



Unannounced Care Inspection Report

23 May 2019



Edgewater

Type of Service: Nursing Home
Address: 70 Victoria Road, Newbuildings, Londonderry
BT47 2RL
Tel no: 028 7134 2090
Inspectors: Lyn Buckley and Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 28 patients.

3.0 Service details

Organisation/Registered Provider: Edgewater Responsible Individuals: Michael Curran Paul Steele	Registered Manager and date registered: John Green 14 December 2007
Person in charge at the time of inspection: John Green – Registered Manager	Number of registered places: 28
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 21 There shall be a maximum of 1 named patient in category NH-PH for the duration of their stay in the home.

4.0 Inspection summary

An unannounced inspection took place on 23 May 2019 from 09:40 to 15:00 hours. This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with areas for improvement identified in the home since the last care, finance and medicine management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

There were no areas for improvement identified in relation to care. Areas requiring improvement were identified in relation to finance. Refer to the quality improvement plan included within this report.

Patients spoken with described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments from patients, people who visit them and staff received during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

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

4.2 Action/enforcement taken following the most recent inspection dated 18 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care, premises, finance and medicines management inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 13 to 20 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records from 1 January 2019
- one staff recruitment and induction file

- seven patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate
- three patients' finance files including written agreements
- actual monies and valuables held on behalf of three patients and records of monies held
- a sample of financial policies and procedures
- a sample of various financial records including personal allowance monies and fees, payments to the hairdresser and purchases undertaken on behalf of four patients, including receipts.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas of improvement identified at previous care inspection have been reviewed. One area for improvement was made and was assessed as met.

Areas of improvement identified at previous finance inspection have been reviewed. Two areas for improvement were made and assessed as met.

Areas of improvement identified at previous medicines management inspection have been reviewed. One area for improvement was made and was assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager explained that the number of staff and the skill mix of staff on duty at any given time was decided through regular monitoring of patient dependency levels. We reviewed the staff duty rota from 13 to 20 May 2019 which confirmed that the planned staffing levels and skill mix were achieved. We also saw that catering and housekeeping staff were on duty every day to support the care staff.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients said that they enjoyed living in the home and that staff were caring and kind.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We received two responses from patients and their family and eight staff responded to our online staff survey. All indicated that they were very satisfied with staffing arrangements and that staff were supported through training to deliver safe, effective and compassionate care in a home that was well led.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. We saw that staff were available in the lounges and in the dining areas during mealtimes to provide assistance as required. We saw staff responding to nurse call bells and assisting patients in their bedroom with their mid-morning tea or coffee and during the lunchtime meal.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment.

Staff spoken with were aware of their training in relation to fire safety and IPC and how to respond to any concerns or risks.

We reviewed staff recruitment records and can confirm that staff were recruited safely and in keeping with adult safeguarding requirements. Staff were also required to complete a structured induction programme. The registered manager had systems in place to ensure staff were competent and capable to do their job and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff spoken with confirmed that they had received training and were aware of their role in protecting patients, how to keep patients safe and how to report concerns. Discussion with the registered manager confirmed that they were aware of the regional safeguarding policy and procedures.

We reviewed of four patients' care records which evidenced that, if required, risk assessments were completed when each patient was admitted to the home and reviewed regularly thereafter. Care plans had also been developed which were reflective of the risk assessments and these were also reviewed regularly. Records also evidenced that nursing staff managed the risk of a patient falling and the care of a patient when they had a fall, correctly.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with patients regarding the delivery of care. All those spoken with confirmed that they received the right care at the right time. Those who were unable to comment looked comfortable and relaxed in their surroundings.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient had a fall, how to relieve pressure on the skin and how to manage the care of a wound. Staff were also aware of the national changes to modified food and fluid descriptors and the staff spoken with had attended update training.

We observed the serving of the lunchtime meal. The mealtime experience was relaxed and staff were assisting patients in a sensitive, caring and timely manner. Patients spoken with said that they enjoyed their meals and that they had "lots of choices" offered every day.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the registered manager or with the nurse in charge.

We also reviewed patients' care records in relation to the management of medicines on admission and high risk medicines such as warfarin; and the management of falls, skin care, nutrition and wounds. The records confirmed that nursing staff ensured that patients' records were up to date and reflective of patients' assessed nursing care needs.

