



Unannounced Follow Up Care Inspection Report



Edgewater

Type of Service: Nursing Home (NH)

Address: 70 Victoria Road, Newbuildings, Londonderry, BT27 2RL

Tel No: 028 71342090

Inspector: Lyn Buckley

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 28 persons.

3.0 Service details

Organisation/Registered Provider: Edgewater Responsible Individual(s): Mr Paul Steele Mr Michael Curran	Registered Manager: Mr John Green
Person in charge at the time of inspection: John Green – registered manager	Date manager registered: 14 December 2007
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 28

4.0 Inspection summary

An unannounced inspection took place on 22 May 2018 from 10:25 to 14:05 hours.

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.

The inspection assessed progress with the areas for improvement identified during the last care inspection.

Through discussion with the registered manager, staff and patients; observation of the environment and review of records all areas for improvement identified during the last care inspection were evidenced to be met.

One area requiring improvement was identified regarding infection prevention and control practices.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr John Green, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 8 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 May 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with three patients individually, six staff, and one patient's visitor.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hall.

The following records were examined during the inspection:

- duty rota for all staff from 14 to 27 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- staff supervision and appraisal planner and progress/compliance dates
- system to manage medical, equipment and staff alerts from regional bodies such as Northern Ireland Adverse Incidents Centre (NIAIC) or the Chief Nursing Officer (CNO)
- two patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits
- RQIA registration certificate.

Areas for improvement identified at the last care 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 areas for improvement from the most recent inspection dated 8 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. Areas for improvement identified will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 February 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all staff receives mandatory training, appropriate to their roles and responsibilities; and that systems are in place to ensure that the training provided is embedded into practice. This refers particularly to, but is not limited to infection prevention and control practices.</p> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of training compliance record evidenced that only one member of staff, who was on long term leave, was to complete IPC training. Other areas of training had been delivered since the last care inspection in February 2018 including adult safeguarding, moving and handling, wound care and control of substances hazardous to health (COSHH).</p> <p>Discussion with staff and observation of moving and handling practices, use of personal protective equipment (PPE) such as aprons and gloves; and the home's environment evidenced that training had been embedded into practice.</p> <p>This area for improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients at risk of developing pressure damage to their skin, are repositioned in keeping with the care plan; and that records are retained, to include the care provided when the patients are seated in their chairs.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of two patient’s care records evidenced that patients were repositioned in accordance with their care plan and that contemporaneous records of the care delivered were maintained.</p> <p>This area of improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice. This shall also include the following actions:</p> <ul style="list-style-type: none"> • no inappropriate wedges to be used for keeping fire doors open, • all automatic door closing devices to be used, as appropriate, and maintained in good working order, • all emergency fire exit alarms to be kept in the ‘on’ position and maintained in good working order. <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that fire doors were not wedged or propped open and hold open devices were in good working order and appropriately deployed. Fire exit doors were alarmed as required and operational.</p> <p>Discussion with the registered manager and staff; review of the environment; and review of records evidenced that fire safety was monitored and the necessary changes to bring about compliance with regulation had been sustained since the last care. For example, the registered manager had introduced a daily ‘walk around’ record to monitor various practices within the home including fire safety practices. Any deficits identified were recorded and managed at the time and/or escalated to the</p>	<p>Met</p>

