



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Karina Lodge**

**23 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 23 November 2015 from 09.30 to 14.00.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 21 September 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Following the inspection the findings were discussed with senior management in RQIA and enforcement action was considered. On review of the inspection findings it was acknowledged that some progress had been made to address the concerns raised at the last inspection. Options were considered and a decision was made to allow the responsible person a limited time to improve. This was communicated to the responsible person on the day of inspection and it was made clear that continued failure to meet the required standard may result in enforcement action. Refer also to sections 5.2 and 5.3 of this report.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	2

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Thomas Girvan	<b>Registered Manager:</b> Mary A Doherty
<b>Person in Charge of the Home at the Time of Inspection:</b> Mary Doherty	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-LD(E), NH-I Category NH-LD(E) for 1 identified patient only	<b>Number of Registered Places:</b> 15
<b>Number of Patients Accommodated on Day of Inspection:</b> 13	<b>Weekly Tariff at Time of Inspection:</b> £593

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- personnel records
- regulation 29 monthly monitoring reports
- care plan audits
- competency and capability assessments for the nurse with responsibility for being in charge of the home.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 10 November 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care inspection on 10 September 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17 (1)(2)(3)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure effective systems are implemented for reviewing at least annually the quality of nursing and other services provided by the home.</p> <p><b>A copy of the report must be submitted to RQIA, when completed.</b></p> <p><b>Action taken as confirmed during the inspection:</b> The annual quality audit report had not been completed on the day of inspection. Further detail is discussed in section 5.3. Following discussion with RQIA's management team this requirement has been stated for the third and final time.</p>	Not Met
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure that a visit to the home as outlined in Regulation 29 is undertaken at least once a month.</p> <p>A written report of the visit must be completed and retained for inspection. The report should reflect all aspects of quality monitoring in sufficient detail as to the standard of care being provided including the actions to be taken when deficits have been identified.</p> <p><b>Action taken as confirmed during the inspection:</b> A copy of the Regulation 29 monthly monitoring report was available in the home. However, it was disappointing that the report still did not provide sufficient detail to reflect certain aspects of quality monitoring. Further detail is discussed in section 5.3. Following discussion with RQIA's management team this requirement has been stated for the third and final time.</p>	

