



Unannounced Care Inspection Report

25 April 2019



Edgewater Lodge

Type of Service: Nursing Home
Address: Copeland, Orlock and Lighthouse Suites,
4 Sunnydale Avenue, Donaghadee, BT21 0LE
Tel No: 028 9188 8044
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Vera Ribeiro 9 June 2016
Person in charge at the time of inspection: Vera Ribeiro	Number of registered places: 58 A maximum of 20 patients in categories NH-I, NH-PH/PH(E), NH-TI accommodated in the Copeland Suite, a maximum of 38 patients in category NH-DE; 21 accommodated in the Orlock Suite and 17 accommodated in the Lighthouse Suite
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 50

4.0 Inspection summary

An unannounced inspection took place on 25 April 2019 from 09.50 hours to 18.10 hours.

This inspection was undertaken by the care inspector.

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

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.

Areas for improvement in respect of the previous finance inspection has been reviewed and validated.

Evidence of good practice was found in relation to staff training, adult safeguarding, the home's environment, record keeping and communication between residents, staff and other professionals.

Further examples of good practice was found throughout the inspection in relation to the culture and ethos of the home, in maintaining the dignity and privacy of patients and valuing patients and their representatives, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the skill mix of staff, regarding the adherence of infection prevention and control policies and procedures and the patient dining experience.

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

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Vera Ribeiro, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 7 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified during this inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

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

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

The following records were examined during the inspection:

- duty rota for all staff from 15 to 28 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- seven patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 21 January to 13 March 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas of improvement at the previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified from the previous finance inspection have also been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager advised that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 15 to 28 April 2019 was undertaken. Rotas confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff.

The registered manager advised that, on occasions, staffing levels could be affected by short notice leave but that shifts were “covered.” She also advised that two care staff had been recruited and were due to commence employment and a patient activity leader had been recruited to cover leave on completion of the recruitment process. Whilst there were sufficient staff on duty in the home, it was observed that the skill mix of staff in an identified unit was unsatisfactory. Two registered nurses were recently registered with the NMC but had worked as care assistants in the home and knew the patients well. Also two care assistants were only recently inducted. This was discussed with the registered manager who agreed that the skill mix in the identified unit was unsatisfactory and that a review of the duty rota would be undertaken. An area for improvement was identified.

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

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Edgewater Lodge. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Five relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinion on staffing via questionnaires. Four questionnaires were returned. Two questionnaires did not indicate if the person completing it was a resident or relative. All four questionnaires completed indicated that they were very satisfied that staff had ‘enough time to care’.

One returned questionnaire included the following comment:

“Aspects of care are good.”

A review of records for 11 March and 2 April 2019 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). New care staff are required to join the NISCC register as soon as possible following commencement of employment. The registered manager advised that the computer system used by the home automatically checks twice each month to ensure that all staff employed maintain their registration with NMC and NISCC as appropriate.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. The registered manager advised that e-learning fire training had been completed by ninety seven per cent of staff and that fire warden training had been provided in April 2019. She also advised that face to face fire training has been arranged for two separate dates in June 2019 to facilitate staff attendance.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 9 December 2018 to 28 February 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On inspection it was observed throughout the home that there were a number of broken bins and rusted equipment which could not be effectively cleaned and an area for improvement was identified.

Two identified storage cupboards in the home were found to be cluttered and untidy with items of bedding, cushions, a patient's walking aid, two boxes and continence products on the floor restricting access to items on the shelves. In an identified bedroom in Orlock Suite it was observed that the bedrail bumpers were cracked and worn. This was discussed with the registered manager. An area for improvement under standards regarding infection prevention and control was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices, care delivery and discussion with staff evidenced that infection prevention and control measures and best practice guidance were adhered to. We observed that personal protective equipment was appropriately used by staff. It was noted throughout the home that dispensers supplying small, medium and large gloves and aprons were not fully stocked. This was discussed with the registered manager who advised that due to the Easter break there had been a delay in the delivery of supplies and that a delivery was due. She assured the inspector that there were enough gloves and aprons for staff to use until the delivery arrived.

Areas of good practice

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

Areas for improvement

Three areas were identified for improvement in relation to the skill mix of staff and infection prevention and control.

	Regulations	Standards
Total numb of areas for improvement	1	2

6.4 Is care effective?

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

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

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

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

Two patient care charts including food and fluid intake charts and reposition charts were reviewed and were observed to be well maintained.

