

Inspection Report

3 March 2022



Carlingford Lodge Care Home

Type of Service: Nursing Home
Address: 76 Upper Dromore Road,
Warrenpoint, BT34 3PN
Tel no: 028 4175 9200

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Ms Sarah Elizabeth Perez - Acting	Registered Manager: Mrs Sara Main Date registered: 27 March 2018
Person in charge at the time of inspection: Mrs Sara Main	Number of registered places: 58 A maximum of 25 persons in category NH-I and 33 persons in category NH-DE.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 41
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. Patients are accommodated over two floors. Patients with a dementia are cared for on the lower ground floor and patients requiring general nursing care are cared for on the ground floor. Patients have access to communal lounges and dining areas within each of the floors.	

2.0 Inspection summary

An unannounced inspection took place on 3 March 2022 from 9.30am to 5.30pm by a care inspector.

The previous care inspection to Carlingford Lodge was conducted on 2 December 2021. Following this inspection a serious concerns meeting was convened with the Priory management team and RQIA to discuss the inspection findings. The Priory management team shared an action plan with RQIA which identified how each area of concern would be brought back into compliance. RQIA accepted the action plan and incorporated the areas for improvement into a quality improvement plan. This inspection sought to assess progress with issues raised on the previous quality improvement plan and focused on staffing arrangements; care delivery and record keeping, management of the environment and infection prevention and control and the quality of life for patients.

Of the 11 areas for improvement identified at the previous inspection, six were met and five remained unmet. Three of these have been stated for the third and final time and two have been escalated to an area for improvement under regulation.

The areas stated for third time relate to staffing arrangements, activity provision and dating of topical preparations. Areas escalated to an area for improvement under regulations relate to the administration of thickening agents and topical preparations. The home's management team have agreed to submit their monthly monitoring report to RQIA so progress with the areas for improvement may be monitored. Inspection findings have been shared with the Southern Health and Social Care Trust.

RQIA are aware of a planned temporary change in the registered management arrangements in the home and an upcoming permanent change in the registered provider company. The application from the new provider company is currently being processed in RQIA.

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 previous areas for improvement issued, 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.

The findings of the inspection were discussed with the registered manager and management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with six patients and four staff. Patients told us that they were 'comfortable' and that they 'liked living' in the home. Staff acknowledged the challenges of working through the COVID – 19 pandemic but confirmed that they enjoyed working with the patients. There were no questionnaire responses or any feedback from the staff online survey received.

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 care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: Second time</p>	<p>The registered person shall review the provision of activities in the home to ensure that all patients, who wish to engage, are included in regular meaningful activity.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.4.</p> <p>This area for improvement has not been met and will be stated for a third and final time.</p>	Not met
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Third and final time</p>	<p>The registered person shall ensure that the infection control issues identified during the inspection are managed to prevent the risk and spread of infection.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: Second time</p>	<p>The registered person shall review patients' pressure management in the home to include:</p> <ul style="list-style-type: none"> • Pressure management risk assessments are completed monthly • Where a risk is identified, a pressure management care plan is developed detailing the care required and to include frequency of repositioning where appropriate • Records of repositioning are maintained accurately. 	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	
<p>Area for improvement 4 Ref: Regulation 12 (1) (a)(b) Stated Second time</p>	<p>The registered person shall review the management of falls in the home to ensure that the appropriate actions are taken after any fall in the home to include the appropriate monitoring of the patient, notifying the appropriate persons and ensuring that the appropriate documentation has been updated.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
<p>Area for improvement 5 Ref: Regulation 12 (1) (a)(b) Stated: Second time</p>	<p>The registered person shall review the management of hydration in the home to ensure that fluid intake records are recorded accurately and that there is evidence within patients' care records of any actions taken when any deficit is identified.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 46 Criteria (2) Stated: First time</p>	<p>The registered person shall ensure that chairs used by patients are maintained clean at all times. Any chairs in disrepair should be removed and repaired/replaced as soon as possible.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 29 Criteria (2)</p>	<p>The registered person shall ensure that TMARs are completed in full at the time of administration.</p>	Not met

<p>Stated: Third and final time</p>	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.2.</p> <p>This area for improvement has not been met and will be escalated to an area for improvement under regulation.</p>	
<p>Area for improvement 3 Ref: Standard 41 Stated: Second time</p>	<p>The registered person shall review the staffing arrangements in the home to include the deployment of staff and morning routines to ensure the needs of patients are met.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.1.</p> <p>This area for improvement has not been met and will be stated for a third and final time.</p>	<p>Not met</p>
<p>Area for improvement 4 Ref: Standard 28 Stated: Second time</p>	<p>The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer’s guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.3.</p> <p>This area for improvement has not been met and will be stated for a third and final time.</p>	<p>Not met</p>
<p>Area for improvement 5 Ref: Standard 29 Stated: Second time</p>	<p>The registered person shall ensure that whenever care staff administer thickeners they routinely record this activity.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.2.</p> <p>This area for improvement has not been met and will be escalated to an area for improvement under regulation.</p>	<p>Not met</p>

