Unannounced Care Inspection Report
3 December 2020

Edgewater

Type of Service: Nursing Home
Address: 70 Victoria Road, Newbuildings, Londonderry BT47 2RL
Tel no: 028 7134 2090
Inspectors: Jane Laird

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	**Number of registered places:** 28
Categories of care: 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:** 20

4.0 Inspection summary

An unannounced inspection took place on 3 December 2020 from 10.30 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- the home's environment
- leadership and management arrangements.

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	5	3

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

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

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection, registration information, and any other written or verbal information received.

This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' 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 also left for staff inviting them to provide feedback to RQIA online.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 23 November 2020 and the 30 November 2020
- three patients' daily reports and care records
- record of staff mandatory training
- three patient care charts including food and fluid intake charts and repositioning charts
- complaints ledger
- adult safeguarding folder
- incidents and accidents
- a sample of governance audits/records
- two staff recruitment and induction files
- monthly quality monitoring reports from September 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- registered nurses competency and capability assessments for taking charge of the home in the absence of the manager
- RQIA registration certificate.

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 areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced finance inspection undertaken on 20 February 2020 which resulted in no areas for improvement.

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 10.30 hours we were greeted by the manager and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager advised us of the daily staffing levels within the home and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. Review of staff duty rotas evidenced that the planned staffing levels had been adhered to.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- “Manager is fantastic.”
- “Wouldn’t work anywhere else.”
- “Great place to work.”
- “Team work really well together.”
- “Really enjoy working here.”

A poster was also left for staff inviting them to provide feedback to RQIA online. We received eight responses from staff who were satisfied/very satisfied with the provision of care within the home. Comments included: “Edgewater is a fantastic nursing home with great management”, “It is a big family here with a great manager who is very approachable”, “Happy home with happy residents” and “Best place for working in a team environment.”

We discussed staff training specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) and were advised by the manager that the majority of care staff had completed level 2 training and registered nurses with overseeing responsibilities had also completed level 3 training. However, ancillary staff such as cleaners, catering, maintenance and administration staff had not completed level 2 training. The manager agreed to have this training implemented with ongoing monitoring to ensure full compliance. This will be reviewed at a future inspection.

6.2.2 Care delivery

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Staff interactions with patients were observed to be compassionate and caring and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. We observed one patient's hair and finger nails which had not been appropriately maintained and discussed this with the manager who advised that the patient refuses assistance on occasions with personal care and discussed the measures that staff take to encourage the patient with this aspect of care. This is discussed further in section 6.2.3 below.

Patients told us that they were well looked after by the staff and felt safe and happy living in Edgewater nursing home. Comments from patients included:

- "Very happy living in this home."
- "Lovely people working here."
- "Happy here."
- "Food is great. Plenty to eat."
- "Staff are friendly."

Discussion with staff and patients confirmed that systems were in place to ensure good communications between the home, the patient and their relatives during the COVID-19 visiting restrictions. Some examples of the efforts made included**;** video calls, telephone calls, visits to the window and onsite visits in accordance to COVID-19 visiting guidance.

Seating and dining arrangements had been reviewed by the management of the home to encourage social distancing of patients in line with COVID-19 guidance. We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients' needs in a prompt and timely manner. Staff wore the appropriate personal protective equipment (PPE) and sat beside patients when assisting them with their meal. However, one care assistant was observed standing when assisting a patient with their meal and we discussed this with the manager to action as necessary.

We observed a patient to be incorrectly positioned in bed whilst being assisted with eating and drinking and were concerned regarding the potential risk of choking. On review of the patient's care records recommendations from the speech and language therapist (SALT) indicated that the patient must be in an upright position when eating and drinking. This was discussed with the manager as an area for improvement. Following the inspection we received written confirmation from the manager that a referral to SALT had been completed.

We also reviewed the settings on three identified patients' pressure relieving mattresses which evidenced that they were not set according to the patients' weight. On review of the patients care records the care plans regarding pressure care did not contain the recommended setting/type of pressure relieving mattress. We further identified that the frequency of repositioning was not included in patients recording charts to direct the relevant care. Following the inspection the manager provided written confirmation that all mattresses were being reviewed to ensure they are set correctly and staff were being instructed to update care records accordingly. This was identified as an area for improvement.

Discussion with patients and the activity coordinator evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home in accordance with current COVID-19 social distancing restrictions. The activity coordinator was very enthusiastic in her role and patients appeared to enjoy the interaction between the staff and each other.

