



Unannounced Care Inspection Report 10 and 11 November 2020



Railway Lodge Care Home

Type of Service: Nursing Home
Address: 299 Kingsway, Dunmurry, Belfast BT17 9EP
Tel No: 028 9060 9930
Inspector: Mandy Ellis

www.rqia.org.uk

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 nursing home registered to provide nursing care for up to 80 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individuals: Amanda Celine Mitchell	Registered Manager and date registered: Perla Balmes Acting manager – no application required
Person in charge at the time of inspection: Iulia Nicolae, Registered Nurse	Number of registered places: 80 There shall be no more than 16 service users in Category NH-DE
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. TI – Terminally ill. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 78

4.0 Inspection summary

An unannounced inspection took place on 10 November 2020 from 09.20 to 17.05 hours and 11 November 2020 from 11.05 to 14.55 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2*

*The total number of areas for improvement includes two under the standards which have not been met and are stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Perla Balmes, Manager and Karen Agnew, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 2 to 22 November 2020
- the home's registration certificate
- four patients' care records
- ten patients' supplementary care charts in regard to repositioning
- eight patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- a sample of governance audits/records
- a sample of monthly monitoring reports

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 14 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement1 Ref: Standard 4 Stated: First time	The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned: <ul style="list-style-type: none"> • Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards. • Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times. 	Not met
	Action taken as confirmed during the inspection: A review of 10 patients' repositioning supplementary care records did not evidence the consistent delivery of pressure relieving care in keeping with the repositioning care plan. The documentation in several repositioning charts omitted to state the frequency of the repositioning prescribed. This area for improvement was not met and is stated for a second time.	
Area for improvement2 Ref: Standard 4 Stated: First time	The registered person shall ensure that patients' care plans are completed and reviewed in a person centred and timely manner.	Met
	Action taken as confirmed during the inspection: A review of four patients' care plans confirmed care plans were implemented to reflect the individual needs of the patient. The care plans were reviewed in a consistent and timely manner.	

<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring the provision of any interventions considered as a restrictive practice:</p> <ul style="list-style-type: none"> • Care plans must be written in a comprehensive and person centred manner; they must also be reflective of multiprofessional recommendations, as appropriate, and regularly reviewed by staff. • Relevant supplementary records must be completed in an accurate, comprehensive and meaningful manner at all times. • The content of relevant risk assessments and care plans must be effectively communicated to appropriate staff at all times. • Restrictive practice audits must include the provision of all restrictive practices being implemented within the home. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of one patient's records in regard to restrictive practices confirmed care plans and risk assessments were written and reviewed in a comprehensive and person centred manner. These records reflected multi professional recommendations. The supplementary records were consistent and accurately completed. Discussion with staff evidenced their knowledge of the assessed needs of the patient. Restrictive practice audits are completed monthly by the home manager.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. This relates specifically to the completion of care record audits.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>There is a system in place to regularly review care records within the home. A selection of monthly care record audits were reviewed. The audits did not consistently evidence the identity of the auditor and the action plan formulated from the audit failed to evidence that the identified deficits in the care records had been adequately addressed.</p>	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 2 to 22 November 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work. They also told us that they felt supported by the manager.

Comments made by staff included:

- "Teamwork is good."
- "I love this job."
- "I have no complaints or issues."
- "I feel listened to."
- "We have a lot of laughs."

6.2.2 Personal Protective Equipment

Staff were observed to use PPE appropriately and were observed to carry out hand hygiene at appropriate times during our visit. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. Vinyl gloves were observed in a few of the PPE stations and in use by staff when delivering care to patients. Vinyl gloves are not recommended and are less effective in the clinical setting than other latex type gloves. This was discussed with the manager for appropriate action and will be reviewed at a future inspection.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounge and dining rooms had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- “The staff are very good.”
- “Everything is ok.”
- “I can’t complain.”
- “I have everything I need.”
- “I feel I can talk to the nurses if I have any issues.”
- “The girls are very good.”
- “The staff are kind and polite.”
- “It’s alright.”