<p><b>Requirement 3</b></p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that a written nursing plan is prepared, as soon as possible following admission, in consultation with the patient or patient's representative as to how the patient's needs are to be met.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the care record of one newly admitted patient evidenced that relevant assessments and care plans were in place.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated. Cleaning materials must be appropriately stored in keeping with COSHH regulations.</p> <p><b>Action taken as confirmed during the inspection:</b> Cleaning materials were appropriately stored.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p>	<p>A pain assessment must be maintained in patients' care records, if applicable.</p> <p><b>A recommendation has been made on two previous occasions.</b></p> <p><b>Action taken as confirmed during the inspection:</b> A review of three patient care records evidenced that pain assessments were in place. However, two pain assessments were incomplete and did not have the outcome recorded.</p> <p>This requirement was partially met and has been stated for the second time.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 6</b></p> <p>Ref: Regulation 15 (2) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that each patient has a comprehensive and holistic assessment completed to accurately identify their individual needs and provide the necessary information to advise and direct care.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of five patient care records evidenced that patient assessments were generally updated on a regular basis. Further detail is discussed in section 5.3.</p>	<p><b>Met</b></p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that care plans are in place to direct the care required to meet the assessed needs of the patients. Interventions must be individualised and patient centred.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of five patient care records evidenced that care plans were in place and reviewed on a regular basis.</p>	<b>Met</b>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure that care records are audited, using a robust system that provides traceability of audit.</p> <p><b>Action taken as confirmed during the inspection:</b> Following the last inspection a new format for auditing patient care records had been implemented. There was evidence that the care plans had been audited and deficits were identified. Further detail regarding the auditing of care records is discussed in section 5.3.</p>	<b>Met</b>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 10 (1) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that registered nursing staff, as required, receives training in care planning.</p> <p>This training should also address the deficits in contemporaneous recording observed in this inspection, in accordance with NMC guidelines for record keeping and should include the legal aspects of care planning and record keeping.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of staff training records evidenced that training had been provided in care planning.</p>	<b>Met</b>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 21 (1) (c) and 21 (5) (d) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that for all staff, recruited since 2005 and currently employed in Karina Lodge, they have obtained in respect of each person the information and documents specified in paragraphs 1 to 7 of Schedule 2.</p> <p><b>An audit of the recruitment records must be submitted to RQIA with the returned QIP. Actions requiring follow up should be clearly indicated with evidence of matters addressed.</b></p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of the information that was submitted to RQIA evidenced that the recruitment records had been reviewed. However, there was a number of staff who still did not have application forms or references in place. This was discussed with the registered manager, who updated the audit on the day of inspection. The registered manager confirmed to RQIA on 07 December 2015 that the outstanding documents were in place.</p>	
<b>Last Care Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 30.4 <b>Stated:</b> Third and final time</p>	<p>The registered manager must ensure the nurse in charge competency assessments are completed on an annual basis. This template should also include wound care intervention.</p> <p><b>Confirmation that nurse in charge competency assessments have completed for all registered nurses must be submitted to RQIA with the returned QIP.</b></p> <p><b>Action taken as confirmed during the inspection:</b> Information submitted to RQIA with the returned QIP evidenced that nurse in charge competency assessments had been completed.</p>	<b>Met</b>
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> Second time</p>	<p>The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart, should be recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of three patient care records evidenced that bowel function, reflective of the Bristol Stool Chart was recorded on the patients' admission form and in the patients' daily progress records.</p>	<b>Met</b>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should review the process for review of care plans, including the named nurse system.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that the named nurse system had been reviewed since the previous inspection.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 35.16</p> <p><b>Stated:</b> First time</p>	<p>The responsible person must ensure that any requirements and/or recommendations made by RQIA are included in the regulation 29 monitoring report and evidences progress made by the home, ensuring compliance against the identified matters.</p> <p><b>The regulation 29 monthly monitoring reports should be submitted to the inspector within 5 working days of the beginning of each new month. This should commence immediately and continue until further notice.</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The regulation 29 monthly monitoring reports did not evidence progress made in relation to requirements and recommendations made by RQIA and the monthly monitoring report was not submitted to RQIA. Further detail regarding the quality monitoring arrangements is discussed in section 5.3.</p> <p>This recommendation was not met and has been stated for the second time.</p>	<p><b>Not Met</b></p>



## 5.3 Additional Areas Examined

### Quality of Management

As previously discussed in section 5.2 the annual quality audit was not available. The responsible person stated that he had "misunderstood" the requirement and believed the quality audit for 2014 had been reviewed during the last inspection. However, a recommendation was first made in this regard on 01 August 2013 and was stated for the second time on 27 May 2014. Due to continued non-compliance, a requirement was then made on 18 February 2015 and was stated for the second time on 10 September 2015. It is concerning that an annual quality audit has not been available for inspection, considering the length of period from when it was first identified by RQIA. Following the inspection, the findings were discussed with senior management in RQIA and enforcement action was considered. On review of the inspection findings it was acknowledged that progress had been made to address the concerns raised at the last inspection. Options were considered and a decision was made to allow the responsible person a limited time to improve. Following the inspection, the responsible person provided assurances that the annual quality audit would be submitted to RQIA on 05 January 2016. This requirement was stated for the third and final time.

Following the last inspection, advice was given to the registered manager regarding the deficits in the Regulation 29 monthly monitoring report. It was therefore disappointing that there was no evidence of improvement in the content reviewed nor was there any evidence that requirements and recommendations made by RQIA were included to evidence the progress made by the home, ensuring compliance against the identified matters. The responsible person stated that plans were in place to include this information following receipt of the next quality improvement plan. However, a recommendation was first made in this regard on 01 August 2013 and although improvements were identified during the inspection dated 27 May 2014, improvements in this area were not sustained. This recommendation was stated for the second time.

The reviewed report also included comments such as "records appear compliant". There was no evidence of traceability regarding the specific records that were reviewed during the monitoring inspection. This was discussed with the registered manager and responsible person, who provided assurances that the regulation 29 monthly monitoring report would be completed using the guidance which is available on the RQIA website. This requirement was stated for the third and final time.

