

Unannounced Care Inspection Report 25 March 2021



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 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

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Sara Main 27/03/2018
Person in charge at the time of inspection: Sara Main	Number of registered places: 58
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: 44

4.0 Inspection summary

An unannounced inspection took place on 25 March 2021 from 09.30 to 18.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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
Total number of areas for improvement	3	*4

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sara Main, Registered Manager and Tracey Henry, Regional Director, 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.

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 inspector met with 10 patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. None were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received. The inspector provided the manager with 'Tell us' cards 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.

The following records were examined during the inspection:

- duty rota for week commencing 15 March 2021
- staff training records
- a selection of quality assurance audits
- menu
- programme of activities
- RQIA certificate
- newsletters
- three patients' care records.

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 persons in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect.	Met
	Action taken as confirmed during the inspection: Doors were not observed to have been propped open in any part of the home.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of medication records evidenced that the reason for and outcome of the administration of 'when required' medications had been recorded.	

Area for improvement 2 Ref: Standard 43 Stated: Second time	The registered person shall ensure that orientation is promoted, where appropriate, for patients with dementia in helping them to identify their bedroom.	Met
	Action taken as confirmed during the inspection: Signage was in place to promote the orientation of patients.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that supplementary care records, in relation to food and fluid intake, accurately reference the patient's nutritional requirements.	Not met
	Action taken as confirmed during the inspection: A review of intake records evidenced that this area for improvement had not been met. This area for improvement has not been met and has been stated for a second time.	

6.2 Inspection findings

Staffing

On the day of inspection 44 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 15 March 2021. Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Patients spoke positively on the care that they received. One told us, "It's great here". Another commented, "The nurses are very good".

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. The majority of training was through electronic means. A staff member had been trained to provide in-house face to face training on moving and handling of patients. Staff also discussed training provided through a video conferencing programme. Compliance with mandatory training was monitored on a training matrix by the home's management on a monthly basis. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Staff spoke positively in relation to the teamwork in the home. One commented, "There is good communication between us." Staffs were observed to communicate well with each other during the inspection. One issue, which may have inhibited effective teamwork, was brought to the manager's attention for their review and action as appropriate.

Care delivery

There was a relaxed environment in the home throughout the inspection. Staff were observed to interact with patients in a compassionate and caring manner. One patient told us, "I like it here; nurses are very good." Patients who could not verbally communicate appeared relaxed and comfortable in their surroundings. Patients we encountered were well presented in their appearance. Staff were aware of patients' needs and requirements.

A programme of activities was available at the entrance to the home. Discussion with patients and staff and a review of activities in the dementia unit evidenced that meaningful activities were not consistent with the patients accommodated there. This was discussed with the manager and identified as an area for improvement.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Visitors were required to perform hand hygiene and wear a facemask before entering the visiting room. In addition to indoor visiting, virtual and window visiting was encouraged. An up to date visiting policy was available for review.

The manager confirmed that they would normally communicate any change with patients' relatives via the telephone. A newsletter entitled 'The Lodge News' was published fortnightly and sent to patients' identified next of kin to update them on any changes in the home or any upcoming events. The most recent March edition focused on the care partner concept. The manager confirmed that they were currently processing 10 requests to progress with the care partner role. Arrangements have been put in place to include care partners in the home's COVID – 19 weekly testing programme. Measures were also in place to ensure that the care partners received training on hand hygiene and the use of PPE.

During the inspection we reviewed the lunchtime meal experience in the dementia unit. The food served appeared appetising and nutritious. Drinks were served with meals. When staff were assisting patients with meals, they sat with them. Patients wore clothing protectors where required. Any food taken from the dining room was covered so that temperatures could be maintained. However, poor practice was also observed in relation to staffs' IPC practices when mobilising patients to the dining area and when assisting during the mealtime. The correct PPE was not always worn and we observed some staff not performing hand hygiene between patient contacts or at the appropriate intervals. This was discussed with the manager and identified as an area for improvement. Menus offered a choice of meal for lunch and evening meals; however, there was not a choice of meal for those who required having their meals modified. This was discussed with the manager and identified as an area for improvement.

Care records

Wound care records had been maintained well. Initial wound assessments had been completed and informed the wound care plan. The care plans reflected recommendations from the tissue viability nurse. Wound evaluation charts were completed at the time of wound dressing to

monitor the progress of the wound. A photograph of the wound was maintained in the patient's care records.

We reviewed one patient's care records where the skin integrity and mobility care plans were not personalised and written using general statements not identifying the specifics of care required. Any person reading this care plan could not deliver care without further assessment of the patient. This was discussed with the manager and identified as an area for improvement.

Gaps were identified in a patient's topical medicines application record (TMAR). Topical medicines can include creams applied to patients' skin. The person who applies the cream is the person responsible for completing the TMAR. Gaps signify that the cream was either not applied or applied but not signed. This was discussed with the manager and identified as an area for improvement.

