The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ailsa Lodge

Provider: Merit Homes Ltd

Date of Inspection: 16 May 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Merit Homes Ltd
Responsible Individual:	Mr Jarlath Conway – application pending
Registered Manager:	Mrs Sharon McCreary
This home is a registered nursing home which provides general nursing care for up to 42 patients, including patients with a terminal illness. Ailsa Lodge also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years. Patients' bedrooms are located over two floors. Patients have access to communal lounges, the dining room and the garden.	

2.0 Inspection summary

An unannounced inspection took place on 16 May 2025, from 09.45 am to 5.25 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 11 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to the environment, the patient dining experience and the management of care records. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, nine areas for improvement were assessed as having been addressed by the provider; three areas for improvement in relation to medicines management have been carried forward for review at a future inspection and one new area for improvement was identified.

Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Patients comments included , "I wasn't able to walk when I arrived as I had been quite ill. Staff have helped me get back on my feet and I'm able to walk short distances now. I'm always given choices. I'm offered the choice of attending activities and if I would like to go to the dining room for meals. The food is good. I prefer to eat in my room and they bring it to me" and "The staff and the home manager are great. They get me what I need. I asked to have the furniture in my room changed around and it was done. I have no concerns at all".

Relatives spoken with said, "Mum's well cared for. Staff are kind and attentive. We have no issues but if we had, we could discuss them with the manager or the person in charge and would be confident they would be sorted out".
Following the inspection, we received no patient, patient representative or staff questionnaires within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients told us that they felt well cared for; they enjoyed the food and that staff were helpful. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said they had a good induction on commencement of employment; there was good teamwork; that they felt well supported in their role and they enjoyed working at Ailsa Lodge. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed on a board, outlining what was available at each meal time and the atmosphere was calm and relaxed. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the noticeboard, advising patients of forthcoming events. Patients told us that they were aware of the activities provided in the home and they were offered the choice of whether to join in or not.

Activities provided included both group and one to one activities such as puzzles, games, baking class and arts and crafts. Patients commented that they enjoyed a visit from an outside musical entertainer, at the beginning of the week and they looked forward to attending the planned events.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

3.3.4 Quality and Management of Patients' Environment

We observed the internal environment of the home and noted that refurbishment was underway on the first floor. In a selection of bedrooms, new furniture was in place. Contractors were observed laying new carpet in the corridors and the walls had been recently painted.

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. However, it was noted that a selection of bedrooms on the ground floor and the first floor had no signage in place in order to promote orientation for patients and staff. An area for improvement was identified.

Equipment used by patients such as hoists and shower chairs were noted to be effectively cleaned.
Corridors and fire exits were clear from clutter and obstruction. Environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in,

work in and visit. A fire alarm test was completed during the inspection and staff reacted appropriately.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Sharon McCreary has been the Manager of the home since 2 September 2024.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Patient, patient representative and staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	2*

* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon McCreary, Registered 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 13 (4) **Stated:** First time **To be completed by:** From the date of inspection (18 October 2022)	The registered person shall ensure that nurses follow safe processes for the administration of medicines. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of inspection (18 October 2022)	The registered person shall ensure that medication administration records are accurately maintained. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 18 November 2022	The registered person shall review and revise the management of medicines which are self-administered. Care plans should be in place and records of transfer of medicines to the patient should be maintained. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 **Ref**: Standard 43 (1) **Stated:** First time **To be completed by:** 30 May 2025	The registered person shall ensure that appropriate signage is displayed throughout the home in order to promote orientation for patients and staff. Ref: 3.3.4
	Response by registered person detailing the actions taken: The identified missing door signage was promptly ordered and replaced post inspection.

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

The Regulation and Quality Improvement Authority

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