



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 23 January 2020



## Beverly Lodge

**Type of Service: Nursing Home**

**Address: 186a Bangor Road, Newtownards, BT23 7PH**

**Tel No: 028 9182 3573**

**Inspector: Gillian Dowds**

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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 provides care for up to 45 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ashdon Care Ltd  <b>Responsible Individual:</b> Mrs Lesley Catherine Megarity	<b>Registered Manager and date registered:</b> Joanne Roy 29 August 2019
<b>Person in charge at the time of inspection:</b> Joanne Roy	<b>Number of registered places:</b> 45  The home is also approved to provide care on a day basis to 2 persons.
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40

### 4.0 Inspection summary

An unannounced inspection took place on 23 January 2020 from 10.00 hours to 18.00 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to ongoing refurbishment work to the home's environment, presentation of patients, staff interaction with patients and visitors, the dining experience, staff training and recruitment.

Areas requiring improvement were identified in relation to management of unwitnessed falls, patient centred evaluations of care, patient centred dementia/behaviour that challenges care plans, oversight of fluid management and wound care documentation.

Patients described living in the home as being a good experience/ in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	*4

\*The total number of areas for improvement includes one under the standards that has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Roy, manager, and Heather Murray, group quality and development manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 10 January 2019.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 January 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care and pharmacy inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 to 26 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- two staff recruitment and induction files
- five patients' care records
- three patients' care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- a sample of medication records
- a sample of monthly monitoring reports from October 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge 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 Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 16 Stated: Second time	The registered person shall ensure that patient supplementary care records are maintained on an individual basis and that they are consistently signed, contemporaneous and provide specific instruction to staff regarding patients' individual needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that supplementary care records were completed contemporaneously by staff, each entry is made by an individual staff member.	
<b>Area for improvement 2</b> Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that antibiotics are administered in strict accordance with the prescriber's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Antibiotic records reviewed evidenced that they were administered in accordance with prescribers' instructions.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	The registered person shall ensure that existing auditing arrangements are further developed to ensure the completion of an action plan, where relevant, post audit and subsequently followed up at the next audit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Auditing arrangements evidenced that actions plans were developed post audit and followed up to ensure all actions taken and followed up.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure that handwritten personal medication records and medicine administration records are routinely signed by two staff.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that not all hand written entries were signed by two staff.  This area for improvement will be stated for a second time.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned staffing levels and that these levels could be altered to ensure the needs of patients were met; discussion with staff also confirmed this. We reviewed the staff duty rota from 6 to 26 January 2020 which confirmed that the planned staffing levels were achieved. We also saw that administrative, catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were kind. Patients unable to express their view were found to be well groomed, relaxed and comfortable.

One family member spoken with confirmed that staffing levels met the needs of their loved one and that the staff were knowledgeable of their loved one's needs and wishes, caring, kind and respectful.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned.

Review of records confirmed there was a system in place to monitor the registration status of care staff with NISCC and nursing staff with the NMC.

The home's environment was clean, tidy, and comfortably warm throughout. Painting of one of the home's corridors on the day of inspection was done with little disruption to patients and staff. We observed that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. There was evidence of the ongoing refurbishment plan and the recent renovation to the front lounge was commended by a visitor to the home.

We reviewed two staff recruitment records and discussed the recruitment process with the manager; this confirmed that staff were recruited safely. A system was in place to ensure staff were competent and capable to do their job and this was kept under regular review.

Discussion with the manager and review of records confirmed that falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

We reviewed the records of two unwitnessed falls in the home. Records evidenced that in one case the falls protocol in place in the home had not been followed for an unwitnessed fall; neurological observations had not been recorded. An area for improvement was identified.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area. Staff confirmed that they were aware of the homes whistleblowing policy and knew how to raise a concern if needed. We reviewed the home's policies on adult safeguarding and whistleblowing during the inspection and these were satisfactory.

Review of handwritten personal medication records and medicine administration records evidenced that these were not routinely signed by two staff. This area for improvement had not been met and will be stated for the second time.

### Areas for improvement

An additional area for improvement in relation to management of unwitnessed falls was identified.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	1	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We observed the delivery of care to patients throughout the inspection and it was obvious staff knew them well and had a good understanding of their care needs. We observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring and timely manner.

We reviewed five patients' care records and these evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records reviewed also evidenced regular evaluation of the care provided in order to assess the effectiveness of this and to determine if reassessment of planned care was required. However, in the records reviewed we found that the evaluations of care lacked a patient centred approach. We discussed this with the manager and an area for improvement was identified.

We reviewed care plans for those patients who have a dementia diagnosis and for those who may present with behaviours that challenge. We found that these care plans were not fully patient centred and lacked sufficient detail to direct the care needed for the individual patients. An area for improvement was identified.

We reviewed three patients' wound care records. Care plans were in place to direct the wound care to be provided but lacked details of wound grade and also in one did not have the wound dressing recorded. We identified that there were 'gaps' in the recording on the wound assessment and evaluation. We discussed wound care with the manager and identified that the required wound care was provided and that it was a deficit in the documentation. An area for improvement was identified.

