

Unannounced Care Inspection Report 13 September 2016



Carlingford Lodge Care Home

Type of Service: Nursing Home
Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN
Tel no: 028 4175 9200
Inspector: Donna Rogan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Carlingford Lodge Care Home took place on 13 September 2016 from 19:45 hours to 23:45 hours by Donna Rogan inspector.

This inspection was carried out following an anonymous call to RQIA on 12 September 2016 with the purpose of identifying possible breaches in regulations specifically in the dementia unit. The caller raised concerns in relation to the following;

- inadequate staffing levels
- nurse supervising in lounge whilst administering medications
- lack of supervision of patients
- patients' dignity at times was being compromised
- observed medication on the floor.

Some of the issues raised by the caller in relation to staffing, supervision of patients and the administration of medications whilst supervising patients were validated and at the time of the inspection. Full details of the inspectors' findings can be viewed in section 4.3 of the report.

Eight requirements and three recommendations were made following the inspection. Two of the requirements and two of the recommendations detailed on the QIP were not validated during this inspection and have been carried forward. Two of the requirements and one of the recommendations are stated for a second time.

There was no enforcement action taken as a result of this inspection.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	9*	3

*Two of the nine requirements were made at the previous care inspection conducted on 15 June 2016 and are stated for a second time following this inspection. Three requirements and two recommendations were not validated at this inspection and will be reviewed at subsequent inspections.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Bijini John, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines inspection undertaken on 25 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 July 2016.

2.0 Service details

Registered organisation/registered person: Caroline Denny	Registered manager: Bijini John
Person in charge of the home at the time of inspection: Joanne Gibbens registered nurse Bijini John registered manager joined the inspection for feedback	Date manager registered: 19 August 2016
Categories of care: NH-DE, NH-I	Number of registered places: 74

3.0 Methods/processes

Information was received by RQIA on 12 September 2016 from an anonymous caller which raised concerns in relation to the dementia unit regarding the issues listed in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. Following discussion with senior management, it was agreed that an evening inspection would be undertaken to review the following areas in the dementia unit:

- staffing levels
- administration of medications
- supervision of patients
- review the management of patients' dignity
- review of the environment.

Prior to inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care and medication inspection reports
- the returned QIP from the previous care and medications inspections
- notifications received since January 2016.

The following records were examined during the inspection:

- duty rotas
- complaints
- communication diary.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 Stated: First time	The registered persons must monitor the staffing levels in keeping with the dependency levels of patients to ensure patients' needs were being met in a timely way. The manager must ensure that the monitoring arrangements of dayrooms are reviewed to ensure patients' safety is regularly monitored. Records of the monitoring should be maintained and the necessary action taken. The routine in the home and the deployment of staff should be reviewed to ensure that the needs of patients are being met.	Not Met
	<p>Action taken as confirmed during the inspection:</p> A review of the night time routine in the dementia unit evidenced that staffing levels were insufficient to meet the needs of the patients. See section 4.3 for the inspection findings and actions taken by the registered manager. <p>This requirement is stated for a second time.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: First time</p>	<p>The registered persons must review the domestic and laundry hours in the home to ensure they are sufficient for the effective cleaning in the home and to ensure laundry is completed and returned in a timely way.</p>	<p>Not validated and carried forward to next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Due to the focus and time of this inspection this requirement was not validated and is carried forward to a subsequent inspection.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (c)</p> <p>Stated: First time</p>	<p>The registered persons must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Ensure the two identified care records are updated to meet the patients' needs and are maintained in keeping with NMC guidelines.</p>	<p>Not validated and carried forward to next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Due to the focus and time of this inspection this requirement was not validated and is carried forward to a subsequent inspection.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered persons must develop and implement a dementia strategy in order to enhance the environment and daily routine in the dementia unit in keeping with the registered category of care.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Whilst there were improvements observed with regards to the environment further improvement is required. The dementia strategy is required to be further developed to ensure the daily routine is in keeping with best practice in dementia care.</p> <p>The requirement is stated for a second time.</p>		

<p>Requirement 5</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that activities are structured and planned and provided with regards to the needs of patients and that patients are consulted about the planned programme of activities.</p>	<p>Not validated and carried forward to next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Due to the focus and time of this inspection this requirement was not validated and is carried forward to a subsequent inspection.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered persons should ensure duty rotas are planned well in advance to ensure robust measures are in place to quickly identify and address any deficits.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the duty rotas evidenced that there was a new duty rota in place prepared for a period of four weeks in advance. The registered manager had planned to increase the twilight care numbers from two to three care assistants and the registered nursing staff by one hour from 20.00 hours to 21.00 hours from Monday 17 September 2016. This was reflected on the new duty rotas. The registered manager stated that the increase was due to a number of families' making recent complaints regarding staffing levels during the evening and night time routine. As stated in requirement 1 the registered manager should continue to monitor the staffing arrangements to ensure they are sufficient in skill mix and numbers to meet the needs of the patients.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the care plan audits are reflective of the necessary actions to be taken in order to ensure care plans are up to date.</p>	<p>Not validated and carried forward to next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Due to the focus and time of this inspection this requirement was not validated and is carried forward to a subsequent inspection.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered persons should ensure supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.</p>	<p>Not validated and carried forward to next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Due to the focus and time of this inspection this requirement was not validated and is carried forward to a subsequent inspection.</p>	<p>Met</p>	
<p>Recommendation 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>		<p>The registered persons should ensure the comments made by patients, staff and relatives are reviewed and where necessary actioned.</p> <p>Ref: Section 4.5</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that she has met with relatives, staff and patients since the previous inspection and has actioned comments where necessary. There was evidence that the registered manager had met with a number of relatives the day before the inspection and had commenced an action plan to address the concerns raised.</p>		