Area for improvement 6 Ref: Standard 28 Stated: Second time To be completed by: 2 January 2022	The registered person shall ensure that care staff are provided with the additional necessary training in relation to the recording of the administration of topical medicines and thickeners.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The manager confirmed that recruitment was ongoing in the home and identified at the time of inspection the home had vacancies for almost 17 full time care assistants and just over five full time registered nurses. Four nurses had recently been recruited and were in the process of recruitment checks prior to commencing and another nurse was in the process of transferring to the home from another care home. Four nurses had been block booked from nursing agencies, however, gaps were evident where nurses' shifts had not been filled on the duty rotas. This was especially evident on the general nursing unit during the morning shift. There was always a minimum of one nurse on duty in each of the units at all times.

The Priory management team confirmed measures which they have put in place to attract more staff to come and work in the home, such as, with increased rates in pay and pay bonuses. Interviews for two care assistants had been planned for the day of inspection and an additional two interviews had been planned for the following week. Approximately one and a half full time care assistant hours were in the process of recruitment checks prior to these staff commencing in post.

There was recorded evidence of quality walk-arounds the home by management to improve communication and maintain a management oversight. Staff confirmed that when they were short of staff, the manager would assist with tasks on the floor. The home was closed to new admissions as directed by the local Trust. The manager confirmed that the Trust had also supported the home with staffing resources. An area for improvement in relation to the staffing arrangements has been stated for the third and final time.

Staff confirmed that they had received training on the management of topical preparations and on dysphagia. A review of training records evidenced that the majority of staff had completed this training and an area for improvement in this regard has now been met. The manager confirmed that some staff had commenced additional training on dementia management, however, this had not progressed due to staffing concerns following a recent COVID – 19 outbreak in the home. Dementia management training is essential for staff who work with patients who have this condition and this will be reviewed at a subsequent care inspection.

5.2.2 Care Delivery and Record Keeping

Patients were presented well in their appearance and patients consulted during the inspection spoke positively on the care that they received. One told us, "I am very comfortable here; staff treat me well." Patients unable to verbalise appeared comfortable and relaxed in their surroundings. Staff were observed engaging compassionately with patients during the inspection.

Accident records completed following a recent fall in the home evidenced that the immediate treatment and monitoring of the patient following the fall was in line with best practice. The appropriate persons had been notified of the fall and the appropriate documentation had been updated. A new falls checklist had been implemented to ensure that these actions had been completed. An area for improvement in this regard has now been met.

Nutritional risk assessments were completed monthly to assess for weight loss and weight gain. Where weight loss was identified as a risk, there was evidence within the patient's records of onward referral to the dieticians. Patients were observed to have good access to fluids during the inspection. Staff were observed assisting patients with fluids. Patients had identified daily fluid targets to meet and staff completed daily fluid intake audits to ensure that patients were meeting these targets. Staff confirmed that if a patient had not met their fluid target then this would be identified at handover and staff would be aware to give extra encouragement with fluids for the identified patients or make an onward referral to, for example, the patient's general practitioner. An area for improvement in this regard has now been met. Records of food intake had also been recorded well, however, some staff had continued to record 'level 5 dinner taken' which does not indicate actual food intake. This was discussed with the manager who agreed to address this with staff.

Some patients require to have fluids thickened to aid in swallowing safely. Thickening agents are used to thicken the fluids. When thickening agents are used, these should be recorded on every occasion. Recording of the administration of thickening agents was identified as an area for improvement on the previous inspection reports. While improvements with this record keeping have been noted on this inspection, significant gaps in recording remained. Improvements were also evident in the recording of the application of topical creams to patients, although, there were still gaps in this recording also. The person who applies the cream is the person responsible for recording this. Training had been provided to staff since the last inspection on both these areas of care. This was discussed with the manager and areas for improvement in these regards have now been escalated to an area for improvement under regulation to ensure appropriate oversight of these practices.

A pressure management risk assessment to monitor for the potential of a patient's skin to breakdown had been completed monthly within four patients' care records reviewed. Care plans were in place when a risk of skin breakdown was identified. Care plans identified frequency of repositioning where this was required. Records of repositioning had been maintained evidencing the positions that patients had been repositioned to and evidence of skin checks on repositioning. Repositioning records had been maintained contemporaneously. Pressure management care plans identified prescribed creams to be used in the patients' skin management.

Staff confirmed that they used the 'resident of the day' approach where each day a new patient would be identified to ensure that all of the patient's care records including assessments and care plans were updated.

