



# Unannounced Care Inspection Report 20 August 2020



## Edenvale Care Home

**Type of Service: Nursing Home**

**Address: 1-7 Edenmore Road, Limavady BT49 0RF**

**Tel No: 028 7772 2055**

**Inspector: Jane Laird**

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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><b>Organisation/Registered Provider:</b> Four Seasons Health Care</p> <p><b>Responsible Individual:</b> Dr Maureen Claire Royston</p>	<p><b>Registered Manager and date registered:</b> Anne O’Kane 16 June 2020</p>
<p><b>Person in charge at the time of inspection:</b> Anne O’Kane</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 27</p>

### 4.0 Inspection summary

An unannounced inspection took place on 20 August 2020 from 10.45 to 19.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- communication
- care records

- infection prevention and control (IPC) measures
- environment
- leadership and management arrangements.

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.

#### 4.0 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*3

\*The total number of areas for improvements under the standards includes one which has been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Anne O'Kane, 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.

#### 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.

This included the following records:

- notifiable events since the previous care and medicines management inspection
- the registration status of the home
- written and verbal communication received since the previous care and medicines management inspection
- the returned QIP from the previous care and medicines management inspection
- the previous care and medicines management inspection report.

Questionnaires and 'Tell us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 10 August 2020 and the 17 August 2020
- four patients' daily reports and care records
- complaints ledger
- adult safeguarding folder
- staff training records
- incident and accident records

- medicines administration records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- a sample of governance audits/records/action plans
- a sample of monthly monitoring reports from July 2020.

Areas for improvement identified at the last care and medicines management inspection were reviewed and assessment of compliance recorded as met and carried forward for review at the next inspection.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 5 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and staff practices evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs.  This area for improvement is made in reference to management of infections and challenging behaviours.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time</p>	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that care plans had been developed for a newly admitted patient on the day of admission, which were reviewed and updated in response to the changing needs of the patient.</p>	

<b>Areas for improvement from the last medicines management inspection 23 April 2018</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time</p>	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of medication records evidenced that medicines were available for administration and there were no medications out of stock.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time</p>	<p>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.</p>	<b>Carried forward to the next inspection</b>
	<p><b>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 inspection.</b></p>	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of information received by RQIA from the manager following the last medicines management inspection on 23 April 2018 evidenced that the relevant action had been taken specific to the management of pain for the identified patient.	

## 6.2 Inspection findings

### 6.2.1 Staffing

On arrival to the home at 10.45 hours we were greeted by the manager and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager confirmed the daily staffing levels within each unit and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. Review of staff duty rotas evidenced that the planned staffing levels were adhered to.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- “Great support from management.”
- “Good team.”
- “I love working here.”
- “The manager is a great support and always there when we need her.”
- “Very well managed home.”

We reviewed staff training records specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) which evidenced that all staff had completed training. Staff demonstrated a general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place. We further discussed with the manager advanced training for staff such as registered nurses. During the inspection a memo requesting registered nurses to complete further training had been distributed and the manager agreed to monitor to ensure full compliance. This will be reviewed at a future inspection.

### 6.2.2 Care delivery

Patients spoken told us they were well looked after by the staff and felt safe and happy living in Edenvale care home. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and of how to provide comfort if required. Patients were supported by staff

in maintaining their personal care in a timely and discreet manner. Comments from patients included:

- “The care is good here.”
- “Staff are good.”
- “Very happy here.”
- “Food is good.”

We also sought patient and relatives’ opinion on staffing via questionnaires. Four questionnaires were returned from patients. The respondents were very satisfied with the service provision across all four domains. Comments included: “The staff are all good to me,” “The staff treat me very well,” “I like this place and the girls,” and “When I need the toilet staff will take me.”

Staff were observed attending to patients specific requests and were compassionate in their approach. Most patients remained in their bedrooms due to COVID-19 social distancing measures. Others were seated within the lounge as per their preference or assessed need; social distancing was maintained in the lounge areas.

We observed the delivery of meals and snacks throughout the day and saw that staff attended to the patients’ needs in a prompt and timely manner. We saw that staff wore the appropriate personal protective equipment (PPE) and sat beside patients when assisting them with their meal. The meals were well presented with a choice of two main meals provided.

### **6.2.3 Communication**

We confirmed through discussion with staff and patients that systems were in place to ensure good communications between the home, patient and their relatives during the Covid-19 visiting restrictions. Some examples of the efforts made included; video calls, telephone calls, visits to the window and, more recently, onsite visits in accordance to COVID-19 visiting guidance.

On the day of the inspection planned visits were taking place with the assistance of staff to facilitate social distancing restrictions. The patients appeared to enjoy the visit from their relative and the interaction between the staff and each other.

### **6.2.4 Care Records**

We reviewed four patients’ care records which evidenced that the majority of care plans were person centred and reviewed regularly. However some improvements were required as follows:

- Care records and medication recording charts for one patient specific to pain management contained conflicting information regarding prescribed medication
- Care records and medication recording charts for one patient specific to the treatment of distressed reactions contained conflicting information
- Daily evaluation notes did not include the reason for administering as and when required medication for constipation and/or pain
- One identified patient’s assessment for risk of falls had not been reviewed since February 2020.