We observed the serving of the lunch time meal. We saw that staff attended to the patients’ needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising. The majority of patients commented positively on the quality of the food. One patient told us “the food is good and there is plenty of it.” Two patients who required a modified diet commented on how the choice of food can be limited and repetitive. Two further patients also commented that they felt the food could be warmer. This was discussed with the manager who agreed to discuss these issues with the identified patients.

Review of four patients’ care records evidenced individualised care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients’ needs.

Two wound care records were reviewed. Both records evidenced a comprehensive wound care plan, body map, photograph of the wound and evidence of wound dressing as prescribed.

Supplementary care records were reviewed in relation to food and fluid intake and repositioning. Ten repositioning charts were reviewed. A review of the repositioning records did not evidence the consistent delivery of pressure relieving care in keeping with the patient’s repositioning care plan. The documentation in several repositioning charts omitted to state the frequency of the repositioning prescribed. This area for improvement was not been met and is stated for a second time.

Eight food and fluid intake records were consistently recorded; however, while staff had documented and kept an accurate running total of a patient’s fluid intake, they omitted to transfer the 24 hour total to the identified area on the chart. This was discussed with the manager to address with staff, to ensure that supplementary fluid intake charts are completed in full. This will be reviewed at a future inspection.

6.2.5 Governance and management arrangements

Management arrangements had changed since the last inspection with the appointment of an acting manager and RQIA had been appropriately notified of this. As previously mentioned staff spoken with told us that they felt well supported by the management team in the home.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of audits carried out evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home; action plans were developed as required. There had been a gap in the completion of several audits in the month of September; the management team had identified this anomaly and RQIA had been appropriately informed of the issue.

The care record audits reviewed evidenced a monthly plan as to the number of care records to be audited. However, the audits did not evidence actions taken when deficits had been identified. This area for improvement was not met and is stated for a second time.

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies. However, a review of these records identified a number of accidents and incidents which occurred in the month of September where RQIA had not been appropriately notified. This had been identified by the regional manager and the notifications were submitted to RQIA retrospectively.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The nursing registration records reviewed were up to date. However, records reviewed in regard to care staff registration identified a lack of robust managerial oversight. One staff member had not registered with the Northern Ireland Social Care Council (NISCC) within the required time frame and this was addressed appropriately following discussion with the manager. Further clarification was required for two staff members as to the delay in the processing of their application for registration with NISCC. An area for improvement was identified in regard to the robust checking of NISCC registration of staff members.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

Areas of good practice

Areas of good practice were identified in relation to care delivery, wound care and staff interaction with patients.

Areas for improvement

One new area for improvement was identified during the inspection in relation to NISCC registration of staff.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.

One area for improvement was made in regard to managing the professional registration of care staff.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Perla Balmes, Manager and Karen Agnew, Regional 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	
Area for improvement 1 Ref: Regulation 21 (5) (d) (i) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure a robust system is in place to monitor staff registration with NISCC within the required time frame. Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The system for monitoring of NISCC registration in place has been enhanced and will continue to be monitored at providers visits moving forward to ensure that staff who have not registered within the first 3 months of employment are assisted to do so.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 14 February 2020	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned:</p> <ul style="list-style-type: none"> • Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards. • Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times. <p>Ref: 6.1 & 6.2.4</p> <p>Response by registered person detailing the actions taken: All repositioning chart has been checked and reviewed. Care plan, repositioning chart and hand over sheets are now in sync. Additional audit tools are being utilised to monitor compliance. Daily spot checks are being carried out by Home Manager and staff nurses to ensure accuracy of all records.</p>
Area for improvement 2 Ref: Standard 35 Stated: Second time To be completed by: 14 February 2020	<p>The registered person shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. This relates specifically to the completion of care record audits. Ref: 6.1 & 6.2.5</p> <p>Response by registered person detailing the actions taken: Care file audits are completed and action plans developed to address defecits. These actions plans are given to the named nurse to complete .Once completed the action plan clearly identifying what actions were taken will be returned to the Home Manager for validation and filing . This will complete the audit circle.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)