



Unannounced Follow Up Care Inspection Report 20 February 2019



Carlingford Lodge Care Home

Type of Service: Nursing Home

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

Tel No: 028 4175 9200

Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Ltd Responsible Individual(s): Nicola Cooper	Registered Manager: Sara Main
Person in charge at the time of inspection: Sara Main	Date manager registered: 27 March 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 58 A maximum of 25 persons in category NH-I and 33 persons in category NH-DE.

4.0 Inspection summary

An unannounced inspection took place on 20 February 2019 from 14.00 to 21.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection.

The following areas were examined during the inspection:

- staffing – including deployment
- environment
- falls management
- governance of complaints and infection prevention and control.

Patients described living in the home in positive terms. Patients' comments can be found in section 6.3. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*2

*The total number of areas for improvement includes one under regulation which has been stated for a second time and one under standards 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 Sara Main, registered manager, Paula Magee, deputy manager and Sharon Butler, regional director NI, 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 27 November 2018

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 following the most recent inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with 14 patients, 10 staff and 15 patients' representatives. A poster was displayed at a staff area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and ten for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 11 February 2019
- incident and accident records
- training records in relation to infection prevention and control
- nurse in charge competency and capability assessment
- three patients' care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially 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 most recent inspection dated 27 November 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Third and final time</p>	<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 to ensure infection prevention and control compliance must be developed.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A review of the environment evidenced compliance with infection prevention and control. Auditing records were available which focused on infection prevention and control.</p>	
<p>Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: Second time</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Action taken as confirmed during the inspection: We reviewed three patients' care records where the patients had sustained a fall. Records had been completed in accordance with good practice.</p>	Met
<p>Area for improvement 3 Ref: Regulation 20 (3) Stated: First time</p>	<p>The registered person shall ensure that registered nurses complete a competency and capability assessment for 'nurse in charge' prior to taking charge of the home in the absence of the manager,</p> <p>Action taken as confirmed during the inspection: There was evidence that nurse in charge competency and capability assessments had been completed in the home. However, one nurse rostered to be the nurse in charge did not have the assessment completed.</p>	Partially met
<p>Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: First time</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Action taken as confirmed during the inspection: During a review of the environment, no chemicals were observed accessible to patients in any part of the home.</p>	Met
<p>Area for improvement 5 Ref: Regulation 24 Stated: First time</p>	<p>The registered person shall ensure that all complaints received are appropriately recorded and managed.</p> <p>Action taken as confirmed during the inspection: A review of the complaints records evidenced that complaints received in the home had been recorded and managed appropriately.</p>	Met

Area for improvement 6 Ref: Regulation 10 Stated: First time	The registered person shall ensure that there is an effective governance oversight of IPC compliance and complaints management in the home.	Met
Action taken as confirmed during the inspection: Discussion with the homes management team and a review of records of monthly monitoring visits and quality visits evidenced this area for improvement as met.		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Criteria 1 Stated: Second time	The registered person shall ensure that the flooring on the corridor of the dementia unit is replaced as appropriate.	Carried forward to the next care inspection
Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.		

6.3 Inspection findings

Staffing

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review. A review of the staffing rota for week commencing 11 February 2019 confirmed that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Consultation with 14 patients and 10 staff confirmed that they were satisfied that the staffing levels in the home met the assessed needs of patients. However, given the shift patterns in the home, four staff commented that on certain days the staffing level between the hours of 14.00 and 16.00 hours was reduced and that this reduction in the staffing level 'hindered' patient care. Staffs' concerns were passed to the registered manager for their review and action as appropriate.

Five relatives consulted during the inspection expressed concern with the staffing levels in the home. Identified concerns were passed to the registered manager for their review and action as appropriate. The home's management team provided an assurance that they will continue to monitor the staffing arrangements in the home to ensure that patients' needs were met. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff stated that they worked well together as a team; each staff member knew their role, function and responsibilities. Comments from staff included “we work really well together and support each other”.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. However, staff also confirmed that a handover was not always provided to staff commencing duty at 14.00 or 16.00 hours. 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 teamwork in the home.

Areas for improvement

An area for improvement was identified in relation to the provision of a patient handover report at the commencement of all shifts.