Specific examples were discussed in detail with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of



accurately recording such information within patients' care records. During the inspection the above records were updated to reflect the patients assessed needs and the manager provided evidence of written correspondence with the general practitioner (GP). In order to drive and sustain the necessary improvements, an area for improvement was made.

### **6.2.5 Infection prevention and control (IPC) measures**

We found that there was an adequate supply of PPE and hand sanitising gel throughout the home. Staff spoken with were knowledgeable regarding the symptoms of Covid-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

We were advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

We discussed the provision of mandatory training specific to IPC measures with management who advised that training had been provided to ensure that staff have the necessary skills and knowledge to care for the patients. Training records confirmed that staff had completed IPC training and that management were monitoring progress with overall mandatory training to ensure full compliance.

We observed staff applying and removing PPE, good use of hand sanitising gel and hand washing. One staff member was observed to be wearing nail polish; they acknowledged that this was not in keeping with the homes policy and/or best practice in IPC. This was discussed with the manager to action as necessary.

### **6.2.6 Environment**

Review of the environment on the ground floor evidenced that the unit was unoccupied at the time of the inspection. New floor coverings had been laid and all bedrooms were freshly painted and decorated with additional work to be completed once the COVID-19 restrictions are relaxed. On review of the first floor we identified surface damage to a number of bedframes, the base of bedroom doors, bed side lockers, chest of drawers and fall out mats. The manager advised that plans to redecorate the first floor would be initiated once the COVID-19 restrictions are relaxed. Progress with these improvements will be reviewed at the next inspection. The maintenance person was onsite during the inspection carrying out relevant health and safety checks and repairing/replacing furniture and/or patient equipment as necessary.

We identified a number of potential risks to patients within the environment. For example, denture cleaning tablets in an unlocked patient's vanity unit; the lead to a nurse call alarm beside a patient within one of the lounges which was very long and presented as a trip hazard; a store door unlocked with prescribed supplements and a chemical which had no label or date of preparation on both cleaning trolleys. The above deficits were brought to the attention of staff who took immediate action to address the issues. This was discussed with the manager who agreed to monitor potential risks during daily walk arounds of the home and an area for improvement was made.

A number of unoccupied rooms throughout the home were being used as temporary PPE donning and doffing stations. The manager advised us that this was a temporary measure due

to current COVID-19 restrictions. We discussed the importance of the rooms being used for the purpose that they were registered and requested written information regarding the location of the rooms and that this was a temporary measure during the COVID-19 pandemic. The manager confirmed that these rooms were no longer required for PPE and would be restored to their original use.

### 6.2.7 Leadership and management arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records and environment audits were also carried out monthly and where there were deficits identified an action plan was implemented. Although the audits were identifying some of the issues identified during the inspection such as damage to furniture, floor coverings and general redecorating of walls and doors, hand hygiene audits for July 2020 were presenting with 86% compliance without any rationale and/or action plan to address the deficit. In order to drive the necessary improvements an area for improvement was made.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the report were available for patients, their representatives, staff and trust representatives and provided details of some of the issues identified during the inspection similar to the manager's findings as detailed above, with an action plan to address the deficits. The manager agreed to share the findings of the inspection with the regional manager to review during a future monitoring visit.

### Areas of good practice

We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was a strong culture of compassionate care in the home.

### Areas for improvement

Three new areas were identified for improvement. These were in relation to care records, risk management and quality governance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne O’Kane, 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.

<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>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• denture cleaning tablets</li> <li>• prescribed supplements</li> <li>• identified trip hazard from nurse call lead</li> <li>• chemicals to be labelled and include the date of preparation</li> </ul> <p>Ref: 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Upon review and consideration of the points identified, the hazards have now been negated. These areas of concerns will be monitored by the Home Manager going forward.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 23 May 2018	<p>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.</p> <p>Ref: 6.1</p>
	<p><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that daily evaluation notes, care plans and risk assessments are reviewed to reflect the current needs of the patient.</p> <p>This is in specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• care plans accurately reflect the patients pain management</li> <li>• care plans accurately reflect the management of distressed reactions</li> <li>• daily evaluation notes contain clear information regarding reasons for administering “when required” medication for pain, constipation and distressed reactions</li> <li>• risk assessments are reviewed monthly or more often if required.</li> </ul>

	Ref: 6.2.4
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 20 September 2020	<p><b>Response by registered person detailing the actions taken:</b>  An internal review has been completed and action taken to rectify. This has also been discussed at a recent Clinical Governance Meeting. There will be ongoing monitoring via care plan audits.</p> <p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to:</p> <ul style="list-style-type: none"> <li>• Hand hygiene audits</li> </ul> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b>  Any deficits identified during audits are now managed via an action plan.</p>

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



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