

Inspection Report

5 September 2023



Carlingford Lodge Care Home

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (No. 4) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mr Adam Dickson– Not registered
Person in charge at the time of inspection: Mr Adam Dickson	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 patients. Patients are accommodated over two floors. Patients with 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, dining areas and outside space. A residential care home occupies a corridor of the ground floor and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 5 September 2023 from 9.50 am to 5.55 pm. The inspection was carried out by a care inspector.

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

Patients were seen to look well cared for; they were well dressed in clean clothes and their bedrooms were clean, tidy and personalised. Patients spoke in positive terms about how they found life in the home. Patients who were less able to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to provide care in a compassionate manner and to be attentive to the needs of the patients.

It was positive to note that all areas for improvement identified at the last inspection were assessed as being met. New areas for improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in Carlingford Lodge was safe, effective and compassionate. The outcome of the inspection provided assurances that management and governance arrangements had improved. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 and how staff went about their work was observed.

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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients who were able to discuss their views and opinions spoke positively about how they found life in the home. Patients consulted with said the staff were kind and helpful. Patients who were less able to share their views and opinions looked content and were seen to enjoy positive interactions with the staff. All but one patient said there were enough staff to help them, the patient said that “staff are not about enough”. Another patient said that “I don’t have to call the staff, they come in regularly”. Other comments included that “they are very kind and helpful”, “nothing is too much trouble” and “the girls are lovely”.

Staff said that staffing levels had improved since the last inspection and were satisfactory. Staff said that they felt listened to, the management team were accessible and they felt well supported. Comments made by staff included that “teamwork is very good”, “new staff are brilliant”, “things have changed for the better”, “you can talk to the managers at any time”, “I definitely feel listened to” and “big improvements in staffing last few months and that is great”.

The majority of relatives consulted with said they were satisfied with the care provided and with communication. One relative said they were currently dissatisfied with a specific issue and had brought this to the attention of staff; discussion with the registered nurse on duty confirmed that the nurse was fully aware of the relative’s concern and had taken action regarding this.

The majority of relatives said they found staff to be helpful and friendly. Comments made by relatives included that “nothing is too much trouble”, “very welcoming atmosphere”, “I can work with the staff, they are very open and helpful”, “staff are pleasant but some are more helpful than others”, “generally things have been fine” and “very pleased so far”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and action where required.

No responses to the staff survey or completed questionnaires were returned to RQIA within the timeframe specified following the inspection.

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 inspection on 24 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that patients and/or their next of kin are involved with the care planning process. Evidence of this involvement must be included within the patient's care records.	Met
	Action taken as confirmed during the inspection: Review of care records and the system in place to record patient and next of kin involvement in the care planning process provided evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 12(1)(a) &(b) Stated: Second time	The registered person shall ensure that contemporaneous records of personal care delivery are recorded accurately and, where appropriate, are reviewed by registered nurses when completing daily evaluations of patients' care. Any actions taken as a result of review should be clearly documented within the evaluation notes.	Met
	Action taken as confirmed during the inspection: Review of care records provided evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 16 (2)(b) Stated: Second time	The registered person shall ensure that when a patient's nutritional or mobility needs change, the correct people are notified and all documentation in relation to this change is updated.	Met

	Action taken as confirmed during the inspection: Review of care records provided evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 16 (2)(b) Stated: First time	The registered person shall ensure that wound care records are contemporaneously recorded and that there are individual wound care plans and wound charts for each identified wound.	Met
	Action taken as confirmed during the inspection: Review of wound care records provided evidence that this area for improvement was met.	
Area for improvement 5 Ref: Regulation 13 (1)(a) &(b) Stated: First time	The registered person shall ensure that care records, diet notification sheets and handover sheets are consistent and accurately reflective of the recommended levels of food and fluids for individual patients. The date of review and the person reviewing should be clearly recorded on all relevant records.	Met
	Action taken as confirmed during the inspection: Review of care records, diet notification sheets and handover sheets provided evidence that this area for improvement was met.	
Area for improvement 6 Ref: Regulation 14 (2)(a) Stated: First time	The registered person shall ensure that patients do not have access to any areas of the home where there could be potential hazards, for example, areas where refurbishment is underway.	Met
	Action taken as confirmed during the inspection: Observations of the environment confirmed that patients did not have access to any areas where there were potential hazards. This area for improvement was met.	

