

# Inspection Report

20 April 2023



## 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

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Edgewater<br><br><b>Responsible Individuals:</b><br>Mr. Michael Curran<br>Mr. Paul Steele  | <b>Registered Manager:</b><br>Mr. John Green<br><br><b>Date registered:</b><br>14 December 2007 |
| <b>Person in charge at the time of inspection:</b><br>Mr. John Green   | <b>Number of registered places:</b><br>28   |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years. | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>20 |
| <b>Brief description of the accommodation/how the service operates:</b><br>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

An unannounced inspection took place on 20 April 2023, from 9.20am to 2.40pm, 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 met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

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

One area requiring improvement was identified during this inspection. This was in respect of ensuring reports of visits by the responsible individual (s) are maintained in the home on an up-to-date basis.

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, compassionate and that the home was well led.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients said that they were happy with their life in the home, their relationship with staff, and the provision of meals. Two patients made the following comments; "Everything is satisfactory. I have no complaints. The staff are very good." and "I am very happy here. The care is very good and so is the food."

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

No questionnaires were returned in time for inclusion to this report.

## 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 7 November 2022  |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005                |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 19(1)(a) Schedule 3(3)(k)<br><b>Stated:</b> First time | <p>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.</p> <p><b>Action taken as confirmed during the inspection:</b></p>   | Met                      |
|  |   |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 14(2)(a)<br><b>Stated:</b> First time                  | <p>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.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>           There was seen to be no inappropriate storage of denture cleaning products.</p> | Met                      |
|  |   |                          |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)                    |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 4(2)<br><b>Stated:</b> First time                        | <p>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.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>           This risk assessment and care plan was in place.</p>  | Met                      |
|  |   |                          |

|   |  |            |
|---|--|------------|
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 4<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>5 December 2022 | The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration.                                | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>A review of a patient's care plan with this prescribed needs confirmed this to be appropriately in place. |            |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of a recently appointed staff member's recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Competency and capability assessments are reviewed with the staff member on an annual basis. This is good practice.

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

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management. Staff said that there was good team working amongst staff and felt confident that a good standard of care was provided for.

It was 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. One patient said; "All is great here. I am very happy." Patients who were in frail health were seen to be regularly attended to by staff.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. The Manager and staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

### 5.2.2 Care Delivery and Record Keeping

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

Care records were maintained which reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented, wholesome 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. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia. Discussions with the Manager confirmed knowledge and understanding for patients with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

It was reported that plans are in place to upgrade and install a new kitchen.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately 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 completed on 24 June 2022. There were no recommendations made from this assessment.

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 were also seen to adhere to correct IPC protocols.

#### **5.2.4 Quality of Life for Patients**

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients said; "Everything is grand here. No problems. I am being well looked after." and "They (the staff) are very good here and very caring."

#### **5.2.5 Management and Governance Arrangements**

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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. A review of the records of accidents and incidents

which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; wound care, infection prevention and control and the dining experience.

The home was visited each month by the responsible individual(s) 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. An area of improvement was made for these reports to be maintained in the home on an up-to-date basis, as the most recent report for March was not available for inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1           | 0         |

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

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>                               |  |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 29(5)<br><b>Stated:</b> First time<br><b>To be completed by:</b> 20 May 2023 | The registered person must ensure visits by the responsible individual(s) reports are maintained on an up-to-date basis in the home.<br><br>Ref: 5.2.5<br><br><b>Response by registered person detailing the actions taken:</b><br>This was noted and updated. |

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





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