



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Carlingford Lodge Care Home

Establishment ID No: 11102

Date of Inspection: 17 March 2015

Inspector's Name: Donna Rogan

Inspection ID IN021384

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Carlingford Lodge Care Home
Address:	76 Upper Dromore Road Warrenpoint Co Down BT34 3PN
Telephone Number:	02841759200
E mail Address:	karenmcelherron@piorigroup.com
Registered Organisation/ Registered Provider:	Mrs Caroline Denny Priory (Warrenpoint) Ltd
Registered Manager:	Mrs Karen McElherron
Person in Charge of the Home at the Time of Inspection:	Paula Magee (Nurse in charge)
Categories of Care:	NH-I, NH-DE
Number of Registered Places:	75
Number of Patients Accommodated on Day of Inspection:	41 Frail elderly unit 32 Dementia unit
Scale of Charges (per week):	£587 and this incorporates a third party top up of £20.00 per week £650 – private rate
Date and Type of Previous Inspection:	2 October 2014 Secondary Unannounced
Date and Time of Inspection:	17 March 2015 20.00 – 22.30 hours (out of hours)
Name of Inspector:	Donna Rogan

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- The Nursing Homes Regulations (Northern Ireland) 2005.
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008).
- Other published standards which guide best practice may also be referenced during the Inspection process.

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with registered manager (by telephone and email following the inspection).
- Discussion with the nurse in charge at the time of the inspection.
- Discussion with all staff on duty.
- Discussion with patients individually and to others in groups.
- Discussion with seven relatives during the inspection and discussion with one relative following the inspection by telephone.
- Review of a sample of staff duty rotas.
- Review of any notifiable events submitted to RQIA since the previous inspection.
- Review of three complaints. Two written complaints were received by RQIA prior to the inspection and one written complaint was received following the inspection.
- Observation during a tour of the premises.
- Evaluation and feedback.

1.3 Inspection Focus

The focus of the inspection was to review staffing levels in the home. Prior to the inspection, RQIA had received two written anonymous complaints, stating that staffing levels were poor in the home and that the home was mainly staffed by agency staff.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Carlingford Lodge Care Home is a new purpose built two-story nursing home. The home is situated in a quiet rural area in close proximity to Warrenpoint town. The local community, shopping areas, and community services are located nearby.

The home offers bright and spacious accommodation for a maximum of 75 patients.

The bedrooms are all single rooms with ensuite shower facilities and are of varying sizes. Each bedroom is furnished with a profiling bed, a range of furniture providing storage for patients' personal possessions.

In addition, assisted bathrooms and shower facilities are available on both floors of the home ensuring that bathing facilities are available to meet all patients' needs. A range of clearly identified communal toilets are also located throughout both floors of the home.

Day lounges of various sizes are available on each floor. The lounges throughout the home are comfortably furnished and decorated with a wide range of seating including recliner chairs. Each floor has dining rooms available for patient use. To encourage socialization between patients round tables have been provided. Half of the dining chairs are fitted with ski wheels for ease of movement. It was encouraging to observe that coloured crockery has been provided to assist patients with dementia. Facilities for making a cup of tea or a snack are also available.

The main kitchen, which is well laid out and equipped is located on the ground floor.

A central treatment room is located on the ground floor and each floor has two clinical rooms.

A well-equipped laundry is also available.

A passenger lift ensures that facilities on the first floor are accessible to all patients and visitors.

An enclosed garden which can be accessed by patients is also provided.

The home is registered to provide care for seventy five patients under the following categories of care:

Nursing Care

I	Old age not falling into any other category (maximum 41 patients)
DE	Dementia care (maximum 34 patients).

3.0 Summary

This summary provides an overview of the services examined during an unannounced out of hours secondary care inspection to Carlingford Lodge Care Home. The out of hour's inspection was undertaken by Donna Rogan on 17 March 2015 from 20.00 to 22.30.

The inspector was welcomed into the home by Paula Magee, nurse in charge who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was provided at the conclusion of the inspection to the nurse in charge. Following the inspection, the inspector spoke with Karen McIlherron, registered manager, by telephone and received correspondence via email. The inspector also received correspondence from Gavin O'Hare Connolly, operations director, regarding the actions taken following the inspection to address the issues raised during and following the inspection.