Area for improvement 7 Ref: Regulation 10 (1) Stated: First time	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • a full range of audits are consistently completed as per the home's audit schedule in order to monitor the quality of care and services, identify deficits and drive improvement • audits should include evidence of required actions having been completed. <p>Action taken as confirmed during the inspection: Review of audits provided evidence that these were completed consistently and included evidence of required actions having been completed. This area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • the menu is on display in a suitable format to meet the needs of the patients • staff assist patients appropriately and on an individual basis • staff understand their role and responsibilities regarding the mealtime experience and ensuring this is a positive experience for patients • meals should be stored appropriately until the patient is ready for them to ensure they are served at a suitable temperature • condiments should be routinely offered and/or be readily available. <p>Action taken as confirmed during the inspection: Observation of the mealtime routine provided assurances that this area for improvement was met.</p>	Met
Area for improvement 2 Ref: Standard 47 Stated: First time	<p>The registered person shall ensure that there is a formal system in place to monitor that first aid equipment, such as Lifevac devices, are operational and maintained in good condition.</p>	Met

	Components with expiry dates, such as masks, should be replaced in a timely manner.	
	Action taken as confirmed during the inspection: The Lifevac devices had been removed from dining rooms and were no longer in use. This area for improvement was met.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall ensure that topical creams are stored appropriately, used in accordance with the prescribed instructions and only administered to the patient for whom they are prescribed.	Met
	Action taken as confirmed during the inspection: Observations of the environment provided assurances that topical creams were stored and administered appropriately. This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. However, reasons for leaving previous employment was not recorded in the recruitment file reviewed and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There was evidence that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

It was observed that there were enough staff on duty in the home to respond to the needs of the patients in a timely way. Staff said that they were satisfied that there had been improvements in staffing levels and consistency of staffing since the last inspection.

The manager said that, as a result of successful recruitment, use of agency had decreased and, although agency staff were still required, shifts were block booked for consistency. There was a system in place to ensure that agency staff completed a suitable induction.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes. Handover sheets included the date of review and were up to date.

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. A system had been introduced to evidence consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Records of patients' personal care delivery were up to date and evidenced review by registered nurses where necessary.

There was evidence that, where patients' nutritional or mobility needs had changed, relevant care records had been appropriately updated.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. However, there were gaps in repositioning records reviewed and an area for improvement was identified.

Review of wound care records evidenced that wounds were redressed as required with the recommended type and frequency of dressing. Care plans had been developed for individual wounds and wound care recording was up to date. There was evidence that the Tissue Viability Nurse (TVN) and/or podiatrist had been consulted regarding wounds where required and their recommendations were followed.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Appropriate action was taken in the event of a fall.

Review of care records evidenced that these were regularly reviewed and updated to ensure that they continued to meet the needs of the patients. Informative 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The daily menu was on display in both units in an attractive written format but this

might not best meet the needs of patients with dementia. This was discussed with the management team who said that menus were being reviewed in response to a recent patients' survey and as a result the pictorial menus need to be updated. Progress in this area will be reviewed at the next inspection.

Staff ensured that patients were comfortably seated in their preferred location for their meal. There was a choice of meals on offer, the food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal. Condiments were readily available. Patients were complimentary about their meal and said the food tasted good.

A 'safety pause' was implemented to ensure patients requiring a modified or specialist diet received the correct diet. Staff demonstrated their knowledge of patients likes and dislikes and assisted them with the range of support they required with their meal. Staff were seen to assist patients appropriately and to be attentive to their needs.

Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. Review of care records, diet notification sheets and handover sheets provided assurances that the information included was consistent, accurate and up to date.

Records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

The majority of patients consulted with said that they enjoyed the food on offer and they all agreed that alternatives were available if they changed their mind. Comments made included that "the food is good", "there is always a choice for meals, not home cooking but it is okay", "two choices for meals so you always get something you like or even a sandwich, toastie or whatever". One patient said they were not satisfied with the food; this was brought to the attention of the management team for information and appropriate action.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. Patients' bedrooms were attractively personalised with items that were important to them. Fire exits and corridors were free from clutter and obstruction.

It was positive to note that painting was underway in the dementia unit of the home and there was a plan in place to redecorate the whole unit.

Carpets in several bedrooms in the dementia unit were observed to be stained; the housekeeper said carpets had been regularly cleaned but over time the stains had become resistant to removal. Bedlinen in use in the dementia unit was clean but faded and washed-out. Some fabric chairs in the general lounge were seen to be showing signs of wear and tear. The home's refurbishment plan did include replacement of flooring, where carpets were beyond effective cleaning, with an expected completion date of 30 September 2023. However, the refurbishment plan did not include replacing worn bedlinen or seating and discussion with

the management team identified that there was no date planned as yet for the replacement of flooring to commence. An area for improvement was identified.

