



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of establishment: Edgewater Private Nursing Home

RQIA number: 1178

Date of inspection: 31 October 2014

Inspector's name: Heather Moore

Inspection number: IN016521

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Edgewater Private Nursing Home
Address:	70 Victoria Road New buildings Londonderry BT47 2RL
Telephone Number:	028 7134 2090
E mail Address:	edgewater nh@btconnect.com
Registered Organisation/ Registered Provider:	Mr Michael Curran & Mr Paul Steele
Registered Manager:	Mr John Green
Person in Charge of the Home at the Time of Inspection:	Mr John Green
Categories of Care:	NH-I
Number of Registered Places:	28
Number of Patients Accommodated on Day of Inspection:	27
Scale of Charges (per week):	£581.00
Date and Type of Previous Inspection:	20 November 2013 Secondary Unannounced
Date and Time of Inspection:	31 October 2014 8.15am to 2.10pm
Name of Inspector:	Heather Moore

2.0 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.

3.0 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

4.0 Methods/Process

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	6
Staff	10
Relatives	2
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

Issued to:	Number Issued	Number Returned
Patients	5	5
Relatives / representatives	0	0
Staff	6	6

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

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.

7.0 Profile of Service

Edgewater Private Nursing Home is situated in its own mature landscaped grounds on the outskirts of New Buildings, Londonderry and overlooks the River Foyle and Carrigans, County Donegal.

The home provides accommodation for up to 28 patients assessed as requiring nursing care.

Nursing care

NH-I - old age not falling into any other category.

The home is owned and operated by Mr Michael Curran and Mr Paul Steele.

Mr John Green is the Registered Manager.

Accommodation comprises of eight single bedrooms and 10 double bedrooms. There are two sitting rooms, a dining room, main kitchen, toilet/washing facilities, staff accommodation laundry facilities, offices and a designated smoking room.

The home is a two storey building with access to the first floor via a through floor lift and stairs.

There are adequate car parking facilities at the rear of the premises.

8.0 Executive Summary

The unannounced inspection of Edgewater Private Nursing Home was undertaken by Heather Moore on Friday 31 October 2014 from 8.15am to 2.10pm. The inspection was facilitated by Mr John Green Registered Manager, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manger and to the nursing sister at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 13 November 2013.

During the course of the inspection, the inspector met with patients, visiting relatives, and staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process. Questionnaires were issued to patients, staff and relatives during the inspection.

As a result of the previous inspection conducted on the 13 November 2013 one requirement was issued. This requirement was reviewed during this inspection. The inspector evidenced that this requirement was fully complied with. Details can be viewed in the section following this summary.

Standard 19: Continence Management

There was evidence that a continence assessment had been completed for the patients. This assessment formed part of a comprehensive and detailed assessment of the patient's needs from the date of admission. The assessment of patient needs was evidenced to

inform the care planning process. A recommendation is made that the patient's assessment of needs is reviewed on an annual basis or more often if deemed appropriate.

Comprehensive reviews of the care plans confirmed that these were maintained on a regular basis and as required in five of the care records inspected.

Discussion with the registered manager confirmed that staff were trained in continence awareness on induction. A requirement is made that registered nurses as appropriate receive training in male catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. A recommendation has been made for additional guidelines to be made available to staff and used on a daily basis.

Currently there is no continence link nurse working in the home, a recommendation is made that a nurse is allocated to review continence management in the home.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant.

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect.

Additional areas were also examined including:

- care practices
- patients' views
- staffing and staff views
- complaints
- environment.

Details regarding these areas are contained in section 11 of this report.

As a result of this inspection, one requirement and two recommendations were made. Details can be found under Section 10 in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, the visiting relatives, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the patients, relatives and staff who completed questionnaires.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14 (2) (c)	The registered person shall ensure that staff exercises due care and caution whilst moving and handling patients.	Inspection of a sample of accidents records confirmed that no minor accidents occurred whilst moving and handling patients.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No recommendations were made as a result of the inspection.		

