



Unannounced Care Inspection Report 8 December 2019



Railway Lodge Care Home

Type of Service: Nursing Home
Address: 299 Kingsway, Dunmurry, Belfast BT17 9EP
Tel No: 02890609930
Inspector: James Laverty

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 registered nursing home which is registered to provide nursing care for up to 79 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individuals: Amanda Celine Mitchell	Registered Manager and date registered: Karen Agnew 13 April 2018
Person in charge at the time of inspection: Upon arrival, Staff Nurse Sorin Nelepeu Karen Agnew – approximately 07.45 onwards	Number of registered places: 79
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 62

4.0 Inspection summary

An unannounced inspection took place on 8 December 2019 from 06.10 hours to 14.45 hours.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff training, staff supervision/appraisal, collaboration with the multiprofessional team, staff communication and the nutritional management of patients. Further areas of good practice were also highlighted in regard to staff awareness of patients' individual needs / preferences, complaints management and monthly monitoring reports.

Areas requiring improvement were identified in regard to the repositioning of patients, care records, the management of restrictive practices and governance audits.

Patients described living in the home 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 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
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Karen Agnew, 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.

4.2 Action/enforcement taken following the most recent inspection dated 28 August 2019

The most recent inspection of the home was an unannounced care management inspection undertaken on 28 August 2019. No further actions were required to be taken following 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 inspection findings, registration information, and any other written or verbal information received, for example, serious adverse incidents.

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.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2018/19
- staff supervision / appraisal records
- accident and incident records
- three patients' care records including relevant supplementary repositioning/wound care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate

- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 28 August 2019

There were no areas for improvement identified as a result of the last care inspection.

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.

Upon arrival to the home, we met with night staff who were attending to the care needs of patients throughout the home. While some patients were observed to be awake, the majority of patients were asleep/resting in bed. We discussed the night /early morning routine with patients and staff and no concerns were expressed. One staff member told us that they felt “no pressure to get people washed and dressed” before they required/requested such assistance. Similarly, patient feedback included the following comments:

- “The staff are very kind.”
- “It’s like the Ritz except not in London ... the (staff) are first class.”

We did note when entering the building that the main entrance was not sufficiently secure. This was discussed with the manager who advised RQIA following the inspection that the installation of an new intercom system was being progressed; in addition, extra measures to ensure the security of the building at night have been introduced. This will be reviewed at a future care inspection.

Staffing levels within the home were reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and staff about staffing levels and some concerns were expressed. One patient stated that “there’s not enough staff” while several staff stated that the high use of agency staff was unhelpful; one staff member told us that “a lot of agency staff don’t know the routines.” We discussed this feedback with the manager and requested a breakdown of staff absences for the period 4 November 2019 to 1 December 2019. Analysis of this information evidenced that while there were periods of staff absences, there were contingency measures put in place and adhered to. The need to ensure that staff absences are effectively managed was stressed and this will be reviewed at a future care inspection.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. The manager confirmed that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff told us that they received training using both online and face to face resources. One staff member stated that they had found the use of an ultra violet handwashing kit very instructive and would like to undertake such training again. This comment was passed to the manager for further consideration and action, as appropriate. Staff knowledge in regard to adult safeguarding is considered further below.

Staff told us that they received biannual supervision and annual appraisal to assist with their professional development. Staff spoke positively about working within the home; one staff member stated, "I love it here."

Discussion with the manager and review of governance records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in regard to the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

We spoke to staff and the manager about adult safeguarding processes within the home. The manager confirmed that such incidents were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. While the majority of staff spoken with demonstrated a good understanding of adult safeguarding principles, one did not. This was discussed with the manager who advised RQIA following the inspection that additional staff supervision was provided in this area for relevant staff.

The inspector looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas etc. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. Some areas of the home, such as the first floor lounge was decorated to a high standard and patients were observed relaxing there with one another/visitors throughout the day. There were some deficits, such as damaged plaster, which required remedial attention; this was brought to the manager's attention who agreed to address the areas identified. The manager confirmed that works are ongoing with regard to creating a proposed 16 bedded dementia care unit on the first floor. We noted that access to this area was not sufficiently secure and as such posed a potential hazard to patients. The manager confirmed following the inspection that this matter was addressed with relevant staff and that additional health and safety training was provided. The manager further advised RQIA that nursing staff have now been tasked with walking around this part of the home each evening to ensure that it is managed safely. It was agreed that such areas must be secured appropriately at all times so as to ensure the safety and wellbeing of patients. The proposed dementia unit is considered further in section 6.6.

