5.2.2 for details	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member starting work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally 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. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed 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 2022/2023 evidenced that staff had attended training regarding moving and handling, adult safeguarding, dementia care, dysphagia care, control of substances hazardous to health (COSHH) and fire safety. The manager confirmed that infection prevention and control (IPC) training has been arranged for staff to attend.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Review of records confirmed that staff had completed this training.

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. Mrs Caron McKay, Operations Manager was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Staff told us they were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

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' 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.

Care records regarding mobility and falls risk were reviewed and evidenced that they 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.

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 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.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that they were recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

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.

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

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room in Lighthouse Suite. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. 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. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

However, the written menu displayed was not current and a pictorial menu outlining what was available at each meal time for patients who require them was unavailable to view. This was discussed with the manager and an area of improvement was identified.

Patients able to communicate indicated that they enjoyed their meal.

A visiting speech and language therapist commented: "Staff have a good understanding of patients' food and fluid recommendations.''

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as wheelchairs, hoists and shower chairs were seen to be clean and well maintained.

In Orlock Suite, the laminate flooring in two areas of the corridor, was observed to be raised and split which could cause a possible trip hazard. This was discussed with the manager who advised an arrangement has been made to repair the flooring.

Correspondence received on 24 April 2023 from Mrs Caron McKay, Operations Manager confirmed the identified areas have been secured by tape until floor fitters visit to repair the damage.

The treatment rooms and cleaning store were observed to be appropriately locked.

A cupboard in an identified unit that housed the hot water system with electric cables was seen to be unlocked and easily accessed. This was discussed with the manager as it could cause potential harm to patients' health and welfare and an area for improvement was identified.

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. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

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 members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DOH and IPC guidance. 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.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients 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 notice board in each unit advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as playing dominoes, completing word searches, listening to music and arts and crafts. Before lunch patients in Orlock Suite were observed to enjoy playing a beach ball game with staff.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Mr Paul Williamson has managed the home since 3 October 2022. 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.

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.

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

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding wounds, accidents/incidents and infection prevention and control (IPC) practices including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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

Review of complaints evidenced that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

The manager confirmed that patients' representative and staff meetings were held on a regular basis. Minutes of these meetings were available. A patients' meeting has been arranged to take place in the near future.

Staff confirmed that there were good working relationships and commented positively about the manager and described him as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Caron McKay, Operations Manager and Mr Paul Williamson, 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 14 (2) (a) **Stated:** First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3
To be completed: Immediate action required	**Response by registered person detailing the actions taken:** IDENTIFED STOCK ROOM IN ORLOCK NOW HAS A CODED KEYPAD IN SITU - NO UNAUTHORISED ENTRY CAN NOW BE OBTAINED
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime. Ref: 5.2.2
To be completed by: Immediate action required	**Response by registered person detailing the actions taken:** MENU REMOVED FROM WALL FOR TEA TROLLEY HAS NOW BEEN RETURNED WITH CORRECT MENU IN SITU.

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

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