6.2.3 Care Records

We reviewed three patient's care records which evidenced that the majority of care plans were person centred and reviewed regularly. However, a number of deficits were identified as follows:

- International Dysphagia Diet Standardisation Initiative (IDDSI) terminology not consistently recorded within care records
- recommended daily fluid intake not included in patients care plan where a risk of dehydration had been identified
- normal bowel type and frequency not included within care plans
- review of one patients care plan regarding personal care did not contain specific details as mentioned above in section 6.2.2 regarding their refusal to have personal care needs attended to on occasions.

Specific examples were discussed in detail with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records. In order to drive and sustain the necessary improvements, an area for improvement was made.

We reviewed one patients care records regarding catheter care. The records did not provide clear information of when the patient's catheter had last been renewed; the care plan lacked detail about the type and size of catheter and the recommended frequency of catheter and drainage bag renewal. The manager advised that the small drainage bag; known as a leg bag, should be renewed weekly, however, on review of the date written on the patient's leg bag, the date exceeded the recommended weekly renewal. Following the inspection the manager confirmed that the leg bag had been renewed and the date of the catheter renewal was found within the patient's care record. The inspector was not assured that a sufficiently robust system was in place to ensure that the patient's catheter and/or leg bag would be changed on the required dates and discussed these shortfalls in detail with the manager as an area for improvement.

6.2.4 Infection prevention and control (IPC) measures

Upon entering the home, the inspector's temperature and contact tracing details were obtained and the manager advised that this is completed on all persons entering the home in line with the current COVID-19 guidelines for visiting care homes.

We were advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

Staff spoken with were knowledgeable regarding the symptoms of COVID-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

There was an adequate supply of PPE and hand sanitising gel within the home. We observed a selection of gloves being used by staff and were advised by the manager that vinyl gloves were used for non-personal care interventions and a poster with the recommended use of gloves was appropriately displayed to direct staff. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had access to online training and that the training provided them with the necessary skills and knowledge to care for the patients.

Despite the majority of staff having completed IPC training, observation of staff practices evidenced that they were not consistently adhering to appropriate infection prevention and control measures, including the use of gloves and aprons within communal areas. We also observed one member of staff wearing jewellery and a long sleeved top; a further member of staff wearing their face mask below their nose and continuously touching their mask. We further observed a weighing chair stored within an identified bathroom; a commode stored between patients beds in shared bedrooms against a privacy curtain; mop buckets unclean and rusted and the type of toilet brushes being used within the home were unable to be air dried following use. This was discussed in detail with the manager and identified as an area for improvement which is discussed further in section 6.2.6 below.

6.2.5 The home's environment

Patients' bedrooms were found to be personalised with items of memorabilia and special interests. The home was neat and tidy with the majority of communal areas such as lounges, reception areas and corridors were kept clear and free from obstruction. The manager advised that refurbishment was ongoing within the home as required and that new floor coverings had been laid in a number of locations within the home. The manager further advised that painting was ongoing on a regular basis and requests for furniture and/or equipment is discussed on a monthly basis during the providers monitoring visit.

Whilst the majority of the environment and equipment within the home was well maintained it was observed that window blinds were stained within an identified lounge; cobwebs and/or debris were evident to light fittings within the treatment room, a lounge, a bathroom and the entrance door to the home; surface damage was evident to a number of bedroom furniture, a bed rail protector and floor coverings; a window handle in an identified bedroom was damaged and secured with adhesive tape and the inside of identified vanity units were worn. We discussed this in detail with the manager who advised that these areas would be addressed and monitored during daily walk arounds. This is discussed further in section 6.2.6 below.

We identified a window restrictor within a bedroom on the first floor that was not secure to the window and several more bedroom windows that were not fitted with the appropriate type of fixtures. This was discussed with the manager who advised that a review of all window restrictors would be completed immediately and that fixtures would be replaced to ensure they cannot be tampered with or removed easily. The aligned RQIA estates inspector for the home was notified of the above findings and an area for improvement was identified.

We observed unsupervised access to denture cleaning tablets within an identified patient's bedroom. This was discussed with the manager to review potential risks to patients. The manager stated that due to the category of care the risk to patients were low, however, agreed to complete a risk assessment and review the current storage arrangements to ensure patients safety. The manager further agreed to monitor this as part of the daily walk around. This will be reviewed at a future inspection.

We further observed a wall within the linen store on the ground floor that was damaged and a gap to the ceiling around two emergency pull cords within bathrooms on the first floor and discussed fire safety with the manager and potential risks as an area for improvement. The manager agreed to have these gaps covered as a matter of priority and the aligned RQIA estates inspector for the home was notified.

We identified two bedrooms with a low ceiling to an area of the room and access to the wash hand basin in both of these rooms was restricted due to the position of the bed. This was discussed with the manager who agreed to review the layout of the furniture within these bedrooms to reduce the potential risk of the patient/staff coming into contact with the low ceiling and to allow access to the wash hand basin. This will be reviewed at a future inspection.