	Regulations	Standards
Total number of areas for improvement	0	1

Falls Management

We reviewed three patients’ care records for the management of falls. A falls risk assessment had been completed on admission and reviewed appropriately. Falls care plans were developed reflective of the assessments and reviewed monthly or following a fall. In addition, each patient had a falls log completed where a fall had occurred. Accident records evidenced the actions taken following the fall and all persons notified of the fall. Medical advice had been appropriately sought where the patient was on an anticoagulant. Body maps had been completed when an injury had occurred. Central nervous system (CNS) observations had been monitored appropriately following falls. Falls were analysed on a monthly basis to identify if any patterns or trends were emerging. Accidents were monitored at the monthly monitoring visits in the home.

Areas of good practice

An area of good practice was found in relation to the management of a patient following a fall.

Areas for improvement

No areas for improvement were identified during the inspection in relation to falls management.

	Regulations	Standards
Total number of areas for improvement	0	0

Governance of complaints and infection prevention and control

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A complaint which was brought to the inspector's attention during the inspection had been documented appropriately.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, complaints/compliments and on infection prevention and control. In addition, there were records of environmental walkarounds the home which included detail of observations noted and any actions taken in response to the observations. Training records indicated recent infection prevention and control training which 40 staff attended.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives and Trust representatives on request.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. As previously stated, compliance with infection prevention and control measures was well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. 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.

An area for improvement made at a previous care inspection in relation to flooring in the dementia unit was not reviewed during this inspection as the time to be completed was cited as 17 March 2019. RQIA will review this area for improvement at the next care inspection. The registered manager did confirm, during the inspection, the actions taken to date to meet this area for improvement.

Areas of good practice

Areas of good practice were found in relation to compliance with infection prevention and control and with the home's general environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Consultation

Consultation with 14 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 to the inspector included:

- “All staff are very nice. We are well looked after.”
- “All is grand here.”
- “The home is very good.”
- “Staff are all very nice here.”
- “They look after us very well.”
- “I like it here.”

Fifteen patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Three were returned. The three respondents indicated that they were satisfied or very satisfied with the care provision in the home.

Some patient representatives' comments included:

- “The girls are lovely. Would do anything for you. Very good.”
- “The care generally is good.”
- “I would like to see more attention to personal care.”
- “I find the staff very good. Care is very dignified. ... (the patient) is always seen as the important one.”
- “The care is good and the food is good. We are always made to feel welcome.”
- “The girls do their best. Sometimes they are just rushed. Not enough staff.”
- “Care is up and down. Our main concern is staffing especially around shift change. Can be hard to find staff.”
- “Generally speaking the care is very good. We can come and go as we please.”
- “Very good staff here. Brilliant. ... always looks well and is very settled here.”
- “My aunt is happy here. She has a lot of health issues but we as a family are content with her care.”
- “We as a family are very happy with my sister's care.”

Two questionnaires were returned which did not indicate if they were from patients or relatives. The respondents indicated that they were not satisfied with the care provision within the home and their comments were shared with the registered manager for their review and action as appropriate.

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Comments from ten staff consulted during the inspection included:

- “I like working here.”
- “It is a very good home.”
- “Can be very stressful working here but I like it.”
- “I really like my job.”
- “Can be very busy but I enjoy it.”
- “It is very busy but I like it here.”
- “I like 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.

A file containing cards and letters of compliment and thanks was maintained in the home. Some of the comments recorded included:

- “... and I would like to thank you and all your staff for the care, kindness and endless patience you showed towards mum during her stay in Carlingford Lodge.”
- “To all the staff at Carlingford Lodge, please accept our heartfelt thanks for the kind and compassionate care shown to mum during her stay with you.”

Areas of good practice

An area of good practice was identified in relation to the delivery of compassionate care resulting in patients’ appreciation of staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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, Paula Magee, deputy manager and Sharon Butler, regional director NI, 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (3) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that registered nurses complete a competency and capability assessment for 'nurse in charge' prior to taking charge of the home in the absence of the manager, Ref: 6.2 Response by registered person detailing the actions taken: All competencies are now reviewed and completed for registered nurses who take charge in absence of home manager.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Criteria 1 Stated: Second time To be completed by: 17 March 2019	The registered person shall ensure that the flooring on the corridor of the dementia unit is replaced as appropriate. Ref: 6.2 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	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. Ref: 6.3 Response by registered person detailing the actions taken: Handover reports are now given to all staff commencing at 14.00 and 16.00. This is signed off by nurse on daily nurse in charge information sheet.

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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