



The **Regulation** and
Quality Improvement
Authority

Announced Variation to Registration Care Inspection Report 14 February 2020



Railway Lodge Care Home

Type of Service: Nursing Home

Address: 299 Kingsway, Dunmurry, Belfast BT17 9EP

Tel No: 028 9060 9930

Inspectors: James Lavery & Gavin Doherty

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 is registered to provide nursing care for up to 79 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individuals: Amanda Celine Mitchell	Registered Manager and date registered: Karen Agnew 13 April 2018
Person in charge at the time of inspection: Karen Agnew	Number of registered places: 79
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 62

4.0 Inspection summary

An announced variation to registration inspection of Railway Lodge Care Home took place on 14 February 2020 from 10.15 to 12.50 hours. The inspection was conducted by both the care inspector and estates inspector.

This inspection was underpinned by:

- The Nursing Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

A variation application for the registration of a new 16 bedded dementia care unit was submitted to RQIA on 23 November 2019. These planned works include the renovation of an existing part of the home located on the first floor and the proposed overall increase of registered beds from 79 to 80.

The focus of this inspection was to assess the readiness of the new dementia unit, from a care and estates perspective, to accommodate patients and also to review any additional environmental improvements.

Following an inspection of the environment and discussion with the manager and responsible individual, the registration of 16 new bedrooms within the newly designated dementia unit has been approved from a care and estates perspective by RQIA. No areas for improvement were identified during this inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*4

*The total number of areas for improvement includes four which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Karen Agnew, manager, and Mandy Mitchell, responsible individual, 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 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 December 2019. 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:

- variation application information
- a review of the floor plans by the estates inspector, including the provision of communal space within the designated dementia unit
- overview of notifications submitted since the previous care inspection
- any written or verbal information received by RQIA
- Statement of Purpose
- Patient Guide.

Areas for improvement identified at the last care inspection were not reviewed during this inspection and have been carried forward to be reviewed at a future care inspection.

The findings of the inspection were provided to the manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement1 Ref: Standard 4 Stated: First time	The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned: <ul style="list-style-type: none"> • Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards. • Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times. 	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 improvement2 Ref: Standard 4 Stated: First time	The registered person shall ensure that patients' care plans are completed and reviewed in a person centred and timely manner.	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 18 Stated: First time	The registered person shall ensure the following in regard to those patients who are assessed as requiring the provision of any interventions considered as a restrictive practice: <ul style="list-style-type: none"> • Care plans must be written in a comprehensive and person centred manner; they must also be reflective of multiprofessional recommendations, as appropriate, and regularly reviewed by staff. 	Carried forward to the next care inspection

	<ul style="list-style-type: none"> • Relevant supplementary records must be completed in an accurate, comprehensive and meaningful manner at all times. • The content of relevant risk assessments and care plans must be effectively communicated to appropriate staff at all times. • Restrictive practice audits must include the provision of all restrictive practices being implemented within the home. 	
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. This relates specifically to the completion of care record audits.</p>	<p>Carried forward to the next care inspection</p>
<p>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.</p>		

6.2 Inspection findings

The general environment

The home is currently registered for 79 patients. A portion of the first floor which was not in use has been renovated in order to provide a new dementia unit comprising 16 patient bedrooms, thus increasing the overall number of bedrooms to 80. Each room was completed to a high standard and has been tastefully decorated and furnished with a range of furniture. There was lockable storage provided in each bedroom. All of the rooms had en suite toilet facilities. Call bells were in place in the bedrooms and en suite bathrooms. The manager told us that the internal décor of the new unit has been guided and informed by current best practice with regard to creating a dementia friendly environment; internal signage and colour schemes reflected this.

In addition to the bedrooms there are a number of areas suitable for patients to spend their day, if they wished. Patients will have the choice of spending their day in their bedrooms in keeping with their personal preference and/or assessed needs.

There is one dedicated dining room within the dementia unit with sufficient space to accommodate all of the patients should they wish to come to the dining room for their meals. Patients will continue to have the choice of having their meals in their bedroom in keeping with personal preference. The dining room was finished to a high standard and was attractively decorated.

The provision of a bed within one identified bedroom and some additional minor remedial actions were highlighted as being necessary prior to any patients being admitted to the unit; the manager agreed to ensure that these matters had been actioned before any admissions to the dementia unit would take place. It was noted that the new dementia unit is currently unnamed; the manager stated that the naming of this new unit would be discussed and agreed between the management team and patients already living within the home.

Patients within the dementia unit will also have access to an enclosed and secure garden with staff assistance as needed.

The manager confirmed that the home's fire safety risk assessment had been reviewed and amended to reflect the changes in the number of registered rooms and amendments to the environment. The manager confirmed that staff training with regard to fire safety would be unaffected and continue as normal.

Statement of purpose and service user guide

The home's statement of purpose and service user guide has been updated to reflect the change in the number of registered places and the provision of dementia nursing care. A review of these documents evidenced that they had been written in conjunction with The Nursing Homes Regulations (Northern Ireland) 2005 and had reflected the environmental changes which had taken place.

Staffing arrangements

Discussion with the manager confirmed that staffing levels will be reviewed and amended in accordance with the health and welfare needs of the patients to be accommodated. The staffing arrangements will be reviewed and monitored at subsequent care inspections. The manager confirmed that admissions into the dementia unit would not exceed more than two per week.

The manager told us that maintaining a consistent workforce within the dementia unit remains a priority for the management team; we were advised that proposed staff on duty within the dementia unit will be comprised of nursing staff, a senior carer and care staff.

The home's current activities co-ordinator will also attend to the needs of patients within the dementia unit. The manager told us that this staff member will develop a bespoke activities programme for patients within the dementia unit following their admission and subsequent assessment. This provision of activities will be reviewed at a future care inspection.

Discussion with the manager and review of staff training records evidenced that staff currently receive a range of training in various areas including, dementia awareness, communication and managing complex behaviours. The manager stated that completion of dementia awareness training will be a mandatory requirement before any staff can work within the dementia unit.

No areas for improvement were required to be issued for this inspection and the variation to registration of the premises was granted from a care and estates perspective.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Agnew, manager, and Mandy Mitchell, responsible individual, 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 4</p> <p>Stated: First time</p> <p>To be completed by: 8 December 2019</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned:</p> <ul style="list-style-type: none"> • Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards. • Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times. <p>Ref: 6.1</p>
	<p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 8 December 2019</p>	<p>The registered person shall ensure that patients' care plans are completed and reviewed in a person centred and timely manner.</p> <p>Ref: 6.1</p>
	<p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 8 December 2019</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring the provision of any interventions considered as a restrictive practice:</p> <ul style="list-style-type: none"> • Care plans must be written in a comprehensive and person centred manner; they must also be reflective of multiprofessional recommendations, as appropriate, and regularly reviewed by staff. • Relevant supplementary records must be completed in an accurate, comprehensive and meaningful manner at all times. • The content of relevant risk assessments and care plans must be effectively communicated to appropriate staff at all times. • Restrictive practice audits must include the provision of all restrictive practices being implemented within the home. <p>Ref: 6.1</p>

	<p>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.</p>
<p>Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: 8 December 2019</p>	<p>The registered person shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. This relates specifically to the completion of care record audits.</p> <p>Ref: 6.1</p> <p>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.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care