6.2.6 Leadership and management arrangements

Since the last inspection there has been no change in management arrangements. The duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

Review of two staff recruitment files evidenced that appropriate employment checks had been carried out in line with best practice. Induction records were also reviewed and maintained within employee files.

A number of audits were completed on a monthly basis by the manager. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Care records and hand hygiene audits were also carried out monthly and where there were deficits identified an action plan was implemented. We requested audits on the environment and IPC and were advised by the manager that these audits had not been completed. As discussed in section 6.2.4 and 6.2.5 a number of IPC and environmental deficits were identified during the inspection. In order to drive and sustain the necessary improvements, an area for improvement was made in relation to quality governance audits.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Eight new areas were identified for improvement. These were in relation to SALT recommendations, pressure area care, care records, catheter care, infection prevention and control (IPC), window restrictors, fire safety, quality governance audits.

	Regulations	Standards
Total number of areas for improvement	5	3

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection with ongoing actions to address all other areas.

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, 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 3 January 2021	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. This is in specific reference to care plans and daily recording charts: • the recommended diet/fluid consistencies as per the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology to be consistently recorded within care records • recommended daily fluid intake to be recorded within patients care plans • normal bowel type and frequency to be included within patients care plans • where a patient requires assistance with personal care and refuses assistance on occasions, this must be documented within the care plan along with measures to encourage/support the patient with this aspect of care. Ref: 6.2.3
	Response by registered person detailing the actions taken: IDDS terminology updated to all care records. recommended daily intake of fluids is mentioned in all record fluid charts - also updated to care plan. patients contienece care plans have updated to record normal bowel movement . Where a patient needs assistance and refuses on occassions This has been updated to their care plan.
Area for improvement 2 **Ref**: Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 3 January 2021	The registered person shall ensure that the delivery of urinary catheter care is maintained in accordance with best practice standards and that all appropriate records are available for inspection. With specific reference to ensuring: • the care plan includes the type, size and frequency of catheter renewal • the care plan includes the frequency of leg bag renewal • records are maintained of the dates that the catheter and leg bag are renewed

	• a system is implemented to carry forward the next date for renewal of both the catheter and the leg bag. Ref: 6.2.3
	Response by registered person detailing the actions taken: Catheter care plans are in place and updated to reflect catheter cahnge dates, frequency of leg bag change and main catheter change including type and size.
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	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. With specific reference to: • 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 • the storage of commodes within patient bedrooms is reviewed • mop buckets are replaced as required • toilet brushes are air dried following use. Ref: 6.2.4
	Response by registered person detailing the actions taken: Staff spoken to regarding ppe handling and protocol , this is also audited. new mop buckets ordered and toilet brushes to the specification mentioned by inspector, these have been delivered. equipement in patients bedrooms reviewed. To date Edgewater patients have not had any outbreak of covid 19- with patients in our care, however manager has updated staff on PPE protocol to which this is discussed frequently -in order to prevent any human error with PEE handling..
Area for improvement 4 **Ref:** Regulation 27 (2) (b) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that: • regular checks of all window restrictors are commenced and a record is maintained of these checks • window restrictors are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool.

	Ref: 6.2.5
	Response by registered person detailing the actions taken: Window restrictors were immediately reordered and have been put in place with guidance given from inspector. System in place for regular checks done.
Area for improvement 5 **Ref:** Regulation 27 (4) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the damaged wall within the linen cupboard on the ground floor and gaps to the ceilings in identified bathrooms are repaired. Ref: 6.2.5
	Response by registered person detailing the actions taken: This has been completed since inspection.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 12.24 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients are positioned correctly and safely to avoid the risk of choking and in accordance with SALT recommendations. Ref: 6.2.3
	Response by registered person detailing the actions taken: This has been completed and Salt team informed. care plans reviewed to reflect same.
Area for improvement 2 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 3 January 2021	The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage. With specific reference to ensuring: • the recommended setting/type of pressure relieving mattress are maintained at the correct setting and included in the patients care plan • frequency of repositioning to be recorded on repositioning charts and reflective of the care plan. Ref: 6.2.3
	Response by registered person detailing the actions taken: Recording of patients settings and matress type is in each file as on day of inspection, however inspector recommended this is also put in care plan and this has been updated to reflect same. A more rebust system of checking bed settings put in place. Turn charts are in place and where error of recording

	noted the manger has discussed with staff and set up a more rebust auditing process ,checking as well as educating staff.
Area for improvement 3 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 3 January 2021	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: • environment • IPC Ref: 6.2.6
	Response by registered person detailing the actions taken: Guidance on a more rebust system noted and discussed with Director. This has been hard copied and put in place as a means of recording same. Done.

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

The Regulation and Quality Improvement Authority

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