Observation of the environment highlighted that food thickening agents were not stored securely in some areas. The manager advised us that this has been discussed with nursing/care staff and that such items must be returned to treatment rooms when not in use; the manager also stated that staff compliance with this will be monitored on a daily basis during her walk around the home and as part of the home's monthly monitoring visits (these visits are considered further in section 6.6).

We observed that large kitchen equipment was left within a corridor area. The manager stated that storage of such items was problematic due to the the lack of available storage space. The manager agreed to discuss the storage of these items with her line manager as a matter of

priority. The need to ensure that patient areas are not used inappropriately for storage was highlighted. This will be reviewed at a future care inspection.

Staff compliance with Control of Substances Hazardous to Health (COSHH) was reviewed. We noted that in some areas this compliance was inconsistent. The manager immediately addressed the areas highlighted and advised following the inspection that additional staff supervision in this area had been carried out.

Observation of staff practices in relation to infection prevention and control (IPC) standards evidenced that staff inconsistently used person protective equipment (PPE), such as gloves and aprons. Staff knowledge in relation to handwashing was also in need of improvement. The manager told us following the inspection that additional staff supervision/training was subsequently carried out in this area and that mandatory training in both IPC and COSHH was 100 per cent as of 16 December 2019. This will be reviewed at a future care inspection.

Areas of good practice

Areas of good practice were noted in regard to staff training and staff supervision/appraisal.

Areas for improvement

No areas for improvement were highlighted.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.5 Is care effective?

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

Following our arrival to the home, we discreetly observed the 'handover' meeting between night and day staff. Staff communicated with one another in a clear, concise, professional and patient centred manner.

All grades of staff spoken with demonstrated awareness of the need to communicate effectively with the patients, their colleagues and with other healthcare professionals. One staff member told us that there was "good teamwork in the home."

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Care records also evidenced regular communication with patients' relatives/representatives when appropriate.

We reviewed the provision of wound care for one patient. The patient's care plan was detailed, comprehensive and up to date. Supplementary wound care charts had also been completed to a good standard. Care records also evidenced ongoing collaboration with an attending podiatrist.

We noted that one care plan relating to the provision of antibiotics to this patient was no longer up to date. The need to ensure that care plans relating to the management of Healthcare Acquired Infections (HCAs) are kept up to date was stressed.

Review of several care plans for this patient highlighted that several were not sufficiently patient centred and had not been reviewed. An area for improvement was made.

We looked at repositioning records for another patient. We noted that while there was a detailed and comprehensive care plan in place, staff compliance with the care prescribed was inconsistent. Supplementary repositioning charts were also completed to a poor standard. An area for improvement was made.

Care records for one patient requiring a modified diet evidenced that a detailed, comprehensive and accurate care plan was in place. It was positive to note that relevant kitchen records were also upto date and readily available.

We also reviewed the care records for one patient who was assessed as requiring restrictive interventions by staff in order to ensure the patient’s safety. It was found that there was no care plan in place which clearly outlined the need for this intervention or how it was to be managed. Discussion with some staff who were tasked with attending to this patient also highlighted that they had limited awareness of the patient’s potential behaviours and how to manage any assessed risks. Supplementary supervision records for this patient also lacked sufficient detail. In addition, review of governance records highlighted that the home’s restrictive practice audit did not include any enhanced supervision of patients. An area for improvement was made.

Areas of good practice

Areas of good practice were noted in regard to collaboration with the multiprofessional team, staff communication and the nutritional management of patients.

Areas for improvement

Three areas for improvement were highlighted in regard to the repositioning of patients, care planning and the management of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 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.

