



# Unannounced Care Inspection Report 9 May 2019



## Carlingford Lodge Care Home

**Type of Service: Nursing Home**

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

**Tel No: 028 4175 9200**

**Inspectors: Dermot Walsh and Gillian Dowds**

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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 registered nursing home which provides care for up to 58 patients. The home is divided into two units. A maximum of 25 patients can be accommodated in the general nursing unit and 33 patients in the dementia unit.

### 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> Sara Main	<b>Number of registered places:</b> 58  Comprising: 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> 55

### 4.0 Inspection summary

An unannounced inspection took place on 9 May 2019 from 09.30 hours to 19.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 completion of nurse in charge competencies, risk assessment, governance arrangements, management of complaints and incidents, quality improvement and the mealtime experience

Areas requiring improvement were identified in relation to compliance with infection prevention and control, staffing arrangements, shift handover, storage of thickeners, identification of bedrooms and with care planning.

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 staff.

Comments received from patients, the people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*5

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sara Main, registered manager and Roberta Wilson, quality improvement lead, 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 20 February 2019

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

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients and people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire to give their views on the running of the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff week commencing 6 May 2019
- staff training records
- incident and accident records
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample monthly monitoring reports from January 2019

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 20 February 2019

Areas for improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement two were met, and one which was not met has been included in the QIP at the back of this report.

## 6.2 Inspection findings

### 6.3 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 that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 6 May 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. 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 provision in the home. One relative consulted was concerned with the staffing level. Three staff consulted were concerned with the staffing level at identified times during the day. Staff gave examples of how the staffing levels during these periods impacted on patient care and staff morale. The staff's concerns were discussed with the registered manager and identified as an area for improvement. Information sent to RQIA following the inspection confirmed that a review of the staffing arrangements had been conducted and changes made. This will be reviewed at the next care inspection.

Discussion with the registered manager and a review of records evidenced that nursing staff, who had been given the position of the person in charge of the home in the absence of the registered manager, had completed a nurse in charge competency and capability assessment prior to taking charge of the home. An area for improvement in this regard has now been met.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

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. Work was in progress to replace the flooring on the main corridor in the dementia unit. An area for improvement made in this regard has now been met. This work was conducted in stages to minimise the impact on patient care. Identified areas were observed throughout the home which were not in compliance with best practice on infection prevention and control. This was discussed with the registered manager and identified as an area for improvement. During the review of the environment, a container of thickening agent was observed in an unsupervised room and accessible to patients. This was discussed with the registered manager and identified as an area for improvement.

During a review of the dementia unit, it was observed that there were no indicators on bedroom doors to assist patients in identifying their bedrooms. Indicators such as a symbol, picture or photograph can help in orientating a person with dementia to their room. This was discussed with the registered manager and identified as an area for improvement.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to completion of nurse in charge competencies and initial risk assessment.

### **Areas for improvement**

The following areas were identified for improvement in relation to compliance with infection prevention and control, staffing arrangements, storage of thickeners and with signage in the dementia unit.

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

## 6.4 Is care effective?

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

There was evidence within three patients' care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and restrictive practice. Care plans had been developed which were reflective of the risk assessments. The care plans had also been reviewed regularly. However, a review of two patients' records, where the patient had spent a period of time in hospital, evidenced that neither risk assessments nor care plans had been evidenced as reviewed on the patients' return to the home. In addition, one of the patient's care records had not been updated to reflect the recommendations of another health professional. This was discussed with the registered manager and identified as an area for improvement. Information sent to RQIA following the inspection confirmed that additional measures have been implemented in relation to record keeping when a patient returns to the home following discharge from hospital. This will be reviewed at the next care inspection.

Dietary requirements such as the need for a gluten free or diabetic diet were communicated through staff handovers and via diet notification sheets to the kitchen. Information also included the consistency of patients' food and fluids using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional, such as a dietician.

Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision. We reviewed the lunchtime meal experience during the inspection in the dementia unit. The meal commenced around 12.30. Patients dined in the main dining room or at their preferred dining area. A pictorial menu was displayed on the wall of the dining room which was not reflective of the food which was served. Kitchen staff confirmed that additional pictures had been ordered to reflect food offered. Patients were offered a choice of meal. Food was served from an attended heated trolley when patients were ready to eat or be assisted with their meal. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. A range of drinks was served with the meal. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible.

