



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Edenmore**

24 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced inspection took place on 24 September 2015. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

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

The details of the QIP within this report were discussed with the Mrs O'Reilly (registered provider) and Mrs Dhand (registered manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person Mrs E O'Reilly and Mrs Florence Dhand	Registered Manager: Florence Dhand
Person in charge of the home at the time of inspection: Mrs O'Reilly and Mrs Dhand were both on duty	Date manager registered: 21/02/2012
Categories of care: RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of registered places: 15
Number of residents accommodated on day of inspection: 14	Weekly tariff at time of inspection: £470 plus £15 weekly top up fee

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

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

Prior to inspection the following records were analysed: the quality improvement plan from the previous inspection and all notifications of accidents/incidents since the previous inspection.

During the inspection we met with nine residents, 2 care staff, 2 management, and one administrator. There were neither visiting professionals nor residents' visitors/representatives in the home.

The following records were examined during the inspection:

- Policy on death and dying
- Policy on managing incontinence
- Care files (4)
- Staff training record
- Complaints record
- Accidents record

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspections of the home were an unannounced pharmacy inspection dated 28 July 2014 and an announced finance inspection dated 8 August 2015. The completed QIPs were returned and approved by the specialist inspectors.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	Staff should be provided with training on how to manage challenging behaviour	Met
	Action taken as confirmed during the inspection: The training was provided in January 2015	
Recommendation 2 Ref: Standard 13.9	The record of activities provided should include all details in this criterion	Met
	Action taken as confirmed during the inspection: The record of activities has been amended as recommended	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which would prevent this. We were informed that there has not been a death in the home for several years. Staff who spoke with us described their role in caring for residents who were very ill and at end of life stage. Staff were aware of when to contact the GP and of the importance of keeping families updated on the resident's condition. Staff were aware of the need for close monitoring of nutrition and hydration for residents who were very ill. The home had developed a template to record the end of life arrangements/wishes of residents. Some GPs had completed an advance care plan in respect of their patients in the home. Where this had occurred a copy was held in the resident's care file.

Is care effective? (Quality of management)

The home had a policy on Death and Dying dated 6 June 2015. The policy referenced several good practice documents including Living Matters/Dying Matters (DHSSPS 2010). In addition, an information leaflet had been devised as a staff guide and individual copies distributed to all

care staff. We were informed that when a resident dies his/her room is left untouched until families are ready to remove any personal belongings. Priests and ministers are contacted when a resident is unwell if the resident wishes. Other residents are told of the death individually and sensitively.

Is care compassionate? (Quality of care)

Staff we interviewed stated that they felt prepared and able to deliver care in a compassionate manner. We were informed that when residents are ill families are encouraged to remain with them. The home provides support for the relatives and staff will continually monitor care and share the "sitting duties" to allow families a break. The home provided refreshments for families who are sitting with a very ill resident.

Areas for improvement

There were no areas of improvement identified with the standard inspected. Overall the care was assessed to be safe, effective and compassionate and the criteria of standard 14 have been met.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The home has a policy on the management of continence dated 11 May 2015. The policy referenced the Guidelines on Continence (Northern Trust), and the N I C E (National Institute for Clinical Excellence) Guidance on Urinary Continence Management. The policy provided staff with guidance on how to recognise the possible reasons for incontinence and of what steps needed to be taken. A review of residents' care files found that an individual assessment and care plan was in place in relation to continence.

Is care effective? (Quality of management)

The home had devised an information leaflet on continence management and care staff have been given an individual copy. Staff training is provided in the form of a training C D. The registered manager confirmed that no residents have a reduction in skin integrity due to incontinence. In the first instance continence products are prescribed by a district nurse as a result of her assessment. The home then reorders the products on a three monthly basis as and when required for each resident. There were adequate supplies of aprons, gloves and hand sanitisers available. Continence products were being disposed of in line with infection control guidance.

Is care compassionate? (Quality of care)

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. From observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet, private manner.

Areas for improvement

There was one area identified for improvement in relation to the theme of incontinence. This was in relation to a malodour in one bedroom (details can be seen in 5.4.4 in this report) However the overall assessment is that the continence care is safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1 Residents

We spoke with many of the residents (9) in the home. They expressed the view that they are happy in the home and with the care they receive. The residents spoke positively about staff kindness. A selection of residents' comments was as follows:

"The girls are great"

"I've been here for years and it's a good place"

"I've no worries here"

Questionnaires were issued to residents prior to this inspection. Five were returned to RQIA in time for inclusion in this report. The comments on the questionnaires were all positive. No concerns were raised.

5.4.2 Staff

The registered person in control was undertaking the role of cook. The process of recruitment of a new cook was underway. We were informed that although the registered person did not have any qualifications in catering she did have the skills necessary to undertake the duties. However a requirement is made that any person undertaking cooking duties should have, as a minimum, a basic food hygiene qualification.

We spoke with staff who confirmed that a good standard of care is provided in the home. One staff stated that if she had a family member who required residential care she "wouldn't hesitate to have her/him admitted to Edenmore".

5.4.3 Relatives

No relatives were in the home at the time.

5.4.4 Environment

Externally there was work on going to repair and replace a chimney. This work was not having any impact on residents or visitors. Our inspection of the internal environment found the home to be warm and clean. It was noted that there was a malodour in one bedroom. The registered manager stated that a new carpet had been ordered and was due to be fitted in the week following the inspection. Confirmation that this has been actioned should be forwarded to RQIA.

5.4.5 Accidents/incidents

An inspection of the accidents record showed that accidents are recorded and dealt with appropriately

5.4.6 Fire Safety

A fire safety assessment of the premises in line with HTM84 was undertaken on 20 May 2015. No recommendations were raised as a result of the assessment. The manager confirmed that fire training was up to date and that the fire alarm system is checked weekly from a different point.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs O'Reilly and Mrs Dhand 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to care.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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 21 (5) (b)</p> <p>Reference 5.4.2</p> <p>Stated: First time</p> <p>To be Completed by: 30 .10 .15 and on going</p>	<p>Any person undertaking cooking duties should have, at least the minimum qualification in basic food hygiene</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>This was an emergency situation requirement which has since been resolved. Under normal circumstances, catering staff employed by the home will always have the required food hygiene training.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be Completed by: 17 .10.15</p>	<p>The registered provider should confirm that the malodour noted in one bedroom has been sourced and eradicated.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The work referred to in the report was completed on 29/09/15. We continue to work with and support the resident to maintain a malodour free environment.</p>

Registered Manager Completing QIP	Florence Dhand	Date Completed	12/10/15
Registered Person Approving QIP	Ella O'Reilly	Date Approved	12/10/15
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	12/10/15

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