4.3 Inspection findings

The unannounced inspection commenced at 19.45 hours. On commencing the inspection the registered nurse in the frail elderly nursing unit was not immediately aware that she was the nurse in charge of the home until it was discussed with the inspector. The nurse in charge was also not fully aware of the numbers of staff on duty in the dementia unit. This was discussed with the staff member who agreed to ensure that they were well informed of the staff on duty.

The duty rotas reviewed and discussion with staff evidenced that the following staff were on duty on each unit. In the frail elderly unit there were 39 patients. There were two registered nurses and two care assistants on duty. Staff spoken with stated that they felt this was sufficient. The staffing in this unit was not reviewed on this occasion.

In the dementia unit there were 33 patients. There was one registered nurse and two care assistants on night duty, there were also two twilight care assistants on duty until 22.00 hours. At 20.15 hours, most patients were observed to be congregated in the main lounge, some were seated in rows of seating and others were observed to sit just outside the lounge. There were also a number of patients walking freely in this area and others were using rollators. There was a quite a bit of activity in this area and the noise level was particularly high. One member of staff was seated in the lounge completing close observation of two patients who required one to one attention. Both patients were displaying distress reaction. The registered nurse was also in the lounge administering medications. The television was quite loud and there were also a number of relatives visiting patients in this area.

The remainder of staff were finishing patients' suppers and assisting patients to bed in various areas of the home. The activity in the identified lounge area was observed to be chaotic and unorganised. Best practice would state that this area was overcrowded and may have added to the confusion of patients as there was insufficient staff observed to assist with distressing reactions or to divert patients or attend to their needs in a timely way. Staff stated that patients were usually brought to this area in order to observe them in one area rather than in various other areas in the unit. This issue became much more settled as patients were being assisted into bed as the night routine progressed. Whilst staff appeared to be under pressure they were observed to be patient and courteous and respectful to patients.

At approximately 22.30 hours there were still 13 patients required to be assisted to bed. Following a review of patients' bedrooms, three patients were observed to have taken themselves to bed and were observed to be in bed fully clothed. One patient was observed fully clothed in bed in another patient's bedroom.

Staff spoken with stated that the night routine was always very busy until patients had settled into bed. Staff stated that another carer was necessary to ensure the smooth and safe observation of patients during this time. The registered nurse on duty was in agreement and stated that it was difficult to observe patients whilst administering medications. The registered nurse also agreed that it was difficult to administer medications when the noise levels were particularly high. Two staff stated that care staff did not always receive a full verbal handover of patients' conditions when commencing their shift as they were required to commence supervision of patients in the lounge areas during this time. The registered manager agreed to address this issue.

The inspector also met with seven relatives who were visiting at the time of the inspection. All seven relatives expressed concern with the staffing levels in the home. All stated that they felt they had to visit at this time in order to ensure their relative received their supper and were supervised and assisted to bed in a timely manner. This was concerning. All relatives spoken with stated that they had raised the issue with the registered manager all stated that the staffing levels on Saturday 10 September 2016 was a particular problem as there were not enough staff available. This was confirmed following a review of the duty rotas. The relatives confirmed that they had met formally with the registered manager on Monday 12 September 2016 to express their concerns.

The registered manager joined the inspection at 22.30 hours. The above concerns was shared and discussed. The registered manager informed the inspector of the actions taken in order to address the concerns and the planned duty rotas from 17 September 2016 evidenced that there was additional staff planned to be on duty. There was an additional twilight staff rosters and the registered nursing hours were increased by one from 20.00 hours to 21.00 hours. The registered manager was advised to increase these hours as soon as possible in order to address the issues raised during this inspection. It is required that the copies of the worked duty rotas are forwarded weekly to RQIA until further notice.

The registered manager agreed to implement an action plan to address all the issues discussed during feedback.

Areas for improvement

Review the dementia strategy in the home to ensure the individual supervisory and care needs of patients are met in a timely way, (previous requirement) stated for a second time.

Ensure the management of the identified dayroom is reviewed to ensure all areas of the unit are utilised to meet the needs of patients and minimise/manage distressed reactions, a requirement is made.

Increase the staffing hours as planned and ensure these levels are maintained, further monitoring of this unit is required to ensure management strategies are effective, (previous requirement) stated for a second time. It is required that the copies of the worked duty rotas are forwarded weekly to RQIA until further notice.

Medications are to be administered in an environment which is conducive to the safe administration of medicines, a requirement is made.