A review of laundry procedures was discussed during the inspection with the management team. It was noted in some patients' bedrooms that there was signage identifying preferred means of laundry practice, for example, some families prefer to take some items home while have other items laundered in the home. The issue of clothing labelling was discussed. The manager confirmed that patients' families label clothing brought to the home, however, in some cases the iron on labels come off during laundering or written labelling is washed of. The manager confirmed that a button tag is the best method of labelling clothing and that they now endeavour to inform families of this during pre-admission. The manager also advised that plans were being made to re-allocate unlabelled clothing back to patients to include family support in this. We also discussed the sharing of clothing with patients which are not suitable, for example, clothing size. The manager agreed to discuss this with staff.

5.2.3 Management of the Environment and Infection Prevention and Control

On entry to the home the reception area was clean, tidy and welcoming. All visitors, including healthcare professional visitors, continued to have a temperature check recorded and completed a declaration form to ensure that none were showing any symptoms of COVID-19. Hand hygiene and personal protective equipment (PPE) remained available at the entrance. PPE was available throughout the home and there was signage available on how to don (put on) and doff (take off) PPE correctly. The home was warm, clean and tidy.

During the inspection we observed good staff practices on hand hygiene and PPE use. Staff confirmed that they had received recent infection prevention and control training and training records evidenced that 97.5 percent of staff have completed this training. Hand hygiene audits had been conducted since the previous inspection and identified when staff were and were not compliant with this practice. The manager confirmed that spot checks were also conducted to review staff compliance with PPE use.

There were no malodours detected in the home. Patients' bedrooms were clean and tidy and personalised with their belongings. Corridors and stairwells were clear of clutter and obstruction and fire exits were maintained clear. Chairs which were previously identified in disrepair had been replaced. Communal areas were clean and tidy.

There was continued improvements noted on the dating of topical preparations, in use in the home, on opening to ensure these were disposed of in accordance with the manufacturers' guidelines. However, many still did not evidence the date of opening. This was discussed with the manager and an area for improvement in this regard has been stated for the third and final time.

5.2.4 Quality of Life for Patients

Patients and staff confirmed that patients could spend their day in their preferred place; bedrooms or communal rooms. Patients, who could, confirmed that they could pick which of their clothes to wear or make a choice in which meals to eat.

One activities therapist was in post providing 16.5 hours per week to both the nursing home and the adjoining residential home. A second, full time, activities person had recently left employment and the management team were actively trying to source a replacement. An activities noticeboard was on display at the entrance to the home, however, this was not reflective of the actual activities provision in the home. A current programme of activity was not available for review. The activities therapist conducted group activity and one to one activities with patients and records of these activities were recorded within an activities diary. Care assistants confirmed that, when they had time, they would take part in activities with patients, however, these activities were not recorded anywhere to confirm the frequency of occurrence or the activity completed. Staff advised that they had not received any training on the provision of activities. An area for improvement in relation to activity provision has now been stated for the third and final time.

Visiting arrangements were in the process of restarting following a COVID – 19 outbreak in the home which had only recently been declared as over. The manager confirmed that existing care partner arrangements remained in place and that care partners continued in the weekly COVID-19 testing programme.

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 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

*The total number of areas for improvement includes three that have been stated for a third time and two which have been escalated to an area for improvement under regulation.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sara Main, Registered Manager and the management team 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: Third and final time</p> <p>To be completed by: 30 April 2022</p>	<p>The registered person shall review the provision of activities in the home to ensure that all patients, who wish to engage, are included in regular meaningful activity.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: The residents have been consulted about the activities at the residents meeting. Weekly activity programmes are displayed on the notice board. These are being monitored by the registered manager on her daily walk arounds and on monthly provider visits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the appropriate oversight is maintained of tasks delegated from registered nurses to care assistants. This is in specific reference to the record keeping of the administration of thickening agents and topical preparations.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The shift reports have incorporated checks on the administration of topical applications and thickening agents. The registered manager continue to monitor this on her managers daily audit and monthly provider visits.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that completed monthly monitoring reports are submitted to RQIA for review within five days of the report completion.</p> <p>Ref: 2.0</p> <p>Response by registered person detailing the actions taken: Monthly provider visits reports are submitted to RQIA within 5 days of completion.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: Third and final time To be completed by: 30 April 2022	The registered person shall review the staffing arrangements in the home to include the deployment of staff and morning routines to ensure the needs of patients are met. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Rhys Herne dependency scale has been used to review the staffing levels within the home. Staffing is continually monitored to ensure safe staffing levels. Staffing and routines are reviewed during the managers daily audit and monthly provider visits
Area for improvement 2 Ref: Standard 28 Stated: Third and final time To be completed by: With immediate effect	The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines. 5.1 and 5.2.3
	Response by registered person detailing the actions taken: There is an audit in place for monitoring opening/disposal dates on topical preparations. These are monitored by the Home Manager and during monthly provider visits.

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