

Unannounced Care Inspection Report

26 May 2016



Edgewater

Service type: Nursing Home

Address: 70 Victoria Road, Newbuildings, Londonderry BT47 2RL

Tel No: 02871342090

Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Edgewater took place on 26 May 2016 from 09.45 to 15.30 hours. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients who were being assisted and responded to in a timely manner. The home was found to be warm, fresh smelling throughout. Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. There was evidence of a structured orientation and induction for newly appointed staff and there were systems in place to monitor staff performance or to ensure that staff received support and guidance. The majority of staff had completed training in all mandatory areas. Staffing levels were subject to regular review to ensure that the assessed needs of the patients were met. A requirement has been made regarding the need for enhanced criminal records checks to be completed, prior to staff commencing employment.

Is care effective?

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Staff stated that there was effective teamwork in the home; each staff member knew their roles and responsibilities. Staff meetings were held on a regular basis and records were maintained. Patients and their representatives expressed their confidence in raising concerns with the home's staff/management. Some weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning; and the recording of discussions pertaining to the use of bedrails. Two recommendations have been made to secure compliance and drive improvements.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients appeared content and relaxed in their environment. There was evidence that the patients were actively involved in decision making about social activities. A 'Home Life' project had been implemented within the home. This ensured that staff identified what was important to the patients, and identified their favourite things to do; and dietary likes and dislikes. Discussion with staff, relatives and patients and a review of compliments cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within the categories of care for which the home was registered. Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. There was evidence that a range of audits had been completed on a regular basis, for example, audits of accidents, care records and medicines management. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified. Monthly monitoring visits, in respect of

Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the QIP within this report were discussed with the 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 May 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There were no areas that required to be followed up in this inspection.

2.0 Service details

Registered organisation/registered person: Edgewater Responsible persons: Michael Curran and Paul Steele	Registered manager: John Green
Person in charge of the home at the time of inspection: John Green	Date manager registered: 14 December 2007
Categories of care: NH-I	Number of registered places: 28

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. The inspector also met with four patients, five care staff, one registered nurse and three patients' representatives. The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records for 2015/2016
- accident and incident records
- audits in relation to care records and falls
- records relating to adult safeguarding
- one staff recruitment and selection record
- complaints received since the previous care inspection
- staff induction, supervision and appraisal records
- records pertaining to NMC and NISCC registration checks
- staff, patients' and relatives' meetings held since the previous care inspection
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 May 2016. The completed QIP was returned and approved by the pharmacist inspector. There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 5 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	It is recommended that the policy on palliative and end of life care and death, dying and bereavement should be further developed, in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> and should include the procedure for the management of an unexpected death and the management of patient's belongings.	Met
	Action taken as confirmed during the inspection: A review of the policy on palliative and end of life care confirmed that it has been developed in line with this recommendation.	
Recommendation 2 Ref: Standard 35.6 Stated: First time	The registered manager's daily and weekly auditing processes should include the cleanliness of the sluice rooms in the home.	Met
	Action taken as confirmed during the inspection: Daily and weekly cleaning schedules were available. The sluice room was observed to be clean and well maintained.	

4.3 Is care safe?

In discussion, the registered manager stated that there were systems in place for the recruitment and selection of staff. Where nurses and carers were employed, their PIN numbers were checked on a regular basis with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to ensure that their registrations were current.

Although the staff consulted with stated that they had only commenced employment once all the relevant checks had been completed, a review of two personnel files evidenced that one staff member had commenced employment prior to having had an enhanced criminal records check completed with AccessNI. Although a satisfactory AccessNI certificate had been received in respect of this staff member, a requirement has been made to ensure that enhanced criminal checks are completed prior to commencement of employment.

There was evidence from the review of personnel records that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. Staff consulted confirmed that they received induction; and shadowed experienced staff until they felt confident to care for the patients unsupervised.

A review of staff training records confirmed that staff completed training on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult safeguarding. Observation of the delivery of care evidenced that training had been embedded into practice. A training matrix had been developed which provided clear information to enable the registered manager to review staff training and see when updates/refresher training were due. The review of the training matrix confirmed that the majority of staff had received training in all mandatory areas.

The inspector commended the efforts of the registered manager for developing an information board to focus staff on improving their knowledge and skills. The board contained information on medical conditions and nursing care interventions required.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals. The registered manager had developed a system to support registered nursing staff through their revalidation process with the Nursing and Midwifery Council (NMC). This is to be commended.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 16 May 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried way.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

The staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager and staff confirmed that they were aware of the local and regional safeguarding protocols.