The nurse in charge should be aware of their roles and responsibilities when in charge of the nursing home, they should also be always aware of the numbers and names of staff on duty, a requirement is made.

Ensure that all staff on duty receives a full verbal handover of patients conditions prior to them delivering care, a requirement is made.

Continue to meet with relatives to ensure their issues are addressed, a recommendation is made.

Number of requirements	9*	Number of recommendations	3*
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*Two of the nine requirements were made at the previous care inspection conducted on 15 June 2016 and are stated for a second time following this inspection. Three requirements and two recommendations were not validated at this inspection and will be reviewed at subsequent inspections and are restated.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bijini John, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20

Stated: Second time

To be completed by:
30 October 2016

The registered provider must monitor the staffing levels in keeping with the dependency levels of patients to ensure patients' needs were being met in a timely way. The manager must ensure that the monitoring arrangements of dayrooms are reviewed to ensure patients' safety is regularly monitored. Records of the monitoring should be maintained and the necessary action taken. The routine in the home and the deployment of staff should be reviewed to ensure that the needs of patients are being met.

It is required that the copies of the worked duty rotas are forwarded weekly to RQIA until further notice.

Ref: Section 4.2 and 4.3

Response by registered provider detailing the actions taken:

Daily staffing levels has maintained adequately to meet residents needs and dependency levels.
New staff were recruited in for both units and recruitment in progress and is ongoing .

<p>Requirement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider must develop and implement a dementia strategy in order to enhance the environment and daily routine in the dementia unit in keeping with the registered category of care.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Amore dementia strategy discussed with the team and plans to focus on : *Creative mind trainings *Providing dementia friendly environment *Life story work *Dementia friendly communities *Dementia strategy newsletter *Dementia coordinators *Reducing use of antipsychotic drugs *Meaningful activities . New deputy has appointed</p>
<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Ensure the two identified care records are updated to meet the patients' needs and are maintained in keeping with NMC guidelines.</p> <p>Ref: Section 4.2 (carried forward)</p>
	<p>Response by registered provider detailing the actions taken: Issues in the identified records has been addressed on the day of the inspection and the issues communicate with staff . Named nurses are updating their care files on monthly basis. Care plan audits are carrying out as planned</p>
<p>Requirement 4</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered persons must ensure that activities are structured and planned and provided with regards to the needs of patients and that patients are consulted about the planned programme of activities.</p> <p>Ref: Section 4.2 (carried forward)</p>
	<p>Response by registered provider detailing the actions taken: New full-time activity co-ordinator has commenced from september . Daily activity planner in place and Home manager is monitoring and getting report daily from staff .</p>

<p>Requirement 5</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered persons must review the domestic and laundry hours in the home to ensure they are sufficient for the effective cleaning in the home and to ensure laundry is completed and returned in a timely way.</p> <p>Ref: Section 4.2 (carried forward)</p> <hr/> <p>Response by registered provider detailing the actions taken: .Upon review there are enough hours in laundry & housekeeping to meet adequate standard . However duty allocation has been reviewed . . New three housekeeping staff has commenced</p>
<p>Requirement 6</p> <p>Ref: Regulation 12 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider must ensure the management of the identified dayroom is reviewed to ensure all areas of the unit are utilised to meet the needs of patients and minimise/manage distressed reactions.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The issues identified has been discussed with the team . Additional nurse allocated to help with medication at night-time and provided three twilight staff were possible . Discussed with relatives about the visiting times and advised them to ask staff to bring their relatives to their bedrooms or other communal area during their visit especially a lot of visitors present between 7pm-10 pm to avoid noise and disturbance to the staff to carry out their tasks .</p>
<p>Requirement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider must ensure medications are administered in an environment which is conducive to the safe administration of medicines.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Additional nurse rostered from 8pm-9pm to help with medication rounds . and advised to use tabard during medicine administration which will make others aware don't disturb the nurse.</p>
<p>Requirement 8</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider must ensure the nurse in charge is aware of their roles and responsibilities when in charge of the nursing home, they should also be always aware of the numbers and names of staff on duty.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: In charge competency has been reviewed and updated and the role has discussed with trained nurses. Nurse in charge of the building has highlighted on the rota as well as a copy of in charge information is kept at the home entrance for relatives and visiting professionals</p>

<p>Requirement 9</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider must ensure that all staff on duty receives a full verbal handover of patients' conditions prior to them delivering care.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff made aware of the issue and measures inplace to adhere .</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider should ensure that the care plan audits are reflective of the necessary actions to be taken in order to ensure care plans are up to date.</p> <p>Ref: Section 4.2 (carried forward)</p> <hr/> <p>Response by registered provider detailing the actions taken: this has been addressed and is ongoing</p>
<p>Recommendation 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider should ensure supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.</p> <p>Ref: Section 4.2 (carried forward)</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been addressed and is on going</p>
<p>Recommendation 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider should ensure the registered manager continues to meet with relatives to ensure their issues are addressed.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Registered manager staying outside duty hours to meet relatives . Monthly relatives meeting carried out and the last meeting was on the 17.10.16 . Relatives are very possitive about the changes in dementia units .</p>

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