



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 28 September 2018



Edgewater Lodge

Type of Service: Nursing Home (NH)

**Address: Copeland, Lighthouse and Orlock Suites,
4 Sunnydale Avenue, Donaghadee, BT21 0LE**

Tel No: 028 9188 8044

Inspector: Heather Sleator

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 58 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Vera Ribeiro
Person in charge at the time of inspection: Vera Ribeiro	Date manager registered: 09 June 2016
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 registered places: 58 20 patients in categories NH-I, NH-PH/PH(E), NH-TI accommodated in the Copeland Suite 38 patients in category NH-DE; 21 accommodated in the Orlock Suite and 17 accommodated in the Lighthouse Suite.

4.0 Inspection summary

An unannounced inspection took place on 28 September 2018 from 09.30 to 17.00 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing and staff development, adult safeguarding, infection prevention and control, and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, dementia care practice and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

An area for improvement was identified under regulation in relation to the management and recording of complaints.

An area for improvement was identified under the care standards regarding ensuring a robust thematic review of any accident or incident which occurs in the home is completed so as to identify any possible emerging trends or patterns.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients. Refer to 6.6.

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	1

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.

Enforcement action did not result from the findings of this inspection.

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

The most recent inspection of the home was an unannounced finance inspection undertaken on 7 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 17 patients, seven patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 28 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 7 June 2018

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 21 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (b) Stated: Second time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files.	Met

	Action taken as confirmed during the inspection: The review of two staff recruitment and selection records evidenced that the information required by legislation was present.	
Area for improvement 2 Ref: Regulation 12 (4) (a), (b) and (c) Stated: First time	The registered person shall ensure that patients who require a specialised diet are provided with a snack at regular intervals throughout the twenty four hour period. Action taken as confirmed during the inspection: Observation of the serving of the mid-morning tea evidenced that that patients who required a specialised diet were provided with a snack. Staff confirmed that the provisions of tea and snacks is practice throughout the twenty four hour period.	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 (13) Stated: Second time	The registered person shall have robust arrangements in place to ensure care staff are registered with the Northern Ireland Social Care Council (NISCC). Action taken as confirmed during the inspection: The review of the system in place to ensure care staff are registered with the Northern Ireland Social Care Council (NISCC) was found to be satisfactory.	Met
Area for improvement 2 Ref: Standard 12 Stated: Second time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location, showing what is available at each mealtime. Action taken as confirmed during the inspection: Menus were displayed in the three dining rooms and reflected the day's menu and were clearly visible.	Met

Area for improvement 3 Ref: Standard 35.6 Stated: Second time	The registered person shall ensure that effective quality monitoring and governance systems are implemented regarding the supervision and annual appraisal of staff.	Met
	Action taken as confirmed during the inspection: A review of the staff appraisal and supervision planner was found to be satisfactory.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient care is planned to reflect patient needs and care interventions clearly define the level of support required and patients' response to planned care.	Met
	Action taken as confirmed during the inspection: The review of four patients' care records evidenced that care interventions reflected assessed need.	
Area for improvement 5 Ref: Standard 25 Stated: First time	The registered person shall ensure that the ethos of the dementia units is patient focused, for example; a risk based approach should be in evidence and patients should be able to access communal areas including the dining rooms.	Met
	Action taken as confirmed during the inspection: Observation of care practice and the environment evidenced that the dining rooms were not locked and a more inclusive approach to dementia care practice by staff, was present.	
Area for improvement 6 Ref: Standard 12.24 Stated: First time	The registered person shall ensure staff have the knowledge and skills to suitably position patients when eating and drinking to facilitate maximum nutritional intake.	Met
	Action taken as confirmed during the inspection: Observation of the serving of the midday meal evidenced staff had satisfactorily positioned patients prior to serving and assisting with the meal.	

Area for improvement 7 Ref: Standard 7.1 and 7.5 Stated: First time	The registered person shall ensure that the comments of patients and patients' representatives are acted upon, as far as possible, regarding the cleanliness of the home and staffs response to patients' calls for assistance.	Met
	Action taken as confirmed during the inspection: The areas previously identified by patients representatives had been addressed by management and staff.	