During the course of the inspection, the inspector met with patients, staff and relatives/representatives. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home and reviewed the evening and night routine as part of the inspection process.

Due to the focus and time of this inspection, the inspector did not review the previous requirements made as a result of the previous inspection on 2 October 2014. They will be reviewed during subsequent inspections. Details of the previous requirements can be viewed in the section immediately following this summary.

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the home. The following areas were reviewed, complaints, staffing, care practices and the overall environment.

On the day of inspection, the staffing levels were in keeping with the minimum staffing levels. However, staff and relatives spoken with during the inspection expressed concerns that staffing levels were not always maintained in keeping with the minimum standards. This was evidenced in a review of the worked duty rotas. Details of the inspector's findings and the actions to address staffing levels can be viewed in section 5 of this report and the Quality Improvement Plan (QIP). The inspector will continue to monitor staffing levels in the home on a weekly basis until staffing levels are continuously maintained to a level which meets the needs of the patients residing in the nursing home.

Throughout the inspection, patients were observed to be treated with dignity and respect. The inspector observed that care was delivered to patients in a timely way and there were no issues raised by patients during the inspection.

Two requirements and two recommendations are made following this inspection. Four requirements are carried forward from the previous inspection. The requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector also acknowledges the efforts made by the registered manager to address the concerns raised during this inspection. The inspector would like to thank the nurse in charge, Paula Magee, patients, relatives/representatives and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	32 (h)	<p>The registered person shall give notice in writing of any changes to the premises of the nursing home are significantly changes or altered in any way.</p> <p>An application for variation should be submitted to RQIA without delay of the changes made to the dementia unit. This includes the installation and management of the key coded locking mechanism installed and the changing a bedroom into a café. This application should be approved by RQIA prior to being used by patients.</p>	Due to the focus of this inspection, this requirement was not reviewed.	Not applicable
2	27	<p>Ensure the following areas are addressed;</p> <p>Tidy and reorganise the store beside lift zone 4.</p> <p>Ensure all items are safely stacked in storage areas, storage areas should be maintained clear to ensure the door can be opened.</p> <p>Repair the door leading into the</p>	Due to the focus of this inspection, this requirement was not reviewed.	Not applicable

		<p>kitchen.</p> <p>The linen store on the ground floor should be reorganised to ensure storage is maintained in keeping with best practice.</p>		
3	13 (7)	<p>The laundry room is required to be reorganised to ensure safe and effective laundering. Items of unclean laundry were observed to be on the floor. Suitable laundry receptacles should be supplied to accommodate this.</p>	<p>Due to the focus of this inspection, this requirement was not reviewed.</p>	<p>Not applicable</p>

4	12 (1) (b)	<p>The following areas should be addressed in the dementia unit as discussed;</p> <p>All orientation and menu boards should be kept up to date.</p> <p>Some items were observed in patients' bedrooms which did not belong to them, such as eye glasses and wheelchairs.</p> <p>Cbell leads should be suitably placed to minimise the risk of tripping.</p> <p>Where appropriate memory boxes should be used alongside bedroom door signage.</p> <p>Ref 10.10.2</p>	Due to the focus of this inspection, this requirement was not reviewed.	Not applicable
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

The RQIA received two anonymous written complaints regarding poor staffing levels in the home and that the home is mainly being staffed by agency staff. Due to the concerns raised in the complaints, RQIA concluded that an out of hours, unannounced inspection should be conducted to assess the staffing levels and the standard of care delivered during twilight hours in the nursing home. RQIA also received a further anonymous written complaint on the day following the inspection, regarding the staffing levels on 14 and 15 March 2015 in the dementia unit of the home. Details of the inspector's findings can be viewed in section 5 of this report and in the Quality Improvement Plan (QIP).

