

# Unannounced Care Inspection Report

## 3 March 2021



## Silverdale

**Type of Service: Nursing Home (NH)**

**Address: 29a Castlegore Road,  
Castlederg, BT81 7RU**

**Tel no: 02881679574**

**Inspector: Jane Laird**

[www.rqia.org.uk](http://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 41 persons.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>SRB Care Limited<br><br><b>Responsible Individual:</b><br>Sarah Roberta Brownlee   | <b>Registered Manager and date registered:</b><br>Geraldine Browne<br>10 June 2009                  |
| <b>Person in charge at the time of inspection:</b><br>Sarah Roberta Brownlee, responsible individual, 08.45 – 09.30 hours<br>Geraldine Browne, manager, 09.30 – 17.30 hours        | <b>Number of registered places:</b><br><br>41   |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia.<br>PH – Physical disability other than sensory impairment. | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br><br>41 |

### 4.0 Inspection summary

An unannounced inspection took place on 3 March 2021 from 08.45 to 17.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- patient health and welfare
- care records
- infection prevention and control (IPC) measures
- the home's environment
- leadership and management arrangements.

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> | 4           | 3         |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine Browne, manager, and Sarah Roberta Brownlee, responsible individual, 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

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

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 previous care inspection report.

Questionnaires and 'Tell us' 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 also left for staff inviting them to provide feedback to RQIA online.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 22 February 2021 and the 1 March 2021
- six patients' daily reports and care records
- four patient care charts including dietary/fluid intake charts and repositioning charts
- record of staff mandatory training
- registered nurses competency and capability assessments for taking charge of the home in the absence of the manager
- a sample of governance audits/records
- one staff recruitment and induction file
- monthly quality monitoring reports for January 2021 and February 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from previous inspection**

The most recent inspection of the home was an unannounced care inspection undertaken on 10 June 2019. There were no areas for improvement identified as a result of the last care inspection.

## **6.2 Inspection findings**

### **6.2.1 Staffing**

On arrival to the home at 08.45 hours we were greeted by the responsible individual and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager advised us of the daily staffing levels within the home and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. Review of staff duty rotas evidenced the planned staffing levels had been adhered to.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- “Management are very supportive.”
- “Love my job.”
- “Lots of training.”
- “Good induction.”
- “Great wee team here.”

We discussed staff training specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) and were advised by management that the majority of registered nurses with overseeing responsibilities had completed training and that all other staff were in the process of completing training relevant to their role. This will be reviewed at a future inspection.

### **6.2.2 Patient Health and Welfare**

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients’ needs in a timely and caring manner. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and of how to provide comfort if required.

Discussion with staff and patients confirmed that systems were in place to ensure good communications between the home, the patient and their relatives during the COVID-19 visiting restrictions. Some examples of the efforts made included; video calls, telephone calls, visits to the window and onsite visits in accordance to COVID-19 visiting guidance.

Patients told us that they were well looked after by the staff and felt safe and happy living in Silverdale. Comments from patients included:

- “Everyone is friendly here.”
- “Staff are very good.”
- “Very happy living here.”
- “The food is great.”
- “If you need anything you just have to ask.”

Six questionnaires were returned from patients and their relatives who were very satisfied with the service provision within the home. Comments included:

- “Very good staff, always helpful,”
- “I never feel I’m bothering them when I phone, they are so helpful.”
- “A gold standard care home, excellent staff, cleanliness, food and care.”

Kitchen staff were observed setting up trays and preparing trolleys in an organised manner to be transported to the units. The main dining room beside the kitchen was not being used by patients following a risk assessment by the manager and portable tables were provided within the lounge areas during meal times. The manager advised that this was a temporary measure during the COVID-19 pandemic and that the dining room would return to its normal function when assessed as appropriate.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients’ needs in a prompt and timely manner. The staff were wearing the correct PPE and assisted patients with their meal appropriately. An ancillary member of staff was observed assisting patients with their breakfast and was knowledgeable when questioned regarding the dietary needs of the patients. The manager confirmed that all staff assisting with the provision of meals have been suitably trained in dysphagia and agreed to complete a competency assessment with relevant staff. This will be reviewed at a future inspection.

We observed the foot rest to a patient’s chair to be damaged with the potential for the patient to be injured if their foot should make contact with the sharp edge. This was brought to the attention of the manager and the foot rest was suitable repaired prior to the completion of the inspection.