6.3 Inspection findings

6.4 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 confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 10 to 28 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. We also sought staff opinion on staffing via the online survey; one response was received within the timescale specified. The respondent did not raise any issues of concern or dissatisfaction.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Edgewater. Comments received from patients included; "nice staff here" and "if I have a problem of any kind staff help me out".

Three 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 respondents were satisfied with the staffing arrangements and two were not, one respondent commented on the high use of agency staff and the unsettling impact this can have on patients. The registered manager was informed of relatives' comments.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Training was delivered via online training and through face to face interactive sessions. Records evidenced good compliance with mandatory training. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

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. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four 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 accidents/incidents records for the period July - September 2018 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. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were adhered to. The registered manager completed an IPC audit on a monthly basis. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 27 November 2017 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and the home's environment.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the dietician. The South Eastern Health and Social Care Trust have implemented a virtual ward round with the dietetics team in the Trust. Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

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 changed.

Discussion with staff evidenced that nursing and care assistant/s 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. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 09:30. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 17 patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

The home has two units registered for the care and support of persons living with dementia. The environments evidenced that staff are striving to ensure that the units are inviting and enabling for patients. There were orientation cues for patients and photographs and information regarding activities. There was a dedicated team of staff who were allocated to and enjoyed caring for persons living with dementia.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed the approach of staff and interaction and engagement with patient during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients spoke highly of the activities on-going in the home. A selection of games/equipment was available in the lounges and we observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

We read a number of 'thank you' cards, comments included;

"You do such a wonderful job, caring for the every need of your residents."

We spoke with patients and comments included:

"They're (staff) very good."

"It's lovely here."

"Dead on, staff respond to me very quickly."

"Nice staff here."

"I'm happy enough."

Staff commented positively about the home and stated:

"I like it here, its hard work though."

"Everyone is very helpful and friendly."

We spoke with seven patients' representatives who were satisfied with the care provided by staff to their relative. Comments included;

"Very good here, staff are very approachable."

"Generally very good, home is very clean."

"Karen is brilliant, so is Kim, great understanding."

"Very happy with the home."

Relative questionnaires were also provided and four were completed and returned. Two respondents were very satisfied that care was safe, effective and compassionate. Two respondents were not satisfied and their comments have been shared with the registered manager.

Staff were asked to complete an online survey; one response was received within the timescale specified. The respondent did not raise any issues of concern.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were 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, mealtimes and the provision of activities.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 the 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 confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records did not fully evidence 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. For example; not all complaints evidenced the outcome of the investigation and a concern which had been received into RQIA had not been logged in the home's complaints record. Evidence should be present of the nature of the complaint, who made the complaint, the outcome and if the complainant was satisfied. This has been identified as an area for improvement under regulation.

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 accidents/incidents, IPC practices, care records and hygiene arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

However, discussion with the registered manager and review of records did not confirm that a robust thematic review of any accident which occurred, to identify if any patterns or trends were emerging had been completed. This has been identified as an area for improvement under the care standards

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and maintaining good working relationships.

Areas for improvement

An area for improvement identified under regulation was in relation to the recording of complaints.

An area for improvement identified under the care standards was in relation to completing a thematic review of any accident or incident which occurs in the home in respect of identifying trends or patterns.

	Regulations	Standards
Total number of areas for improvement	1	1

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 further 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 24 Stated: First time To be completed by: 1 November 2018	<p>The registered person shall ensure that the management and recording of complaints is in accordance with regulation.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: FSHC have reviewed the Monthly Complaints Audit which now reflects the nature of the complaint, who made the complaint, the outcome and if the complainant is satisfied. Going forward all complaints received by the Home or other commissioners will be logged on the Home's complaint record.</p>
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 35.6 Stated: First time To be completed by: 1 November 2018	<p>The registered person shall ensure that ensuring a robust thematic review of any accident or incident which occurs in the home is completed so as to identify any emerging trends or patterns, where applicable</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: FSHC Monthly accidents and incidents analysis is under review - to include trends or patterns if identified. In the interim period trends or patterns will be reviewed from Datix reports.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

Assurance, Challenge and Improvement in Health and Social Care