A range of risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident, care management and patients' representatives were notified appropriately.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

A requirement has been made that staff must not commence employment before an enhanced criminal record check with AccessNI has been completed and reviewed by the registered person.

Number of requirements	1	Number of recommendations:	0
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4.4 Is care effective?

Three patients' care records were reviewed. There was evidence that in general detailed care plans had been developed from a comprehensive assessment for each patient. Where a patient required wound care, there was evidence that a wound assessment had been completed on a regular basis. A review of the daily progress notes also evidenced that the wound dressing had been changed in line with the recommendations provided by the Tissue Viability Nurse. Despite this, the patient's care plan had not been updated to reflect the current dressing regime. A recommendation has been made in this regard.

Where patients had been assessed as requiring the use of bedrails, risk assessments and care plans had been developed; however, there was no evidence that formal consent had been obtained from the patients and/or their representatives. A recommendation has been made to ensure that nursing staff should record clearly discussions held in relation to the decision made to use or not use bedrails with the patient and/or their representatives as appropriate.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and there was evidence of regular communication with patient representatives within the care records.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Discussion with the registered manager and review of records evidenced that patients and/or relatives meetings were held on a regular basis and records were maintained.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management.

Areas for improvement

It was recommended that patients' care plans are updated to reflect the recommendations provided by the tissue viability nurse, as appropriate.

It was recommended that nursing staff should record clearly discussions held in relation to the decision made to use or not use bedrails with the patient and/or their representatives as appropriate.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect.

Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Menus were displayed clearly and were correct on the day of inspection. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day.

Those patients who could not verbalise their feelings in respect of their own care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Consultation with staff confirmed that they felt they had the necessary skills to communicate effectively with one identified patient who had difficulties with communicating. The patient had an effective communication tool available to assist staff in understanding their needs.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. The annual quality assurance report was in the process of being completed. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. Staff consulted with felt very strongly that they would act as advocates for any patient who was unable or not confident in expressing their wishes.

A 'Home Life' project had been implemented within the home. This ensured that staff identified what was important to the patients, living in the home and identified their favourite

things to do and their dietary likes and dislikes. This ensured that the patients' social care needs were met individually.

A range of activities were also available. A decision tree had been used to involve the patients in deciding where they wanted to go on an annual outing. This is to be commended.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. All comments on the returned questionnaires were positive. Some comments received are detailed below:

Staff

"It is great. We have a good team and everyone is very friendly."

"The care is brilliant. It is a happy home and everyone really does care."

"The care is good and the patients' needs are put first."

"I wouldn't work elsewhere. The patients are our priority."

Patients

"They are all very good to me here."

"I get everything I need."

"It's all good here."

Patients' representatives

"We are very happy. The staff are like a family and know us by name."

"They are very attentive."

"We have no concerns."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place for staff to identify the person in charge of the building, in the absence of the registered manager. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. Staff also confirmed that there were good working relationships and that the registered manager was responsive to any suggestions or concerns raised.

The registered manager also described an annual 'stress test' which he undertook with staff, to enable him to elicit any concerns and to identify any specific training need the staff may have. This is to be commended.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately.

A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and staff evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

A review of notifications of incidents to RQIA, since the last care inspection, confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the registered manager outlined how the following audits were completed in accordance with best practice guidance:

- falls
- wound management
- medicines management
- care records
- infection prevention and control

An audit of patients' falls was used to reduce the risk of further falls. A sample audit for falls confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified.

Infection prevention and control audit findings were also analysed and compliance levels were disseminated to the staff.

Discussion with the registered manager and review of records evidenced that monthly monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 31 July 2016	The registered persons must ensure that staff members do not commence employment until an enhanced criminal record check with AccessNI has been completed and reviewed by the registered person. Ref: Section 4.3 Response by registered person detailing the actions taken: This has been immediately enforced.
Recommendations	
Recommendation 1 Ref: Standard 23.2 Stated: First time To be completed by: 31 July 2016	The registered persons should ensure that patients' care plans are updated to reflect the recommendations provided by the tissue viability nurse, as appropriate. Ref: Section 4.4 Response by registered person detailing the actions taken: This has been our practise and has been re enforced with staff awareness and communicated individually with each staff nurse. regular audits will continue and ensure same is adhered to.
Recommendation 2 Ref: Standard 18.4 Stated: First time To be completed by: 31 July 2016	The registered persons should ensure that nursing staff clearly record discussions held in relation to the decision made to use or not use bedrails with the patient and/or their representatives as appropriate. Ref: Section 4.4 Response by registered person detailing the actions taken: Immediately updated.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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