### Care records

As previously discussed in section 5.2, the review of five patient care records evidenced that patient assessments were generally updated on a regular basis. However, there was one patient care record which had not been updated since 20 August 2015. This was discussed with the registered manager who ensured that the assessments were completed on the day of inspection. Given that the identified patient represented as being at low risk, regarding pressure sore development and potential for falls, the inspector was satisfied on this occasion but RQIA will continue to monitor the quality of record keeping during subsequent inspections.

There was also evidence that the care records were audited, using a system that provided traceability of audit. However, there was no system in place for follow up action to ensure that the identified matters were addressed. This was discussed with the registered manager and a recommendation was made in this regard.

## Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

### 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager and responsible person 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 and The Nursing Homes Regulations (Northern Ireland) 2005.

#### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. 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 must be completed by the registered person/registered manager to 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 RQIA offices 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

**Quality Improvement Plan**

Statutory Requirements	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17 (1)(2)(3)</p> <p><b>Stated:</b> Third and Final time</p> <p><b>To be Completed by:</b> 21 January 2015</p>	<p>The registered person must ensure effective systems are implemented for reviewing at least annually the quality of nursing and other services provided by the home.</p> <p><b>A copy of the report must be submitted to RQIA, when completed.</b></p> <p><b>Ref: Section 5.2</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>REGULATION AND QUALITY 29 JAN 2015 IMPROVEMENT AUTHORITY</p> </div> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> QUALITY OF NURSING AND OTHER SERVICES COMPLETED, COPY SENT TO RQIA.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> Third and Final time</p> <p><b>To be Completed by:</b> 21 January 2015</p>	<p>The registered person must ensure that a visit to the home as outlined in Regulation 29 is undertaken at least once a month.</p> <p>A written report of the visit must be completed and retained for inspection. The report should reflect all aspects of quality monitoring in sufficient detail as to the standard of care being provided including the actions to be taken when deficits have been identified.</p> <p><b>Ref: Section 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> REGULATION 29 COMPLETED, COPY SENT TO RQIA</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 15 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 21 January 2015</p>	<p>A pain assessment must be maintained in patients' care records, if applicable.</p> <p><b>A recommendation has been made on two previous occasions.</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A PAIN ASSESSMENT CHART HAS BEEN ADDED TO THE RELEVANT PATIENTS CARE PLANS.</p>

Recommendations			
<b>Recommendation 1</b> Ref: Standard 35.16 Stated: Second time To be Completed by: 21 January 2015	The responsible person must ensure that any requirements and/or recommendations made by RQIA are included in the regulation 29 monitoring report and evidences progress made by the home, ensuring compliance against the identified matters.  The regulation 29 monthly monitoring reports should be submitted to the Inspector within 5 working days of the beginning of each new month. This should commence immediately and continue until further notice.  Ref: Section 5.2		
	Response by Registered Person(s) Detailing the Actions Taken:  Carried out in full		
<b>Recommendation 2</b> Ref: Standard 35.4 Stated: First time To be Completed by: 21 January 2015	The registered manager should ensure that there is a system in place to evidence follow up action on deficits identified on care record audits, to ensure that the identified matters are addressed.  Ref: Section 5.3		
	Response by Registered Person(s) Detailing the Actions Taken: AN AUDIT OF CARE RECORDS IS IN PLACE AND 3 CARE PLANS ARE AUDITED EVERY MONTH. A FOLLOW-UP IS CARRIED OUT AFTER A SPECIFIED TIME (USUALLY 2 WEEKS) TO ENSURE IDENTIFIED MATTERS ARE ADDRESSED		
Registered Manager Completing QIP	<i>M. Roberts</i>	Date Completed	28/01/16
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	28/01/16
RQIA Inspector Assessing Response		Date Approved	

*\*Please ensure this document is completed in full and returned to RQIA offices*



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**Quality Improvement**  
Authority

<b>RQIA Inspector Assessing Response</b>	Aveen Donnelly	<b>Date Approved</b>	01/02/2016
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