	<p>registered manager/registered person. Records of the daily walk around from March 2018 to date were available for inspection.</p> <p>This area of improvement has been met.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health. All sluice rooms within the home should be lockable and sufficiently secure for the safe storage of all COSHH related products</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager, and review of records evidenced that COSHH regulations were adhered to.</p> <p>Sluice rooms had key padded locks fitted; there was no inappropriate storage of cleaning products/chemicals observed during this inspection.</p> <p>This area of improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all medicines are stored securely within the home at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that the treatment room was kept locked at all times. Staff had access to the treatment room by means of a keypadded lock. Internal cupboards, within the treatment room were also observed to be locked.</p> <p>This area of improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2018</p>	<p>The registered persons shall ensure that all patients have effective access to the nurse call system both within patient bedrooms and all communal areas used by patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that patients had access to the nurse call system.</p> <p>This area of improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plans are in place which detail the prescribed dressing regimen and the recommendations of other professionals. Wound care must be delivered to patients in compliance with such care plans, • that a system for accurate referencing of wound care plans within patients' care records is in place and used consistently/accurately, • that all supplementary wound care records are completed in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, <hr/> <p>Action taken as confirmed during the inspection: Review of two patients' care records, in relation to the management of wounds and pressure areas, evidenced that care plans were reflective of the prescribed recommendations from the tissue viability nurse (TVN). Daily notes including reposition charts were recorded accurately and in keeping with the prescribed frequency of repositioning recorded in the care plan.</p> <p>In addition the registered manager had provided nursing staff with a patient record guidance file and a system was put in place in to audit care records regularly. This audit process included the named nurse and the outcomes were managed through constructive feedback and re auditing.</p> <p>This area for improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' care records are kept securely within the nursing home in adherence with legislative requirements and best practice standards.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations and discussion with the registered manager evidenced that patient records and patient information were maintained confidentially and securely.</p> <p>This area for improvement has been met.</p>	Met
<p>Area for improvement 9</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is in place which makes provision for the urgent communication of all medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) and all other relevant urgent communications, safety alerts and notices to all grades of staff, as appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records evidenced that staff were now required to read and sign any relevant alerts. In addition any new policies or procedures put in place were also required to be read and signed by staff.</p> <p>This area for improvement has been met.</p>	Met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that the recruitment processes are further developed to ensure that any gaps in employment records are explored and explanations recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of two staff recruitment files and discussion with the registered manager and the home's administrator evidenced that this area for improvement has been met.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that the staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records and discussion with the registered manager evidenced that a system was in place to manage staff supervision and appraisal requirements. There was also evidence of the date when supervisions were planned and conducted.</p> <p>This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 10 March 2018</p>	<p>The registered persons shall ensure that systems are in place to embed the new regional operational safeguarding policy and procedure had been embedded into practice.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and the registered manager evidenced that they were aware of the new regional safeguarding procedures and the process for making a referral to the adult safeguarding team if required. Staff had been required to read and sign the updated home policy and procedure for adult safeguarding. The registered manager also confirmed that he had completed the adult safeguarding champion training and was collating information to fulfil requirements in relation to the home's adult safeguarding position statement.</p> <p>This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.4</p> <p>Stated: Second time</p> <p>To be completed by: 10 March 2018</p>	<p>The registered persons shall review the auditing processes used in the home, to ensure that they are effective, specifically, care records audits.</p> <hr/> <p>Action taken as confirmed during the inspection: As stated previously care records reviewed were reflective of the assessed needs of patients and the prescribed recommendations from the TVN. Discussion with the registered manager and review of records evidenced that</p>	<p>Met</p>

	<p>the audit process had been reviewed and updated to ensure it was effectively identifying deficits.</p> <p>Audit records were available for inspection.</p> <p>This area for improvement has been met.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2018</p>	<p>The registered person shall ensure that all patient bedrooms have appropriate signage on them and that in communal areas measures are taken to promote patient orientation.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations throughout the home evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' dignity is promoted and maintained at all times, specifically, that prompt assistance is given to any patients who require a change of clothing.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with patients individually and observations of other patients in the lounges evidenced that their attire was clean.</p> <p>This area for improvement has been met.</p>	<p>Met</p>

6.3 Inspection findings

Staffing and Care Delivery

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 14 to 27 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social care Council (NISCC).

We arrived in the home at 10:25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Observation of the delivery of care and discussion with patients and staff 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 spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Staff also demonstrated knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

A visitor to the home requested to meet with the inspector and spoke in very positive terms regarding the care delivery and the staff "going over and beyond the call of duty".

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Infection Prevention and Control Practices.

As discussed previously in section 6.2; discussion with the registered manager and review of training compliance record evidenced that only one member of staff, who was on long term leave, was still to complete IPC training.

Discussion with staff and observation of the use of personal protective equipment (PPE) such as aprons and gloves; and the home's environment evidenced that training had been embedded into

practice. In addition a number of environmental improvements had been made since the last care inspection to enable housekeeping staff to effectively clean surfaces and floors.

However, during the walk around the home it was observed that patient hoists, hoist slings and the home's emergency trolley were stored in bathrooms where there was a toilet. Issues relating to contamination of equipment and appropriate storage in bathrooms were discussed with the registered manager. It was agreed that the registered manager would review the practice of storing patient equipment in bathrooms in conjunction with the regional IPC guidelines and an area for improvement under the standards was made.

Areas for improvement

An area for improvement was identified in relation to IPC practices.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr 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 46</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018.</p>	<p>The registered person shall ensure that requirement in relation to the storage of patient equipment in a bathroom where there is a toilet are review in conjunction with the regional IPC guidelines. Any action required to be taken should be implemented.</p> <p>If necessary, for advice contact the local Trust's IPC nurse/team or the Public Health Agency (PHA).</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Storage of equipment in bathrrom reviewed. Staff aware , daily walk arounds checking and auditing same in place.</p>

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



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