An area for improvement was made at the previous care inspection in relation to staff handovers on commencement of shift at 14.00 and 16.00 hours. Staff confirmed that this had commenced following the inspection although has not always been maintained. Staff also confirmed that staff commencing at 19.00 hours also did not receive a handover. The area for improvement made has now been stated for the second time.

Staff described teamwork in the home as: ‘good; more consistent now; love the team’. Two staff consulted identified areas which impacted on teamwork. Areas which supported effective teamwork were also discussed. This was discussed with the registered manager for their review and action as appropriate.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the mealtime experience.

**Areas for improvement**

An area for improvement was identified in relation to the updating of patients care records following a stay in hospital and/or following recommendations made from another health professional. An area for improvement in relation to shift handovers has been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 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.**

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Words cannot express how ... and I feel about you all. It is our most heart full thanks we give you all.”
- “Thank you to all at Carlingford Lodge for your great care, kindness and compassion shown to our mum ....Also for being there for us.”

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Carlingford Lodge was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.



Patient comments:

- “Staff are very nice. The food is good.”
- “They’re doing everything all right as far as I’m concerned. I’m happy enough and well looked after.”
- “I don’t pass no remarks. They are certainly compassionate.”
- “I think they do the best job ever. They’re good people doing they’re best. They’re excellent. They’re good to me.”

Two visitors were consulted during the inspection. One of the visitors was not satisfied with the care provision and their concerns were shared with the registered manager. Patient representatives’ questionnaires were left for completion. Two were returned. Some patient representatives’ comments were as follows:

- “The staff are all very good. I have no complaints at all.”
- “Too many bank staff v permanent staff. At times room is untidy, table messy and bed not made properly.”
- “Not always very clean when we visit. Food always looks very good and staff in catering are lovely.”

One questionnaire was returned which did not indicate if it was from a patient or a visitor. The respondent indicated that they were very satisfied that the home provided safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 11 staff consulted during the inspection included:

- “It is great here.”
- “It’s ok. Can be stressful at times.”
- “I love dementia care.”
- “I love it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be 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 delivery of compassionate care.

**Areas for improvement**

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 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.**

Since the last care inspection, the management arrangements in the home had not changed. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management. Complaints were also monitored during monthly monitoring visits conducted by a senior manager within the Amore group.

The nominated person conducting the monthly monitoring visits would also review the care provision and service provision of the home. Any areas identified for improvement had been documented as discussed with the registered manager or nurse in charge and identified within an action plan included in the report. Reports were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals.

Discussion with the registered manager and review of auditing 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, care records, dementia management and infection prevention and control practices.

Discussion with staff confirmed challenges to working relationships. Concerns identified were discussed with the registered manager for their review and action as appropriate.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and quality improvement.

### Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sara Main, registered manager and Roberta Wilson, quality improvement lead, 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 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019	<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>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Infection control issues identified were addressed on the day of inspection. The areas highlighted are monitored through daily walk around, environmental walk around, infection control audits, and unannounced Regulation 29 visits.</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 41  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 May 2019	<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> <p>Ref: 6.2 and 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            We will endeavour to ensure that nursing and care staff are in receipt of a handover report when they commence shift. The message of the importance of receiving a handover was highlighted at staff meeting/staff forum.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 25 May 2019	<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> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Staffing has been reviewed using the Priory Staffing and Nursing Tool and calculates the overall dependency and numbers of staff needed to meet the shift. The deputy manager will continue to assist the nursing staff within the home with medications. An additional member of staff will be working in dementia unit from 14.00-20.00 and teams identified more clearly.</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Thickening agent removed from area identified on day of inspection. Nursing staff to ensure that no thickening agent is left in communal areas, this will be picked up on daily walk around.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2019</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> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Contact has been made with Priory Dementia Coach, she has identified that we already have the following in place: Personalised bedrooms with photos and familiar items, different colour doors as per our dementia friendly scheme, signage in the corridors (way finding to bedroom numbers/locations), numbers on bedroom doors along with name plaques and themed area in each corridor. Following discussion with our activity coordinator we have decided to implement the following for those who wish, personalised laminated picture cards depicting the residents favourite past time/friends and family. NB The attached report was received on 30<sup>th</sup> July.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The concerns regarding accurate documentation of any or no care need changes following discharge from hospital have been discussed with nursing team on both floors. This is supported by formal written supervision regarding updating of care plans within a 24 hour period following discharge back to home and the introduction of a return to home checklist to be returned to manager once completed.</p>

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



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