



# Unannounced Follow-up Care Inspection Report 3 December 2019



## Carlingford Lodge Care Home

**Type of Service: Nursing Home**

**Address: 76 Upper Dromore Road, Warrenpoint BT34 3PN**

**Tel No: 028 41 759 200**

**Inspectors: Dermot Walsh and  
Joanne Faulkner**

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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 nursing home registered to provide nursing care for up to 58 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Warrenpoint) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Sara Main – 27 March 2018
<b>Person in charge at the time of inspection:</b> Paula Magee – deputy manager	<b>Number of registered places:</b> 58  A maximum of 25 persons in category NH-I and 33 persons in category NH-DE.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 56

### 4.0 Inspection summary

An unannounced inspection took place on 3 December 2019 from 09.25 to 14.35 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 all areas for improvement identified in the home since the last care inspection.

The following areas were examined during the inspection:

- staffing – including deployment
- environment
- care records
- adult safeguarding.

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

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
<b>Total number of areas for improvement</b>	1	*3

\*The total number of areas for improvement includes one which has been stated for the second time and one which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Paula Magee, deputy manager and Sharon Butler, regional 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 9 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken

## 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with ten patients, one patient's relative and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and their relatives/representatives were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the 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 and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota from 25 November to 8 December 2019

- four patients' care records
- a sample of daily patient care charts including food and fluid intake charts and reposition charts
- infection prevention and control auditing records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p><b>Action taken as confirmed during the inspection:</b>            A review of the environment and a review of infection prevention and control auditing records evidenced that this area for improvement has now been met.</p>	<b>Met</b>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time	<p>The registered person shall ensure that a handover report is provided to staff at the commencement of their shift. This is in relation to staff commencing at 14.00 or 16.00 hours</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and staff evidenced that handover reports were provided to staff commencing their shift at 14.00 and/or 16.00 hours.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First/ time</p>	<p>The registered person shall ensure that the staffing arrangements in the home, including deployment of staff, are sufficient to meet the assessed needs of patients at all times.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the duty rota and discussion with staff and patients evidenced that this area for improvement has now been met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that thickening agents had been stored appropriately and were not accessible to patients.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that orientation is promoted, where appropriate, for patients with dementia in helping them to identify their bedroom.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that works had commenced in helping patients with dementia to identify their bedrooms.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients care plans are updated when a patient returns following a period of stay in hospital and/or when recommendations have been made by another health professional.</p>	<b>Met</b>



	<p><b>Action taken as confirmed during the inspection:</b> A review of two patients' care records evidenced that this area for improvement has now been met.</p>	
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<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the reason for and outcome of administration are routinely recorded for medicines prescribed to be administered on a “when required” basis for the management of distressed reactions,</p>	<p><b>Carried forward to the next care inspection</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	

**6.2 Inspection findings**

**Staffing**

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients consulted spoke positively in relation to the care provided to them in the home. Patients who could not verbally communicate appeared calm when interacting with staff. Call bells had been answered promptly.

Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs. Staff also confirmed that care assistant hours had been increased since the last care inspection in the dementia unit and that additional registered nursing hours had been provided in the general nursing unit to assist the morning routine. An area for improvement in this regard has now been met.

**Environment**

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. However, a door leading to an identified room was observed propped open with furniture. This was brought to the attention of the manager and identified as an area for improvement.

Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. Compliance with best practice on infection prevention and control (IPC) had been well adhered to. Isolated issues were managed during the inspection. An area for improvement in this regard has now been met. Information leaflets with regard to IPC issues such as hand hygiene and norovirus were available for patients and their visitors, at the entrance to Summerhill in the nursing unit, to take home. Audits had been conducted on both the dementia and nursing units reviewing IPC compliance with best practice and hand hygiene. Auditing records evidenced actions taken in response to any shortfalls which had been identified.

There was evidence of refurbishment in the kitchenette area in Summerhill. The manager also discussed plans to replace the flooring in the communal corridor on the nursing unit. Flooring had been fully replaced in the communal corridor on the dementia unit.

### **Care records**

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids.

A review of one patient's care records evidenced that a swallowing difficulty risk assessment had been completed recently, following which, a speech and language therapist had also reviewed the patient. The speech and language therapist's recommendations for the patient had been incorporated into the patient's care plan. However, a review of the patient's food and fluid intake records evidenced that the nutritional requirements had not been reflected and that the requirements listed were not correct. This was discussed with the manager and identified as an area for improvement.

There was evidence within two patients' care records that on return to the home from a period of stay in hospital, a return from hospital checklist had been completed and care records had been updated to reflect any changes. An area for improvement in this regard has now been met.

### **Adult safeguarding**

An adult safeguarding champion had been identified in the home to review any adult safeguarding concerns raised. Records had been maintained of any safeguarding allegations in the home and the manager had a clear understanding of any ongoing safeguarding concerns and at which stage the investigations were at. Safeguarding investigations had been conducted in line with regional protocols and procedures.

### **Consultation**

During the inspection we consulted with 10 patients, one patient's relative and seven staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients commented:

- "I am very happy here. The staff are very nice."
- "The girls here are great."
- "Staff here are very nice and very helpful."



The relative consulted spoke positively in relation to the care provision in the home and commented:

- “Patients here are so well looked after. The staff here are very good.”

Ten questionnaires for patients and their representatives were left for completion. One was returned from a patient’s relative. The patient’s relative was not satisfied that the home was providing safe and effective care or that the home was well led. The respondent’s comments were shared with the manager for their review and action as appropriate.

Comments from eight staff consulted during the inspection included:

- “It’s great here. I really enjoy it.”
- “I love it here.”
- “There are good days and bad days.”
- “I like working here.”
- “I really do like it here.”

### Areas for improvement

Areas for improvement were identified in relation to supplementary record keeping in respect of food and fluid intake and with the propping open of bedroom doors.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Paula Magee, deputy manager and Sharon Butler, regional 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            On the day of inspection there was a power outage in the home due to planned maintenance by NIE. The power was supplied by generator. Bedroom doors did close on several occasions due to fluctuating power levels, in this identified room resident had propped door open due to mobilising in self propelling wheelchair. This is monitored through daily walkarounds.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 26 July 2018	<p>The registered person shall ensure that the reason for and outcome of administration are routinely recorded for medicines prescribed to be administered on a “when required” basis for the management of distressed reactions.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 January 2020	<p>The registered person shall ensure that orientation is promoted, where appropriate, for patients with dementia in helping them to identify their bedroom.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Residents involved with updating personalised laminated picture cards for bedroom doors to aid orientation. Name plaques and door numbers ordered and awaiting delivery.</p>

<p><b>Area for improvement 3</b></p>	<p>The registered person shall ensure that supplementary care records, in relation to food and fluid intake, accurately reference the patient’s nutritional requirements.</p>
<p><b>Ref:</b> Standard 4</p>	
<p><b>Stated:</b> First time</p>	<p>Ref: 6.2</p>
<p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Supplementary care records have all been reviewed and now reflect each individual resident dietary needs. This is reviewed monthly or more frequently if required.</p>

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



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