

Inspection Report

10 April 2024



Edenvale Care Home

Type of service: Nursing Home
Address: 1-7 Edenmore Road, Limavady, BT49 0RF
Telephone number: 028 7772 2055

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Ann's Care Homes Limited Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Mrs Anne O'Kane Date Registered: 17 November 2023
Person in charge at the time of inspection: Mrs Anne O'Kane	Number of registered places: 55
Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category 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: 53 A maximum of 21 patients in category NH-I to be accommodated within the Greenvale Unit. A maximum of 34 patients in category NH-DE to be accommodated within the Cloverdale Unit. There shall be one named patient in category NH-PH (E) accommodated within the Greenvale Unit.
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 55 persons. The home is divided into two units. Cloverdale which provides dementia nursing care on the first floor and Greenvale which provides general nursing care on the first floor. Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 10 April 2024, from 9:30 am to 6:50 pm by a care inspector.

The inspection assessed progress with the 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.

Patients said they felt well cared for and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very happy here", "The staff are looking after me well", "If I need anything or press my buzzer the staff come very quickly" and "They (staff) are all very good to us here".

One patient expressed a level of dissatisfaction with a certain aspect of care. Details were discussed with the manager who had this addressed prior to the completion of the inspection.

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I love working here", "Good induction" and "Great job satisfaction". There was one response received from the staff on-line survey. The respondent commented regarding staffing levels at night not being sufficient. This was shared

with the management team to review and a written response was received detailing the action taken.

One relative and two visiting professionals spoken with during the inspection commented positively regarding the overall provision of care. Comments included: “The care is very good here”, “This is a good home”, “Good level of communication” and “The staff are very kind, caring and attentive”.

There were six questionnaires returned from patients. The respondents were very satisfied with the overall provision of care. Comments included: “The care is just fine”, “I feel secure and safe”, “The carers are very good to me”, “I know there is always someone there if I need help”, “I feel safe and know that there is always someone to help me” and “I am treated with care and respect”.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Edenvale Care Home was undertaken on 29 August 2023 by a pharmacist inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Review of a sample of staff recruitment records evidenced that relevant pre-employment checks had been completed prior to commencing employment. A record of induction was also completed and retained within the employees file.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Observation of the care delivery evidenced that there was enough staff on duty to meet the needs of the patients. Staff were attentive towards patients and displayed a kind and caring nature.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

Review of a sample of competency and capability assessments for the nurse in charge in the absence of the manager evidenced that these had been completed.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records evidenced that they were mostly well completed. A discussion was held with the management team regarding further enhancing the repositioning chart template to record patients skin conditions. Following the inspection, the management team provided both verbal and written assurances of the action taken to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and whilst the food was covered on transport, desserts were not covered. Details were discussed with the manager who took immediate action to address this and agreed to monitor going forward.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a larger/smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

Whilst staff were providing the correct diet as recommended by SALT, one staff member who was assisting a patient with their meal, was not aware of the patient's dietary needs. It was further identified that the written handover sheet provided to the staff member did not include the necessary information regarding the patient's dietary needs. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. A number of minor discrepancies were identified and discussed with the management team who had these updated prior to the completion of the inspection.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Some surface damage was evident to identified floor coverings; a glass panel was missing from a fire exit door; two shower rooms were temporarily out of use due to a water leak which was under review and a malodour was also evident within a bathroom on the first floor. Details of these and any other maintenance related issues were discussed with the management team. Following the inspection, the manager provided written confirmation of the action taken to address these issues.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Review of the most recent fire risk assessment completed on 9 November 2023 evidenced that any actions required had been signed off by management as having been completed.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was also in place to ensure that all staff complete at least one fire evacuation drill yearly.

The door to the treatment room was open and unattended with access to prescribed food supplements and thickening agents. This information was shared with the pharmacy inspector and an area for improvement was identified.

Painting equipment and a ladder was observed unattended within a patient's bedroom. The potential risks were discussed with the management team and an area for improvement was identified.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients were seen to move freely between communal areas and the privacy of their bedrooms.

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

During the inspection, the activity co-ordinator was assisting patients to have their hair cut/styled by the visiting hairdresser. One to one time was also provided by the activity co-ordinator to patients who chose to remain in their bedroom.

Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: “The food is marvellous”, “Good selection of food” and “The food is good here”.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in management, with Mrs Anne O’Kane now the registered manager. Staff said the manager was very supportive and approachable.

Review of the records relating to accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients’ next of kin, their care manager and to RQIA.

There was a system in place to manage complaints and to record any compliments received about the home.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. The audits completed included an action plan, the person responsible for addressing the action, a time frame with a follow up to ensure that the necessary action had been taken.

The home was visited each month by a representative of the responsible individual 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 and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Anne O’Kane, Registered Manager, and Mrs Elaine McShane, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) Stated: First time To be completed by: 10 April 2024	<p>The registered person shall ensure that all parts of the care home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>During our latest Health & Safety meeting, we have taken the necessary steps to address this issue. To maintain the highest level of safety and health standards, the Home Manager will ensure continuous monitoring. This will be achieved through daily walkabouts too. Additionally, the Home Manager will also conduct routine meetings with the heads of various departments.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 10 April 2024	<p>The registered person shall ensure that all relevant staff are provided with sufficient information regarding patients' dietary requirements and that written handover sheets are regularly reviewed and updated to ensure they accurately reflect patients' dietary needs.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Clinical Nurse Managers in both units will maintain updated handovers reflecting our residents' dietary needs, with oversight from the Home Manager. All agency staff will receive handover sheets at the start of their shifts.</p>
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 10 April 2024	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This information has been thoroughly reiterated and reinforced among all members of the nursing staff to ensure its understanding and application. In addition to this, the matter will also feature prominently during the course of important</p>

	internal meetings. These include the clinical governance meetings, where the focus is on upholding the highest standards of care, as well as the heads of department meetings, where strategic decisions and oversight occur..
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