

Inspection Report

18 June 2024



Edgewater

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Edgewater Responsible Individuals: Mr Michael Curran Mr Paul Steele	Registered Manager: Mr John Green Date registered: 14 December 2007
Person in charge at the time of inspection: Mr John Green	Number of registered places: 28
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 23
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 28 patients. The home operates over two over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2024, from 9.20am to 2.40pm. The inspection was conducted by a care inspector.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

This previous area of improvement was met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

Staff were seen to promote the dignity and well-being of patients and provided care in a compassionate manner.

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.

Two areas of improvement were identified during this inspection. These were in relation to first aid training and risk assessment for hot surfaces.

RQIA were assured that the delivery of care and service provided in Edgewater was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr John Green at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were very happy with the care in the home, that staff were kind and attentive and that they enjoyed the meals. Two patients made the following comments; "It's a lovely home here. The staff are very good." and "Everyone (the staff) of them is good and kind and I am very comfortable. No problems."

Patients who could not articulate their views were presented as comfortable, content and at ease in their environment and interactions with staff.

Staff spoke positively about their roles and duties, the provision of care, staffing levels, teamwork, training and managerial support.

Four visiting relatives praised the quality of care provided for and the kindness and support received from staff. One relative said; "I can honestly say this is a brilliant home. Very homely. A home from home and all the staff are brilliant."

There were no returned questionnaires received in time for inclusion to this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29(5) Stated: First time	The registered person must ensure visits by the responsible individual(s) reports are maintained on an up-to-date basis in the home.	Met
	Action taken as confirmed during the inspection: These reports were maintained on an up-to-date basis.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of two staff members' recruitment records confirmed that staff are recruited properly to safeguard patients. Discussions with the Manager also confirmed knowledge of safe recruitment practices.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis, other than first aid training. This training identified a number of staff who needed updated training. An area of improvement was made in respect of this. Staff spoke positively on their training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be friendly, supportive and polite. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to patients' needs.

Care records were held confidentially.

Care records were maintained which reflected the needs of the patients.

Patients' needs were assessed 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food was attractively presented and portions were generous and included choice of meal. During the dining experience, staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Positive feedback was received from patients about the provision of meals.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Patients who are less able to mobilise require special attention to their skin care. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats and bed rails. It was established that safe systems were in place to manage this aspect of care. Bed rail assessments were discussed with the Manager in terms of ensuring issues of risk are regularly reviewed, with good assurances received that these were in place.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Issues of assessed need were followed up by a recorded statement of care / treatment given and effect of same.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The catering and laundry departments were tidy, clean and organised.

There were a number of radiators in the corridors and bathrooms which had hot temperatures and posed a risk if a patient were to fall and lie against its surface. An area of improvement has been made for these hot surfaces to be risk assessed in accordance with current safety guidance with subsequent appropriate action.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment dated 23 May 2024 had corresponding evidence in place to confirm that the one recommendation from it had been addressed.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Patients said that they were happy with their life in the home, and the care and that staff were kind and attentive. One patient talked about watching football on the television with other patients and night staff making tea and toast for them to enjoy the game. The patient described the atmosphere in the home as being warm, friendly and homely and made the following

comment; "Everything is A1 here. I see all the staff as extensions to my family and they are all wonderful. "

Patients were dressed well and their aids and appliances were clean.

Observations of care practices confirmed that patients were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr John Green has been the registered Manager in this home since 14 December 2007. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the patient's next of kin, their aligned named worker and RQIA.

Review of the record of complaints and discussions with the Manager confirmed that expressions of dissatisfaction taken serious and would be managed appropriately.

There was a wide range of audits and quality assurance in place. These audits included; care records, infection prevention and control, mealtime experience and maintenance.

The home was visited each month by a responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005** and the **Care Standards for Nursing Homes (December 2022)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Green, 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 27(2)(t) Stated: First time To be completed by: 18 August 2024	The registered person must risk assess all hot surfaces in accordance with current safety guidance with subsequent appropriate action. Ref: 5.2.1 Response by registered person detailing the actions taken: The manager has assessed risks discussed with inspector, A number of radiator guards needed in risk assessed area identified. same measured up for and will be ordered.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 47(3) Stated: First time To be completed by: 18 August 2024	The registered person must ensure that staff employed in the home are in receipt of up-to-date training in first aid. Ref: 5.2.1 Response by registered person detailing the actions taken: staff training for the above has been booked and scheduled for first week september. CPR and first Aid training update.

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



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