5.0 Inspection Findings

5.1 Staffing

As previously stated in section 4.1, two anonymous written complaints were received by RQIA prior to the inspection. As a result of these complaints, the inspector requested a copy of the worked duty rotas to be forwarded to RQIA for review prior to the inspection being conducted. A review of the duty rotas evidenced that at times staffing was not in keeping with minimum staffing levels. As a result of the evidence presented, RQIA concluded that an out of hours unannounced inspection should be conducted to focus on the levels of staffing, the skill mix of staffing and to review if staffing levels were appropriate to meet the needs of patients currently residing in the nursing home during twilight and night duty hours. During the inspection, the inspector spoke with all staff on duty and approximately twenty patients in both the dementia and frail elderly units. The inspector also spoke with seven relatives/representatives visiting at the time of the inspection and one relative via telephone following the inspection.

Staffing during the inspection was as follows:

Frail elderly unit (first floor, 41 patients)

1 registered nurse and 3 care assistants and 1 further twilight care assistant until 21.00

Dementia unit (ground floor, 32 patients)

1 registered nurse and 2 care assistants and 2 further twilight care assistants until 22.30

All staff spoken with on the evening of inspection stated that staffing has not always been in keeping with the above levels. Staff spoken with stated that when the staffing levels are not as stated above, they are unable to provide care in a timely manner or to provide appropriate supervision with patients. Staff stated that the weekend prior to the unannounced inspection was particularly difficult as staffing levels were not in keeping with the minimum standards either during the day or during twilight hours. Staff also expressed concerns that a care assistant is requested to come from the frail elderly unit to the dementia unit at 06.30 to provide personal care. All staff stated that the evening/twilight and night duty hours should be reviewed to ensure there is sufficient staff on duty at all times to meet the needs of patients.

Seven relatives/representatives were visiting in the dementia unit at the time of inspection. The inspector spoke with all relatives/representatives. Concerns regarding staffing levels were expressed by all relatives spoken with. All stated their concerns that at times they observed the lounges were unsupervised and that patients were not being assisted to bed in a timely manner. All relatives stated that when "short staffed, that staff do their very best to get everything done, but that they can see when they are short as they are very stressed". Relatives/representatives also stated that at times they feel they have to stay with their relative to ensure they receive care in a timely way.

The inspector spoke with the registered manager, Karen McIlherron, following the inspection who confirmed that there have been staffing difficulties in the home. The registered manager confirmed the following:

- A relatives meeting has been organised for 26 March 2015 and confirmed that Gavin O'Hare Connolly, operations director would be in attendance. Assurances were provided that where issues are raised that they will be logged, recorded and addressed.
- An investigation into why the home was particularly short staffed on Saturday 14 and Sunday 15 March 2015 has commenced; arrangements are being put in place to ensure this issue does not reoccur.
- There are recruitment processes in place to ensure there are always 2 twilight care assistants on duty from 19.30 to 22.30 in the dementia unit.
- A patient dependency level study will commence during twilight hours to ensure the staffing levels are sufficient to meet the needs of patients.
- A review of accidents/falls will be conducted to ascertain any trends or actions which may be necessary.
- A review of the deployment of staff will be conducted to ensure that the routine in the home is suited to patient need and dependency.
- The absence and sickness policy has been re-enforced with all staff to ensure they act accordingly when communicating absences with the home and the correct action to be taken when staff call in sick at short notice.
- The recruitment of registered nurses is regarded by management of the home as a priority.
- The operations director is kept informed of any staffing difficulties in the home.

In order that RQIA can be satisfied that staffing levels are in accordance with minimum standards and staffing is in sufficient numbers and skill to meet the needs of the patients, the following should be forwarded to RQIA as agreed in recent correspondence:

- The worked duty rotas for all grades of care staff should be forwarded to RQIA on Monday of each week until RQIA are satisfied that staffing levels are being maintained and sustained in sufficient numbers and skill mix to meet the needs of patients currently residing in the home.
- Confirmation is required in the returned QIP, that the nurse in charge must always be clear of the contingency arrangements in place to ensure appropriate staffing levels at all times in the home and that they adhere to the policy and procedures around staffing arrangements in the home.
- A dependency analysis of patients' needs and a falls risk analysis during the twilight hours in both units should be conducted and a report on the outcome should be forwarded to RQIA upon completion.