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

Since the previous inspection there were no issues /concerns raised with the RQIA.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of five patients' care records evidenced that bladder and bowel continence assessments were undertaken for these patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care.</p> <p>There was evidence in patients care records that bladder and bowel assessments, and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. A recommendation is made to ensure that patients' needs assessments be reviewed on an annual basis and more often if deemed appropriate. Care plans were reviewed and updated in a timely manner.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected.</p> <p>Review of five patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p>Substantially Compliant</p>

<p>Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • catheter care. <p>The inspector can also confirm that the following guideline documents were in place:</p> <ul style="list-style-type: none"> • NICE guidelines on female and male urinary incontinence. <p>A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • NICE guidelines on the management of faecal incontinence • A policy and procedure be developed in regard to stoma care. 	<p>Substantially Compliant</p>
<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Not applicable</p>	

Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and nursing sister and review of the staff training records revealed that continence care was included in the staff induction programme. Discussion with staff also revealed that all registered nurses were competent in the management of stoma appliances. Currently there were no nurses trained in male catheterisation. A requirement is made that staff as appropriate are trained in male catheterisation. A continence link nurse was not nominated in the home and a recommendation is made that this be addressed.	Substantially Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially Compliant
--	--------------------------------

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

11.3 Patient finance questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients and relatives comments

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home.

Five patients also completed questionnaires.

A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

- "I am very happy here in the home, and very happy with the staff."
- "The food is very good here."
- "We are having a Halloween party here."
- "I have no complaints."
- "Everyone is kind."

The inspector spoke to two relatives; these relatives were pleased with the standard of care being provided in the home.

Examples of relatives' comments were as follows:

- "The standard of care here is excellent; I cannot speak highly enough of the staff in the home."
- "This is a good home I have no complaints."

11.6 Staffing/staff comments

The inspector examined three weeks staff duty rosters. Examination revealed that the registered nursing and care staffing levels for day and night duty were in accordance with the RQIA's recommended minimum staffing guidelines for the number of patients in the home.

During the inspection the inspector spoke to 10 staff, including ancillary and catering staff.

Six staff completed questionnaires.

Examples of staff comments were as follows:

- "This is a great home, the patients are all well looked after."
- "If my parents would ever have to go into a care home my first choice would be Edgewater."
- "The nursing home is like home from home, residents are all well cared for."
- "I feel this home is the best home in the area, the residents are all happy."
- "Yes I have been trained in wound management."
- "I think all the staff here are kind and treat the residents with respect."
- "Yes I have had training in nutrition."

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

Since the previous inspection a number of areas in the home have been refurbished. Management are to be commended for their efforts in enhancing the quality of the environment.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr John Green, 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:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Heather Moore
Inspector/Quality Reviewer

Date

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Patients admitted to Edgewater have a comprehensive assessment done prior to admission and on admission. Validated tools are used such as: a Braden scale, must tool, continence assessment, and multidisciplinary notes. Care is planned and re evaluated as required and monthly checks updated. Patients and family are involved with care planning. Pressure care is assessed and a grading scale in place for pressure sores; A wound chart and care plan as well as risk factors are evaluated , documented and audited. Multidisciplinary involvement with patients care is comprehensively documented and policies reflect practice. Care is reviewed daily and as required and monthly checks updated.</p>	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Patients at Edgewater Nursing Home have a holistic assessment of their care needs taking into account support mechanisms, professional multidisciplinary involvement, referral strategies such as patients who have a score of 1 or above on a must score is referred to a dietician. Patients with pressure sores are also referred to professionals and all	Compliant

<p>patients requiring a multidisciplinary approach is adhered to , documented, audited and reviewed. Nutritional assessment and planned care is comprehensive, involving health care professionals and. Documentaion in place is audited/monitored as well as progress and strategic approach. Nutritional national guidelines are also in place, policies also in place to guide practise.</p>	
<p>Section C</p>	
<p>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</p>	
<p>Criterion 5.4</p> <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
<p>Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section</p>	<p>Section compliance level</p>
<p>Care needs are holistically assessed, taking a multidisciplinary approach, Nursing care is planned and agreed with patients and family, care is accurately recorded, audited and reviewed. Outcomes are monitored and assessed.</p>	<p>Compliant</p>

