

Inspection Report

1 September 2022



Edgewater

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Edgewater Responsible Individuals: Mr Michael Curran Mr Paul Steele	Registered Manager: Mr John Green Date registered: 14 December 2007
Person in charge at the time of inspection: Mr John Green	Number of registered places: 28
Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 28 patients. Accommodation is over two floors.	

2.0 Inspection summary

This unannounced inspection took place on 1 September 2021 from 9.30am to 2.50pm by a care inspector.

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

All previous areas of improvement were found to be met.

There was found to be safe, effective and compassionate care delivered in the home and the home was well led.

It was established that staff promoted the dignity and well-being of patients.

Three areas requiring improvement were identified. These were in relation to safe storage of dental cleaning products, risk assessment and care plans for patients who smoke and an assessed need in patients' care records.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Edgewater was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr. John Green, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke with praise and gratitude about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels training and managerial support.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 October 2021

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the correct use of gloves and aprons • staff are bare below the elbow • face masks are worn appropriately • patient equipment is not stored within bathrooms <p>the storage of commodes within patient bedrooms is reviewed.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Appropriate infection prevention and control measures were observed to be in place at the time of this inspection.</p>	

<p>Area for Improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • medications are administered in accordance to the Nursing and Midwifery Council (NMC) The Code and the registered nurse observes the patient swallowing the medication prior to signing • the identified bedside locker is repaired/replaced • signage is in place on relevant doors to indicate when oxygen is in use • Where a patient has been assessed as requiring a crash/fallout mat the correct equipment is used in accordance with the manufacturers guidelines. • <p>Action taken as confirmed during the inspection: Discussions with the Manager and observations found that these identified risks have been addressed.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall review staff practices around the delivery of meals and the use of PPE to ensure that IPC guidelines are adhered to.</p> <p>Action taken as confirmed during the inspection: Appropriate infection prevention and control measures were observed to be in place at the time of this inspection.</p>	<p>Met</p>

<p>Area for Improvement 4</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the premises are kept in good state of repair.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified wardrobes, vanity units and bedframes • floor covering within identified lounges • window blinds on the stairwell • wash hand basin in treatment room • identified chairs with torn fabric • damage to walls and gaps to the ceilings within identified communal bathrooms. <p>Action taken as confirmed during the inspection: These identified areas of repair had been made good.</p>	<p>Met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the premises are kept clean and reasonably decorated.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • dust to radiators and high and low surfaces • the underneath of patient equipment • mop buckets and mop heads • storage of urinal bottles • storage of toilet roll • mattresses • light pull cords • malodour within the identified bedrooms. <p>Action taken as confirmed during the inspection: These identified areas had been made good.</p>	<p>Met</p>

<p>Area for Improvement 6</p> <p>Ref: Regulation 27 (4) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> all fire doors are able to close fully when activated. <p>Action taken as confirmed during the inspection: This identified fire safety door has been repaired.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 12.24</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that patients are positioned correctly and safely to avoid the risk of choking and in accordance with SALT recommendations.</p> <p>Action taken as confirmed during the inspection: Discussions with the Manager confirmed that this was addressed with staff.</p>	<p>Met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> environment IPC. <p>Action taken as confirmed during the inspection: Quality assurance audits of these areas were robustly in place.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staffing rotas include:</p> <ul style="list-style-type: none"> the person in charge in the absence of the manager the hours worked by the manager are clearly reflected on the duty rota as to whether they are management or nursing hours. <p>Action taken as confirmed during the inspection: The duty rota was appropriately maintained.</p>	<p>Met</p>

Area for Improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that patients' personal care needs are met.	Met
	Action taken as confirmed during the inspection: Discussions with the Manager and general observations of care practices confirmed that this was in place.	
Area for Improvement 5 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient requires a hoist sling to remain in place whilst seated, that the correct type of sling is utilised in accordance with the manufactures guidance.	Met
	Action taken as confirmed during the inspection: Discussions with the Manager confirmed the actions taken to address this which included purchase of a new sling.	
Area for improvement 6 Ref: Standard 12.14 Stated: First time	The registered person shall ensure that where patients require assistance with meals, this is given in a discreet and sensitive manner.	Met
	With specific reference to ensuring that staff are seated when assisting patients with their meals.	
	Action taken as confirmed during the inspection: Observations of care practices confirmed that this has been addressed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment records confirmed that there was a robust system in place to ensure staff members were recruited correctly to protect patients. Staff members receive a programme of induction on appointment.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. It was also noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Two patients made the following statements; “Everything is very good. I can say nothing wrong about it. The staff members are all lovely.” and “It’s a grand place here. No complaints”.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of a staff member’s assessment found this to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role. Staff said that they were satisfied with the staffing levels. One member of staff described the care as “top notch” and said; “It’s lovely to see people passionate with their job in caring for patients.”

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis on.

A check is carried out on a monthly basis to ensure all staff members are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be pleasant, polite, friendly and warm.

Patients’ care records were maintained which accurately reflected their needs. Staff members were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery. One patient said; “I cannot commend or praise the staff enough for how they have helped me”.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients’ needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. An area of improvement was identified with an identified patient's care needs. There was an assessed need pertaining to the patient's psychological well-being but there was no adequate daily evaluation or review of this need.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with evidence of programme of upgrading of décor and furnishings. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

An area of improvement was made in respect of denture cleaning products stored in patients' vanity units. The storage of these products needs to be risk assessed in accordance with current safety guidance with subsequent appropriate action.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 24 June 2022. There were no recommendations made from this assessment.

An area of improvement was identified to put in place individual risk assessment and corresponding care plans for any patient who smokes. This risk assessment needs to be in accordance with current safety guidance.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Photographs of recent social events were also nicely displayed, showing patients participation.

The environment suitably facilitated to support patients with social needs and comfort.

5.2.5 Management and Governance Arrangements

There have been no changes to the management arrangements in the home since the previous inspection. Mr John Green has been the Registered Manager since 14 December 2007. Staff commented positively about the Manager and described them as supportive, approachable and always available for guidance.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. Discussions with staff confirmed knowledge and understanding of this policy and procedure. There were good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Green, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19(1)(a) Schedule 3(3)(k) Stated: First time To be completed by: 1 October 2022	The registered person shall ensure the identified assessed need pertaining to a patient's psychological well-being has adequate daily evaluation and review of this need. Ref: 5.2.2 Response by registered person detailing the actions taken: This has been reviewed , all staff aware and same in place.
Area for improvement 2 Ref: Regulation 14(2)(a) Stated: First time To be completed by: 2 September 2022	The registered person shall ensure that the storage of denture cleaning products is risk assessed in accordance with current safety guidance with subsequent appropriate action. Ref: 5.2.3 Response by registered person detailing the actions taken: This has been immediately removed and staff made aware of same.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4(2) Stated: First time	The registered person shall put in place an individual risk assessment and care plan for any patient who smokes, in accordance with current safety guidance. Ref: 5.2.3
To be completed by: 1 October 2022	Response by registered person detailing the actions taken: This has been reviewed and care plans and risk assessments updated to reflect same.

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



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