Review of the environment confirmed that Lifevac devices had been removed from dining rooms and these were no longer in use.

Several bed rail bumper covers in use were seen to show signs of wear and tear which would prevent effective cleaning. This was discussed with the management team and an area for improvement was identified.

Observations of the environment confirmed that patients did not have access to any areas of the home where there were potential hazards. Refurbishment of the servery in the dementia unit had been completed and the servery was seen to be kept locked when staff were not in attendance in the dining room.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Patients and relatives said they were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

Observations of the daily routine and discussion with patients confirmed that staff offered them choices throughout the day regarding, for example, whereabouts they preferred to spend their time, what they would like to eat and drink and the option to take part in activities or not.

Staff were seen to treat the patients with respect and kindness and to speak to them in a friendly and appropriate manner.

The activity schedule was on display in various locations throughout the home. There was a wide range of activities on offer including, for example, armchair exercises, games, movie club and one to one activities such as hand massage and nail care. In addition, singers came in to provide entertainment. Patients' spiritual needs were met through the provision of 'live time praise' and mass in the home. Birthdays and holidays were celebrated. Patients had an opportunity to go to a regular coffee morning at a local hotel. Hairdressing was available in the home each week.

Prior to lunch in the dementia unit an armchair exercise activity was on offer and several of the patients joined in. The activity co-ordinator was enthusiastic and made the activity fun and inclusive.

In the afternoon several patients from the general unit were able to enjoy the sunshine outside as it was a lovely day. The activity co-ordinator hosted an interactive movie/music quiz and ice lollies were provided.

A record of patients' meetings and relatives' meetings was maintained. Surveys had recently been conducted with patients and relatives and the manager said the results of these will be used to inform and improve the care delivered, for example, as previously mentioned menus were being reviewed in response to the patients' survey.

The atmosphere throughout the home was warm and welcoming. A relative said that staff were friendly and "greet you by your name". Patients said that things "couldn't be better" and "I get to do what I want, if I say that I don't want to get up yet that is not a problem".

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Adam Dickson has been managing the home since 3 August 2023. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff spoke in positive terms about the management team and how supportive and accessible they were.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits had been completed consistently and included evidence that required actions had been undertaken.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Relatives spoken with said that they knew how to report any concerns; the majority either said they had no concerns or were confident these would be sorted appropriately. As previously mentioned one relative had brought a concern to the attention of staff and this was being dealt with.

It was established that there was a system in place to manage complaints and that progress had been made regarding complaints discussed at the last inspection. Records of complaints were detailed and included the actions taken and the outcome. The management team confirmed that the outcome of these was shared with staff and used for learning.

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.

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with 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	
Area for improvement 1 Ref: Regulation 18 (2)(c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the refurbishment plan in place is kept under review and up to date. Floor coverings, bed linen and seating should be replaced as and when necessary to ensure that the home's environment is well maintained, pleasant and suitable for the needs and comfort of the patients.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An environmental audit has been completed and orders placed for identified deficits. The homes environment will continue to be monitored by the Registered Manager during the daily walk round and by the Regional Manager during the monthly Regulation 29 visits. Any actions identified will be included within the Homes Refurbishment and Redecoration Plan, including a date for completion.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that reasons for leaving previous employment are requested and recorded prior to making an offer of employment.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The personnel file of the identified staff member has been reviewed and updated to reflect reasons for leaving. The</p>

	Registered Manager will ensure that all pre-employment checks are completed prior to making any offer of employment. A checklist is in place and will be signed off by the Registered Manager to evidence compliance. New employee personnel files will be monitored during the monthly Regulation 29 visit.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that, in accordance with best practice guidelines, records of repositioning are maintained contemporaneously. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plans for those residents assessed as requiring repositioning have been reviewed. The frequency of repositioning required is recorded on the repositioning record and on the handover document. Repositioning records are reviewed by the nurse in charge on each shift to ensure delivery of care is contemporaneously recorded. Compliance will be monitored during spot checks completed by the Registered Manager on the daily walk round. Further oversight of repositioning will be carried out by the Regional Manager during the Regulation 29 visits.
Area for improvement 3 Ref: Standard 45 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the condition of bedrail bumpers in use is regularly reviewed and that these are replaced where signs of wear and tear would prevent effective cleaning. Ref: 5.2.3
	Response by registered person detailing the actions taken: A full review of bedrail bumpers has been completed and corrective action has been taken. A new bedrail audit has been introduced and will be completed monthly with an action plan put in place as required. All care staff have had a supervision completed focusing on bedrails and bedrail bumpers, this included actions to be taken if concerns are identified.

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