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Care planned at Edgewater nursing home is done through research based evidence, guidelines recommended nationally and the local health authority. Updated Nutritional guidelines are in place, Pressure care guidelines in place including grading scales for wound s. Risk assessments also use validated tools such as the Braden scale. Edgewater also has a focus board in which subjects of interest and staff development are highlighted with relevant resaerch to topic area.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Edgewater follow NMC guidelines on record keeping and ensures patients dietary needs are met as well as ensuring a comprehensive approach to ensuring nutritional upkeep and monitoring of input of dietary needs were patients are at risk of malnutrition, or dietary complications. Where a patient is unable to choose -here also a food and drink record chart must be kept. Referrals are made to a nutritionalist or dietician if required. Patientst involvement with dietary planning is also in place -including menu provision and choice. A comprehensive nutritional policy is in place reflecting recommended guidelines.	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Care delivered at Edgewater is monitored ,audited and recorded on a daily basis, care plans are reviewed as required and reviewed monthly as a benchmark. Patient s and family are involved with care delivered and appropriate documentation in place showing family involvement as well as patient involvement.	Compliant
Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. 	
Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)	

<p>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</p>	<p>Section compliance level</p>
<p>Patients at Edgewater Nursing home have multidisciplinary team reviews, social workers are involved with care reviews annually and as required, sensory involvement is also updated such as optimise care and dental care, sensory recordings of visits and involvement with reviewed care is documented and recorded . Family are kept aware of multidisciplinary involvement and agreed goals at any reviews are reflected in care plans.</p>	<p>Compliant</p>
<p>Section H</p>	
<p>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</p>	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> • Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> • The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
<p>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</p>	<p>Section compliance level</p>
<p>Patients have a recorded sheet with preferences as well as choice at meal times, kitchen staff as well as all staff ensure the wishes of the patients are met, this includes choice, requests can be made at any time. Patients menu involvement with planning is also recorded. Choice is ensured with therapeutic diets, great effort is taken to ensure meal times are catered for and in keeping with the patients requests, nutritional needs and therapeutic needs. The management and staff at Edgewater also take special effort to ensure patients visitors can also feel free to request tea, coffee on visiting, staff in kitchen and caring staff will bring a friendly catering approach to all visitors as a means of</p>	<p>Compliant</p>

ensuring they also feel welcome at our home, tea and coffee at Edgewater is often accompanied with biscuits and cake for visitors.

Section I

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 8.6

- **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.**

Criterion 12.5

- **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.**

Criterion 12.10

- **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:**
 - risks when patients are eating and drinking are managed
 - required assistance is provided
 - necessary aids and equipment are available for use.

Criterion 11.7

- **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.**

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section

Section compliance level

Edgewater nursing home has been provided with in house training from dietician , speech and language therapist on feeding techniques, carers trained can feed any patients at risk. Instructions are reflected in all documentation and special care is taken to ensure awareness. Staff are all made aware of specific needs and this is documented. Meals are also provided at conventional times and kitchen staff ensure hot drinks and snacks are available, including

Compliant

refrteshments, water at all times, caring staff also ensure this is provided in co operation with kitchen staff. All patients are assessed for risks and this is documented and audited. Specific aids are provided were required.

Edgewater has an assigned wound care nurse and staff also attend updates on wound care. Staff are able to provide resaerch based care and knowledge to wound care technigues, dressings. A comprehensive recording of wound care is recorded at Edgewater and a professional approach to wound care management including multidisiplinary involvement with tissue viability. Risk assessment tools are updated on a regular basis and care plans reflects risks and care needs. The maangem,ent ensures that this is audited.

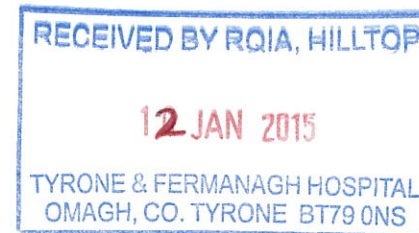
PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST	COMPLIANCE LEVEL
STANDARD 5	Compliant



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Unannounced Care Inspection
Edgewater Private Nursing Home

31 October 2014



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 **Mr John Green, Registered Manager** either during or 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	Requirement	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (c) (i)	The registered person shall ensure that registered nurses as appropriate be trained in male catheterisation. Ref:19.3	One	<i>To be immediately arranged.</i>	Three Months

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	19.3	It is recommended that a continence link nurse be nominated in the home. Ref :Section 19.3	One	<i>Amy white Staff Nurse has been appointed.</i>	Two months
2	19.2	It is recommended that a policy be developed on stoma care. The NICE guidelines on faecal incontinence should also be available in the home. Ref: Section 19.2	One	<i>A policy will be immediately developed.</i>	One Month



QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	12 January 2015
Further information requested from provider			