Review of two patients' repositioning records evidenced that repositioning had occurred at the correct time and that the patients' skin had been checked when repositioning. The records reviewed had not been consistently signed by both staff who had repositioned the patient. This was discussed with the manager who agreed to identify the matter with staff.

Personal care records reviewed evidenced gaps in the recording where either the care had not been given or given but not signed. All care delivered to patients should be accounted for including, for example, when the patient's teeth were cleaned or hair was washed. This was discussed with the manager and identified as an area for improvement.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask, complete a self-declaration form regarding recent contacts and symptoms and have our temperature checked and recorded. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

Staffs' temperatures and symptoms were checked when they entered the home. Staff would sanitise their hands and put on PPE before any contact with patients. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. The majority of staff and patients in the home had received the second dose of a COVID – 19 vaccine.

Staff confirmed that training on IPC measures and the use of PPE had been provided. Regular hand hygiene audits had been conducted and had identified when staff were wearing watches or had polish on nails. Infection control audits had been conducted in each unit in the home. An area for improvement was identified above in relation to PPE and hand hygiene during the lunch mealtime but it should be noted that at all other times staff were observed wearing PPE correctly and performing hand hygiene appropriately. During a recent outbreak in the home, the regional director conducted an unannounced infection control review. The review included observations and any actions taken. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. Additional domestic staff had been employed and additional hours allocated to domestic cleaning. The frequency of the cleaning of touchpoints had increased. Night duty staff had a separate cleaning schedule to complete. A recent terminal clean had been completed following an outbreak in the home.

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. Corridors and stairwells were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of obstruction. Chairs in communal seating areas had been adequately spaced to allow for social distancing. Doors leading to rooms which may contain potential hazards to patients had been appropriately locked when not in use. The home was clean, warm and tidy. There were no malodours in the home. Improvement works were identified in progress in the general nursing unit. The floor was in the process of being replaced. Signage was in place in the dementia unit to assist patients with orientation and with locating their bedrooms.

Leadership and governance

Since the last inspection the registered management arrangements in the home had not changed. The RQIA certificate of registration had been displayed appropriately and reflected the management arrangements. Staff described the manager as 'very approachable' and confirmed that they would have no issue in bringing any concerns to her attention. The manager was assisted by a deputy manager in the running of the nursing home.

The manager confirmed that they felt well supported by the regional director; quality improvement lead and other home managers and had received daily support calls from senior Priory management during a recent outbreak.

We reviewed wound care audits. Regular wound audits had been implemented to ensure that wound care had been managed appropriately. The audits recorded any actions required to address any identified shortfalls.

Monthly monitoring visits were conducted. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion. During the recent outbreak these visits were conducted remotely to reduce footfall in the home.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management.

Areas for improvement

Areas for improvement were identified in relation to record keeping, provision of activities, infection prevention and control and meal choice for patients who require having their meals modified.

	Regulations	Standards
Total number of areas for improvement	3	4

6.3 Conclusion

The atmosphere in the home was relaxed during the day. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received and were well presented in their appearance. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management.

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 Tracey Henry, Regional Director, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 7 April 2021	<p>The registered person shall ensure that the infection control issues identified during the inspection are managed to prevent the risk and spread of infection.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The infection control issues identified during inspection are now addressed in relation to PPE and hand hygiene at mealtimes. This will continue to be monitored through the dining and nutrition quality walk round audit and hand hygiene audits. This will be observed during the Manager daily walkaround and actions recorded.</p>
Area for improvement 2 Ref: Regulation 18 (2) (n) Stated: First time To be completed by: 30 April 2021	<p>The registered person shall review the provision of activities in the home to ensure that all patients, who wish to engage, are included in regular meaningful activity.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 3 Ref: Regulation 12 (4) (d) Stated: First time To be completed by: 30 April 2021	<p>The registered person shall ensure that patients, who require having meals modified, are offered a choice of meal at mealtimes.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The menus have been reviewed by head chef following discussions with the residents and those on a texturised diet. The menu is displayed and reflective of a choice in particular for residents prescribed a modified diet. This will continue to be reviewed as part of the manager daily walkround and the dining and nutrition quality walk round audit.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 8 April 2021</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>Ref:6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: All supplementary records for food and fluid intake have been reviewed and updated to reflect the individual needs of the resident. This will be monitored and changing accordingly by nursing staff. This will be reviewed through the manager daily walkround. This has been addressed through staff meetings also.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2021</p>	<p>The registered person shall ensure that the identified patient's care plans are written in a format which specifically directs individualised patient care and avoids the use of general terminology in accordance with professional guidance.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The identified residents care plan has now been reviewed and updated. This will be monitored through resident of the day updates and documentation quality walk arounds.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that TMARs are completed in full at the time of administration.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: TMARS have been reviewed and updated. Topical medicine competencies completed with the care staff. This will be monitored and spot checked on manager daily walk round.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all personal care delivered to patients is recorded to evidence actual care given.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Discussed with care staff the importance of recording care given in a timely manner. Skin bundles reviewed and to be monitored daily as supportive evidence to nursing documentation.</p>

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



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