

Inspection Report

27 April 2022



Edgewater Lodge

Type of service: Nursing

**Address: Copeland, Orlock and Lighthouse Suites, 4 Sunnydale
Avenue, Donaghadee, BT21 0LE
Telephone number: 028 9188 8044**

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Electus Healthcare 1 Limited Responsible Individual Ms Hazel McMullan (acting)	Registered Manager: Ms Vera Ribeiro (registration pending)
Person in charge at the time of inspection: Ms Vera Ribeiro, 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.
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 48
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 27 April 2022 from 10.10 am to 5.48 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 throughout the inspection in relation to communication between patients, patients' representatives, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

One area for improvement has been identified regarding the availability of post fall, neurological observations.

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 seen 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, relatives and staff 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 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 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 Ms Vera Ribeiro, Manager and Ms Karen Nicholson, Deputy 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 dining room in Orlock Suite and in the lounge of each unit, two patient's relatives and seven staff. 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 well supported in their role.

Following the inspection we received two completed questionnaires. The returned questionnaires did not indicate if they were from patients or their representatives. All returned questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. One staff questionnaire was received within the timescale specified with the following comment: "Units work well and staff work together for the benefit of the residents".

Two relatives spoken with commented:

"Mum has been here for a number of years. She's well looked after and the staff are approachable. If I have an issue or a concern, I can discuss it with them and know it would be sorted out immediately. They never make me feel like I'm putting them out".

"I've no issues with Dad's care. He's always well turned out".

Two staff members spoken with commented:

"I had a good induction and training and I have everything I need to do my job. I've no issues at all".

"I've no concerns. Staffing levels are ok. Sometimes when staff phone in sick, we are asked if we can cover shifts and I don't mind doing this to help out".

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Please accept the sincere gratitude from the family of ... The loving care and dedication provided was exemplary and we will be forever grateful for the compassion shown to us".

5.0 The inspection

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

The last inspection to Edgewater Lodge was undertaken on 11 May 2021 by a care inspector; no areas for improvement were identified.

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 commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

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.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. 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 told us they were confident that they could report concerns about patient's safety and poor practice. The manager advised that all staff had received training regarding DoLS and also adult safeguarding.

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 manager's hours, and the capacity in which these were worked, were clearly recorded.

Staff told us that the patient's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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.

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.

Review of care records regarding wounds, risk of falls, the use of pressure relieving mattresses and nutrition evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted for one patient, that they were not recorded for a period of twenty-four hours in line with post fall protocol and current best practice. Neurological observation charts for another patient who had sustained an injury after an unwitnessed fall were unavailable to view. This was discussed with the deputy manager who advised they had been completed but had been recently archived. An area for improvement was identified.

Review of reposition charts for patients who require pressure relief, evidenced that the patients' assessed reposition regime had been adhered to and was well documented.

Supplementary records regarding food and fluid intake were reviewed and were found to be well documented with the patients' total fluid intake recorded at the end of each day.

There was evidence that patients' weight was checked at least monthly to monitor weight loss or gain. The manager advised that dieticians from the local Trust completed a two monthly, virtual ward round in order to review and monitor the weight of all patients in the home.

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 Orlock 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.

Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

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. A written menu was observed to be on display in each unit. The daily menu was discussed with the manager who advised that a pictorial menu outlining what was available at each meal time for patients who require them was under review. This will be reviewed at the next inspection. Patients said that they enjoyed lunch.

5.2.3 Management of the Environment and Infection Prevention and Control

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

Trees in the enclosed patio area had been cut down. This was discussed with the manager who advised that arrangements have been made for the branches to be collected and the area tidied for patients and their visitors to utilise during the better weather.

Painters were in the home, redecorating the nurses' office in Copeland Suite. The manager informed us that office equipment had been moved to the small lounge next door, on a temporary basis and that arrangements had been made to move filing cabinets and furniture back to the nurses' office as soon as the work was completed. The manager advised that arrangements had been made to ensure that all confidential documents were stored in a locked cupboard.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were 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. 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. Treatment rooms, sluice rooms and the cleaner's store were observed to be appropriately locked.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice and equipment such as hoists, walking aids and wheelchairs were seen to be clean and well maintained.

A chair in the nurses' office in Orlock Suite was seen to be worn and in disrepair and could not be effectively cleaned. This was discussed with the manager who advised she would address the issue.

Correspondence received from the manager on 12 May 2022 confirmed the chair had been disposed of and a new one purchased.

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.

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/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

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.

Visiting and Care Partner 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, for example, preferences for what clothes they wanted to wear and food and drink options. 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 their time in their room and staff were observed supporting patients to make these choices.

The activity schedule was on display, showing a range of activities provided for patients, by the Patient Activity Leaders (PALs). Discussion with staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities, such as armchair exercise and a variety of games, arts and crafts.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

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.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

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 members were able to identify the person in charge of the home in the absence of the manager.

A review of records 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).

Review of staff supervision and appraisals evidenced that they had commenced for 2022. The manager advised they are ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

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, the use of bedrails, complaints, the patient dining experience 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 incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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, Area Manager was identified as the appointed safeguarding champion for the home. Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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.

The manager advised that systems were in place to ensure that complaints were managed appropriately. Patients' 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 meetings were held on a regular basis. Minutes of these meetings were available.

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

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Vera Ribeiro, Manager and Ms Karen Nicholson, Deputy 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 13 (1) (b) Stated: First time To be completed Immediate action required	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Post fall management continues to occur according to current best practice guidelines. Neurological observations are completed for at least 24 hours following the fall and archived on resident's personal folder, and therefore available for inspection.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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