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

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room in Lighthouse Suite. Patients were assisted to the dining room or had trays delivered to them as required. The menu for the day was displayed on the wall of the dining room offering patients a choice of food. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to modify fluids. A newly employed member of staff was observed to be assisting a patient with their modified diet. The staff member was left alone in the dining room to supervise and assist patients with their meals. Another patient who required encouragement and assistance with their meal had fallen asleep at the table and the food was getting cold. Food taken outside the dining room by two members of staff to patients in their own rooms or the sitting

room was not covered on transfer with the risk that this may be served cold. These concerns were discussed with the staff members on duty and the registered manager as mealtimes should be adequately supervised as patients who have been recommended modified diets by (SALT) can be at potential risk of choking. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other professionals.

Areas for improvement

An area for improvement was identified in relation to the patient mealtime experience.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

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

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

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

"I would like to thank all the staff who cared for my lovely mother. She was given the best possible care."

"Thank you very much for all your patience and kindness."

During the inspection the inspector met with five patients individually, small groups of patients in the dining room and lounges, five patients' relatives and eight staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Edgewater Lodge. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Four questionnaires were returned and indicated that they were very satisfied that the home provided safe, effective, compassionate care and that the home was well led.

Patient comments:

"I'm happy with the care. I've no complaints"

"I'm ok. I've no concerns."

"I couldn't have picked a better place. The staff's great and there's always someone about."

Five patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. Four questionnaires were returned. Two questionnaires did not indicate if the person completing it was a resident or relative. All four returned questionnaires indicated that they were very satisfied that care provided was compassionate.

Patient representative comments:

"The staff in Copeland are excellent. They take great care of my mum and I am kept informed of any changes. They listen to her and to me. I am happy this is my mum's home and staff and management are welcoming, friendly and there for her and us as a family."

"I can say I'm very happy with mum's care. The nursing care's really good. They are very attached to her and staff have time to speak to you. Concerns are listened to and sorted out quickly."

"Couldn't be better. Dead on."

"I've no concerns. Mum's well cared for."

"The patient activity leader's very good. There's always plenty going on."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from three staff consulted during the inspection included:

"I enjoy working here and looking after the residents. I've worked here a long time."

"The manager's very good and approachable. We get good training."

"My job's rewarding and it's important to me that I provide good care to the residents."

Discussion with patients and staff and review of the activity programme displayed on the notice board in each suite, evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The patient activity leader (PAL) was observed attending a church service with patients. Patients were responsive and appeared to be enjoying the experience. Review of two patients' activity records evidenced that care plans, evaluations and progress notes were well maintained. The PAL advised that she attends meetings every three months with other PAL's from local homes within the group and that the meetings are informative and supportive regarding the planning of new activities for the patients.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered 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 registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A system was in place to record complaints received and included actions taken in response to the complaint and if the complainant was satisfied. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any concerns with the home's staff or management. An area for improvement in this regard, identified at the previous care inspection had been met.

Discussion with the registered 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 complaints, accidents/incidents and falls.

Discussion with the registered manager and review of records from 21 January to 13 March 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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

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

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vera Ribeiro, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that suitably competent and experienced staff are working in the home in such numbers as are appropriate for the health and welfare of the patients. Ref: 6.3
To be completed: Immediate action required	Response by registered person detailing the actions taken: The duty rota is completed 4 weeks in advance and is monitored on a weekly basis to ensure that there is appropriate skill mix of staff on duty on each shift.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that broken bins and damaged equipment are replaced in order to adhere to infection prevention and control policies and procedures. Ref: 6.3
To be completed: Immediate action required	Response by registered person detailing the actions taken: Bins and other equipment have been replaced as part of an ongoing replacement programme in the Home
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that storage cupboards are uncluttered, tidy and items are stored appropriately to adhere to infection prevention and control measures and best practice guidance. Ref: 6.3
To be completed: Immediate action required	Response by registered person detailing the actions taken: Storage cupboards are monitored as part of a Daily Walkround Audit. Any actions identified are rectified at the time where possible.

<p>Area for improvement 3</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that the serving of meals in the home is reviewed and that there are adequate numbers of staff present to ensure that potential choking risks when residents are eating and drinking are managed and that required assistance is provided.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Meal service and the dining room experience in the Home is currently being reviewed and an action plan is in place. Dining experience audits are completed weekly, part of this is monitoring the availability of staff in the dining rooms. This will be discussed at staff meetings.</p>
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