

Unannounced Follow-up Care Inspection Report 5 December 2019



Edenvale Care Home

Type of Service: Nursing Home (NH)
Address: 1-7 Edenmore Road, Limavady, BT49 0RF
Tel No: 02877722055
Inspector: Michael Lavelle

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.

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 55 patients.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Emma Quigley – acting no application required</p>
<p>Person in charge at the time of inspection: Emma Quigley</p>	<p>Number of registered places: 55</p> <p>A maximum of 21 patients in category NH-DE, 2 patients in category NH-MP, 2 patients in category NH-MP(E), 4 patients in category NH-PH, 1 patient in category NH-LD and 6 patients in category NH-TI.</p>
<p>Categories of care: Nursing Home (NH) LD – Learning disability. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. TI – Terminally ill. I – Old age not falling within any other category. DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 40</p>

4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 07.20 hours to 14.10 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 was undertaken following discussion with the adult safeguarding team from the Western Health and Social Care Trust.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it

will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing, delivery of care and infection prevention and control
- management of falls, infections, challenging behaviour and planning of care
- the environment
- consultation
- complaints management and staff training.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

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	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Emma Quigley, acting manager, and John Coyle, acting regional 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 4 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2019. No further actions were required to be taken.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home

- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 11 November 2019 to 25 November 2019
- complaint records
- staff training records
- three patient care records
- a selection patient care charts including personal care records, food and fluid intake charts and reposition charts.

Areas for improvement identified at the last medicines management inspection were not reviewed and are carried forward to the next care inspection

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection dated 23 April 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall review the stock control of medicines to ensure that all medicines are available for administration and that any out of stock situations are reported to the manager.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that the regular administration of medicines which are prescribed for occasional/"when required" use, is referred to the prescriber for review.	Carried forward to the next care inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall review the management of pain for one identified patient and forward a written report of the findings and action taken.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

Staffing, delivery of care and infection prevention and control

On arrival at the home we were greeted by the nurse in charge who welcomed the inspector to the home. They 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 duty rota from week commencing 11 November 2019 to week commencing 25 November 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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 patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Edenvale Care Home. Patients said,

"I am living here five years and they are looking after me very well."
 "They are very good."

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. However shortfalls identified related to consistent hand hygiene, use of PPE, storage of equipment and covering patient food on transfer. This was discussed with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to. An area for improvement was made.

Management of falls, infections, challenging behaviour and planning of care

We observed the shift handover which we found to be robust. Staff were observed discussing and reviewing the on-going needs of patients during the handover. We did observe a small number of staff arriving late during the handover. This was discussed with the manager for action as required to ensure all staff receive a comprehensive update on the patients they provide care for.

Staff demonstrated a detailed 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.

We examined the management of patients who had falls. Review of one patient's records evidenced that falls were managed in keeping with best practice guidance.

Review of care records for two patients with an infection confirmed involvement from the patient's general practitioners. An appropriate care plan was in place to direct care for one patient but no care plan was in place for the second patient. In addition, clinical observations were not taken in a consistent manner in keeping with care plan directions. We also considered patients who exhibit challenging behaviours. Review of care records for one identified patient confirmed that although a care plan was in place it had not been updated to reflect the assessed needs of the patient. This was discussed with the manager and an area for improvement was made.

Examination of care records for another patient evidenced they had not been personalised and developed to guide the staff in the delivery of daily care needs. Whilst there were records of assessment of patient need and associated risk assessments the registered nursing staff failed to develop some care plans to guide staff on a daily basis. There was also evidence that one care record had not been updated following advice from an allied health professional. An area for improvement was made.

Reviews of supplementary care charts such as food and fluid intake, repositioning and personal care records evidenced these were well completed. Minor gaps in recording were identified in one care record. This was discussed with the manager who agreed to address this with staff as required.

We discussed the deficits highlighted above regarding record keeping. Review of records and discussion with the manager confirmed governance systems were in place to review care records on a regular basis.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Patients, relatives and staff spoken with were complimentary in respect of the home's environment. We observed the ongoing renovations to the bathrooms in the home and noted the minimal impact it had on the day to day running of the home. Many of the bedrooms did not have a lockable space for patients, with some bedrooms observed to have no bedside lighting. This was

discussed with the manager who agreed to audit all bedrooms to ensure patients have access to a lockable space and bedside lighting. This will be reviewed at a future care inspection.

Consultation

During the inspection we consulted with eight patients, two patient's relative and five staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said,

"They (the staff) are very good."

"They are lovely people. You couldn't ask for any better. They are so nice."

"This is a home from home."

"Anything I ask for I get it. They are very attentive."

"I'm getting on grand, I have no concerns."

One relative consulted spoke positively in relation to the care provision in the home. They said:

"I couldn't speak highly enough of the staff here. The care is first class. The staff know my name and the communication is excellent. The staff couldn't do enough for you."

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had three responses within the timescale specified. Two respondents were very satisfied with the care provided across all four domains. One respondent was unsatisfied or very unsatisfied across all four domains. Any comments from patient representatives in returned questionnaires were shared with the manager for their information and action as required.

Comments from five staff consulted during the inspection included:

"Everyone is helping each other. The staffing is good as long as there is teamwork."

"Morale is good and the staff are very welcoming. Management are very approachable. I feel the staff never stop."

"There is so much good work going on in here and the staff are very compassionate."

Complaints management and staff training

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

Review of records and discussion with staff and the manager confirmed that staff training, was actively managed. Appropriate records were maintained.

Areas of good practice

Areas of good practice were identified in relation to home's environment, the culture and ethos of the home and maintaining patient's dignity.

Areas identified for improvement:

Three new areas for improvement were identified in relation to IPC, management of infections and challenging behaviours and the planning of care.

	Regulations	Standards
Total number of areas for improvement	3	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emma Quigley, acting manager, and John Coyle, acting regional 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 (7) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.2.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The Home now has a nominated infection control link person. This will be robustly monitored during daily walk about and infection control audits.</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs.</p> <p>This area for improvement is made in reference to management of infections and challenging behaviours.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All care plans have been audited to ensure they are person centred and meet their assessed needs. This will be monitored as part of the weekly resident care traca completion.</p>
Area for improvement 3 Ref: Regulation 16 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plan should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: This is now in place and regularly monitored by the Home Manager to ensure all care plans are developed within the required time scales .</p>

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 28 Stated: First time To be completed by: 23 May 2018	The registered person shall review the stock control of medicines to ensure that all medicines are available for administration and that any out of stock situations are reported to the manager.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 23 May 2018	The registered person shall ensure that the regular administration of medicines which are prescribed for occasional/“when required” use, is referred to the prescriber for review.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: 23 May 2018	The registered person shall review the management of pain for one identified patient and forward a written report of the findings and action taken.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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



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