We reviewed the recording of supplementary care records including repositioning records, food and fluids and bowel management records. We observed that these records were completed contemporaneously and an area for improvement from the previous inspection was met. However, we identified a lack of oversight of the records by the registered nurses in regard to fluid management. We observed a lack of detail in the evaluation of action taken when a prescribed fluid target is not met. An area for improvement was identified.

We reviewed the management of nutrition. Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to and recommendations from the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date

### Areas for improvement

The following areas were identified for improvement in relation to patient centred evaluation of care, patient centred care planning, oversight of fluid intake and wound care documentation.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3



## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection we spoke with six patients and five patients' visitors to discuss their experience of the home. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for. Comments from patients were positive and complimentary about life in the home, these included:

- "No complaints, they are all very decent to me."
- "First class."
- "Very good."

Patients' visitors also spoke positively about their experience in the home, comments included:

- "From the new management took over there has been a big improvement."
- "Girls are friendly."
- "Very happy with the staff."
- "Brilliant staff, fantastic."

Comments about the recent change to the brand of continence products were raised by two visitors and these comments were passed to the manager for consideration.

Staff were observed to treat patients with dignity and respect and to maintain their privacy when providing care. Staff knocked on doors before entering patients' bedrooms and ensured doors were closed when care was being provided. Staff displayed a welcoming and friendly approach to both patients and visitors and appeared to enjoy working in Beverly Lodge, they said:

- "Like it."
- "Lot of changes have been made for the better."
- "Good, It has got better."
- "Great, love it."

Comments from staff were passed to the manager.

Observation of the daily routine evidenced that staff delivered planned care at the right time; patients were not rushed and were offered choice. Patients were well presented, their clothes had obviously been chosen with care.

We observed the serving of lunch. The dining rooms were clean and tidy with condiments available. Staff assisted patients into the dining rooms, ensured they were comfortable and had clothing protectors if necessary. Patients were offered a selection of drinks and staff demonstrated their knowledge of how to thicken fluids if required. Staff also demonstrated their knowledge of patient likes and dislikes. We observed that staff knew, for example, which patients required a modified diet, liked particular foods or preferred a smaller portion.

Staff communicated effectively with patients throughout the meal, for example, they reminded them that food was likely to be hot and asked if they had enjoyed their meal. They also used

verbal prompts to help orientate those patients who required this by reminding them of the date and time and what was happening in the home that day. The mealtime was observed to be an unhurried and pleasant experience for patients.

Patients spoken with indicated that they had enjoyed their meal; comments included:

- “Foods’ good.”
- “Lovely.”
- “I’m well fed.”

We discussed the activities on offer with patients and patients’ visitors; one visitor stated they felt that there could be more activities. We discussed this with the manager who advised the ongoing induction period and planned training for the activity therapist. We observed the planned activity in the afternoon and patients were seen to be enjoying the art session.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans. Where shortfalls were identified an action plan was developed and corrective actions or improvements were signed when completed. This area for improvement stated in the previous inspection was met.

We reviewed the system in place for managing complaints; discussion with the manager and review of the complaints procedure evidenced that a robust system was in place. The manager demonstrated her knowledge of how to effectively deal with a complaint. Patients and patients’ visitors spoken with knew who to speak to if they had a concern or a complaint and were confident this would be dealt with.

Discussion with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. This was also clarified post inspection through communication by the manager in regard to unwitnessed falls and falls resulting in a head injury.

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns and maintaining patient confidentiality.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met and that they had sufficient time to access training.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Roy, manager, and Heather Murray, group quality and development manager, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from day of inspection</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice guidance and neurological observations are obtained.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All nurses have had further supervision sessions in regards to the management of all unwitnessed falls to ensure it is in line with current best practice guidance and neurological observations obtained. This will be monitored through the auditing process.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 March 2020</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All nurses have had further supervision and training sessions in regards to wound care management to ensure it is maintained in accordance with legislative management. This will be monitored through the auditing process.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 March 2020</p>	<p>The registered person shall ensure that handwritten personal medication records and medicine administration records are routinely signed by two staff.</p> <p>Ref: 6.1 and 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Further supervision sessions and training has taken place with all the nurses in regards to the management of handwritten personal medicine administration records. This will be monitored through the auditing process.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall ensure that all evaluations of care are meaningful and patient centred.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurses have received supervision sessions regarding meaningful evaluations of care, this will continue to be monitored.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall ensure that patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Further supervision sessions and training have taken place for all nurses to ensure person centred care plans are in place for each resident. This will be monitored through the auditing process.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2020</p>	<p>The registered person shall ensure that the registered nurses evidence clearly that they have reviewed and evaluated the effectiveness and delivery of care for any patient requiring a daily fluid intake target.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurses have received supervision sessions in regards to effective evaluations in regards to any patient requiring a daily fluid intake target, this will be monitored closely.</p>

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



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