Staff were observed engaging with patients and their relatives in a friendly and spontaneous manner throughout the inspection. Several patients who spoke with the inspector expressed their confidence in the ability of staff to meet their needs upon request. All of the relatives who were spoken with throughout the inspection spoke highly of the ability and commitment of staff in relation to patient care. Patient and relative feedback included the following comments:

Patients:

- “The girls (staff) are really lovely.”
- “The staff treat me well ... the food is very good.”
- “It’s (the home) grand.”

Patients’ relatives:

- “The staff are always very attentive ... staff are always around.”

Discussion with staff highlighted that they possessed a good awareness of patients’ individual needs / preferences and of the need for a human rights approach to care delivery.

We observed the provision of breakfast to patients within the home. The first floor dining area was sufficiently spacious and attractively decorated. Staff were observed assisting patients to and from the dining room and offering them a range of choices in a timely manner. We spoke with several patients throughout breakfast and they told us that they had enjoyed their meal and that staff were attentive. It was noted that while staff provided patients with their meals in a timely manner, the breakfast routine was slightly rushed and task orientated at times. The need to ensure that all staff engage with patients in sensitive manner was stressed. The manager informed RQIA that this feedback was discussed during a staff meeting following the inspection and that reflective practice and the completion of person centred care training was carried out by relevant staff.

Areas of good practice

Areas of of practice were noted in regard to staff awareness of patients’ individual needs / preferences.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Feedback from staff and the manager provided assurance that they had a good awareness of their roles and responsibilities. This also evidenced that there was a clear organisational structure within the home.

The home’s categories of care were reviewed with the manager. The manager stated that she was having ongoing contact with one patient’s Health and Social Care Trust (HSCT) keyworker about the suitability of the placement within the home. The manager agreed to keep RQIA appropriately updated. The need to ensure that the home remains compliant with its registered categories of care at all times was stressed.

As referenced in section 6.3, a variation application has been submitted to RQIA in regard to the proposed addition of a 16 bedded dementia care unit. The manager agreed to keep RQIA informed of any ongoing works in relation to this variation application which will be reviewed at an appropriate time.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to the use of bedrails, wound care and care records. However, feedback from the manager and review of governance records highlighted that these were only completed periodically. It was also noted that one sampled care record audit failed to identify care plan deficits for one identified patient. An area for improvement was made.

Discussion with the manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and monthly monitoring reports.

Areas for improvement

One area for improvement was identified in relation to care record audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Agnew, 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 providers 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement1</p> <p>Ref: Standard 4</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 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: 6.4</p> <p>Response by registered person detailing the actions taken: An indepth review of repositioning schedules was completed to ensure there was consistency between care plans , directions on repositioning forms and handover sheets for staff in terms of frequency of repositioning. The need for repositioning was determined using best practice standards .</p> <p>Supervision was completed with the staff team to ensure they were aware of their own individual responsibilities and accountabilities in relation to the completion of accurate, comprehensive and contemporaneous records . The nursing staff have introduced a Daily Care Needs Record Audit which is submitted every morning to the home manager for review. Nursing staff and senior carers have been directed to review repositioning charts randomly and date and sign when these have been checked on the record. This will be monitored by the home manager on daily walkarounds and by the senior management team completing the Regulation 29 visits.</p>
<p>Area for improvement2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' care plans are completed and reviewed in a person centred and timely manner.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Nursing staff have been directed to remove all discontinued care plans from residents files. The use of short term generic care plans is currently being reviewed. A proforma has been developed for the named nurses to complete when they have reviewed and updated the residents care plans/ risk assessments and medicine kardexs. This is submitted to the home manager monthly and will have random checks completed for accuracy</p>

<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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A specific and person centred care plan has been formulated for the use of enhanced supervision .This has been shared with the residents family and key worker. The supplementary records continue to be submitted for review to the key worker weekly, however the format has been reviewed and further augmented by the use of antecedent/ behaviour and consequence charts . Where possible the enhanced supervision is to be provided by the homes own staff and the agency carer will be utilised in the main area of the home . Agency staff are being asked to read the care plans and risk assessments and are signing to confirm that they have done so. The audit tools have been adjusted to include the use of enhanced supervision.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A matrix for care file audits has been produced. The deputy manager is assisting the Registered Manager to complete these audits as planned using audit tools available.</p>

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



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