It is important that where choice and control are restricted due to a patient's understanding, restrictions are carried out sensitively and in line with good practice, for example, when a patient requires the use of bedrails or an alarm/alert mat. This is so that patients feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making and patients' care records reviewed supported the assessment of risks, the decision making process, who was involved in this process and the delivery of care on a daily basis.

It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Some patients who had just “got up” were eating their breakfast after having had “a lie in”, as one patient said. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails, jewellery and those who preferred their jackets on. There was also a number of magazines/newspapers available as well as the television on low in the lounge on each floor.

Patients told us that they were receiving good care from friendly, caring, respectful staff. Patients and staff were also planning for an outing to Portstewart and all were looking forward to this and hoping for good weather. One patient said the company would be good so they were not worried about the weather. A music activity was also planned for the evening of the inspection and again patients and staff were chatting about this and looking forward to the “craic”.

We also reviewed cards received from relatives which included the following statements:

“To each and every one of the staff in Edgewater Care Home – If I received half the love and care Da received from you all then I would have been happy. God bless you all.”

“Words cannot say how you looked after Mary and myself (am well fed).”

“The ...family would lie to thank you each and every one of you for the care you showed our much loved mother/grandmother during her time with you all. “

We also provided questionnaires for patients and family members; two responses were received from patients and their families. Both indicated that they were very satisfied with the quality of care in the home. Comments recorded included the following:

“I am delighted to have the opportunity to pass on my heartfelt opinion of Edgewater and its wonderful staff.... and I am thankful every day that I found such a welcoming place for my mum....I would also like to say, no matter what time of day I visit the home my mum always looks well taken care of and most importantly happy.”

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last care inspection in October 2018 there has been no changes to the management arrangement for the home. Mr John Green continues as the registered manager for the home. The registered manager commented that he had a good team to support the patients and him in delivery good care.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

The responsible individual also required the registered manager to report regularly on a number of areas, for example, admissions and discharges to the home, accidents/falls and staff training. The responsible individuals' monthly quality monitoring reports from 1 January 2019 were available in the home and any areas for action identified were followed up during the next visit to ensure that had been addressed. There were no outstanding actions in the records we reviewed.

Nursing and care staff spoken with confirmed that they were well trained and supported by the registered manager. Staff were confident in their roles and with their responsibilities.

We also invited staff to provide comments via an online questionnaire. We received eight responses. Staff comments included the following:

"Love my job at this home. Have worked here ... years and never had any issues with management or staff or visitors. Great friendly home to work in."

"...have been at Edgewater for 22 years. Really enjoy working here with a great staff. Love my work with a great atmosphere. Enjoy chatting to patients."

"Worked here for 10 years from a young lad. Enjoy everything in my work, atmosphere excellent. Manager good, staff nurses good, residents happy."

"I have worked at Edgewater for 17 years and I am happy in my work. This home is very well managed and patients are well looked after. I love my job and proud of the nursing home I work in."

We received an emailed response from a family member. They made the following comment regarding the registered manager and staff:

"John Green is an amazing individual and is a credit to nursing, he and his staff are always there for me when I inquire about mummy, they always answer my emails and phone calls..., and as you can imagine, this means a lot."

Management of service users monies

During the finance inspection on 23 May 2019 the following areas were found to be satisfactory:

- recordings of transactions undertaken on behalf of patients, including retention of receipts
- recording the details of the financial arrangements in place for patients
- updated written agreements retained within patients' files
- recording of patients' personal possessions brought into the home

- recording of fees received from patients

Discussion with staff and a review of records confirmed that reconciliations between the monies held on behalf of patients and the records of monies held were undertaken on a monthly basis. Discussion with staff also confirmed that copies of the records of reconciliations were forwarded to head office. It was noticed that the records of the reconciliations were not signed by the person undertaking the reconciliation and a senior member of staff. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff and a review of the safe place evidenced that items were held in the safe place on behalf of a number of patients. It was noticed that no record was maintained of the items held in the safe place. This was discussed with the registered manager and identified as an area for improvement.

Based on these inspection findings we were assured that this home was delivering safe, effective and compassionate care and that the home was well led.

Areas for improvement

Areas for improvement were identified during the inspection in relation to financial arrangements.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with John Green, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that a system is implemented to record the items held in the safe place on behalf of patients. The record should also show when the items are withdrawn and returned to the safe place.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: A system now in place , templet with recording and signatur of items held, for residents, recived and withdrawn. counter signatures needed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that the records of the reconciliations of monies and valuables held on behalf of patients are signed by the person undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: This is now in place.</p>

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



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