In addition it is advised that the registered manager informs relatives of the staffing difficulties the home is having and informs relatives of the arrangements that management have put in place to minimise any further disruption to staffing levels in the home. The planned agenda and the minutes and/or actions of the outcome of the relatives' meeting organised for 26 March 2015 should be prominently displayed for all relatives/representatives

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Karen McIlherron, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Donna Rogan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Carlingford Lodge Care Home

17 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Karen McIlherron, registered manager during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	32 (h)	<p>The registered person shall give notice in writing of any changes to the premises of the nursing home are significantly changes or altered in any way.</p> <p>An application for variation should be submitted to RQIA without delay of the changes made to the dementia unit. This includes the installation and management of the key coded locking mechanism installed and the changing a bedroom into a café. This application should be approved by RQIA prior to being used by patients.</p> <p>Ref Previous requirements</p>	One	Completed following previous inspection request	6 weeks
2	27	<p>Ensure the following areas are addressed;</p> <p>Tidy and reorganise the store beside lift zone 4.</p> <p>Ensure all items are safely stacked in storage areas, storage areas should be maintained clear to ensure the door can be opened.</p> <p>Repair the door leading into the kitchen.</p> <p>The linen store on the ground floor should be reorganised to ensure storage is maintained in keeping with best practice.</p>	One	Completed following previous inspection request	6 weeks

		Previous requirement			
3	13 (7)	The laundry room is required to be reorganised to ensure safe and effective laundering. Items of unclean laundry were observed to be on the floor. Suitable laundry receptacles should be supplied to accommodate this.	One	Complete following previous inspection.	6 weeks
		Ref Previous requirements			
4	12 (1) (b)	The following areas should be addressed in the dementia unit as discussed; All orientation and menu boards should be kept up to date. Some items were observed in patients' bedrooms which did not belong to them, such as eye glasses and wheelchairs. Call bell leads should be suitably placed to minimise the risk of tripping. Where appropriate memory boxes should be used alongside bedroom door signage.	One	Completed following previous inspection .	6 weeks
		Ref Previous requirements			
5	20 (1) (a)	The registered manager must ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers and skill mix as are appropriate for the health and welfare of patients.	One	Rota forwarded as requested 1:10 ratio compliant New care staff recruited for extra twilight shifts ratio will then be 1:5 from 7.30-10.30pm An additional registered nurse will work 8-8am .	From the date of inspection

		<p>The worked duty rotas for all grades of care staff must be forwarded to RQIA on Monday of each week until RQIA are satisfied that staffing levels are being maintained and sustained in sufficient numbers and skill mix to meet the needs of patients currently residing in the home.</p> <p>Ref 5.1</p>			
6	14 (2) (c)	<p>The registered manager must ensure a dependency analysis of patients' needs and a falls risk analysis during the twilight hours in both units is conducted. A report on the outcome should be forwarded to RQIA upon completion.</p> <p>Ref 5.1</p>	One	<p>Rhys Hearn analysis completed. Care hours satisfactory over 24 hours .</p> <p>Accident analysis completed monthly,same forwarded to RQIA</p>	From the date of inspection

Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	26	<p>The registered manager must ensure that the nurse in charge must always be clear of the contingency arrangements in place to ensure appropriate staffing levels at all times in the home and that they adhere to the policy and procedures around staffing arrangements in the home.</p> <p>Ref 5.1</p>	One	Nurse in charge advised of the absence reporting policy and the actions required to ensure staffing remains satisfactory.	From the date of inspection
2	1	<p>The registered manager must inform relatives of the staffing difficulties the home is currently experiencing and will inform relatives of the arrangements that have been put in place to minimise any further disruption to staffing levels in the home.</p> <p>The planned agenda and the minutes and/or actions of the outcome of the relatives' meeting organised for 26 March 2015 should be prominently displayed for all relatives/representatives.</p> <p>Ref 5.1</p>	One	Completed	From the date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Karen McElherron
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Caroline Denny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Donna Rogan	11 June 2015
Further information requested from provider			