We identified a number of other potential risks to patients. For example, denture cleaning tablets were unsecure within a patient’s bedroom within the dementia unit, an electrical power drill and tools were unsecure within a further patient’s bedroom in the dementia unit and safety pins were being used on monitoring devices without an appropriate risk assessment. The potential risks were discussed with the manager and whilst we acknowledge that some of this was addressed during the inspection, a monitoring system is needed to ensure potential risks to patients are eliminated as far as possible. This was identified as an area for improvement.

### 6.2.3 Care Records

Confidential patient information was not held securely in two areas of the home where the computer was left unattended. We discussed the potential breach of confidentiality with the manager who agreed to communicate with relevant staff the importance of maintaining electronic records and an area for improvement was identified.

Review of six patient care records evidenced that care plans and risk assessments were reviewed regularly. However, the type and/or size of hoist sling required for moving and handling was not recorded within the care plan and risk assessment for three identified patients'. We discussed this with the manager and responsible individual who acknowledged the shortfalls in the documentation and following the inspection written confirmation was received on the 9 March 2021 from the responsible individual that these records had been updated.

We further identified that relevant documents were not in place for one identified patient specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS). We requested that the manager review all recently admitted patients to determine if these assessments are required and to make contact with the relevant care managers. Following the inspection written confirmation was received from the manager on the 10 March 2021 that relevant documentation was received from the commissioning Trust.

Review of one patient's care records evidenced that whilst supplementary recording charts contained the recommended frequency of repositioning, the care plan did not and 'gaps' were evident in the recording of repositioning within supplementary charts which had the potential to impact on the patient's skin integrity. We further identified that the patient did not have a care plan for a specific wound to direct the care required. The wound assessment chart also had 'gaps' in the recording as per the recommended frequency of dressing renewal within the patient's wound assessment chart. Pressure area care was discussed with the manager and an area for improvement was identified.

### 6.2.4 Infection prevention and control (IPC) measures

There were robust systems in place to ensure that contact details of any visitors to the home were obtained and their temperature checked in line with current COVID-19 guidelines.

There was an adequate supply of personal protective equipment (PPE) and hand sanitising gel at the entrance of the home, however, hand sanitising gel was limited within corridor areas and PPE stations within the dementia unit was also limited. We observed staff on two occasions carrying soiled linen from patients' bedrooms without wearing the appropriate PPE and touching high touch points such as door handles. Pillows were observed on the floor within linen cupboards and net pants had been laundered for potential communal use. We observed a hoist and sling beside a communal toilet, the surface of a shower and a number of patient equipment which had not been effectively cleaned following use. We discussed this in detail with the manager and the responsible individual and an area for improvement was identified.

We reviewed the laundry room which was organised, clean and tidy. The laundry assistant had a good knowledge of IPC and a clear system was in place for the segregation of laundry to reduce the risk of spread of infection. PPE and hand washing facilities were also readily available.

### **6.2.5 The home's environment**

Whilst the majority of the environment was fresh smelling and clutter free, a malodour was evident within two identified patient bedrooms and on examination of the mattresses the mattress covers were found to be stained. These were immediately removed during the inspection and the manager agreed to review all mattresses and to include in regular audits. Following the inspection on the 10 March 2021, the manager provided written confirmation that all mattresses had been reviewed and are now included within the audit process.

We observed a patient seated in front of a fire door within one of the lounges and brought this to the attention of the manager. Staff had positioned the patient and their chair away from the door, however, a further chair had been left in front of the fire door making it ineffective in the event of a fire. This was identified as an area for improvement.

We further identified a gap to the side of two fire doors and requested that a review of all fire doors is commenced and that relevant remedial works are completed where necessary. Following the inspection on the 8 March 2021, the responsible individual provided written confirmation that these issues had been addressed. This information was shared with the estates inspector and assessed as satisfactory.

### **6.2.6 Leadership and management arrangements**

There has been no change in the management arrangements within the home since the last inspection. The staff spoken with commented positively about the manager and described her as supportive and approachable.

Review of one staff recruitment file evidenced that appropriate employment checks had been carried out in line with best practice. Induction records were also reviewed and maintained within the employee's file.

A number of audits including environment, IPC, care records and hand hygiene audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. However, the environmental and IPC audits did not capture the issues identified during inspection and did not contain an action plan with time frames, the person responsible and a follow up. In order to drive the necessary improvements an area for improvement was made.

Review of a sample of accidents and incidents since the previous care inspection identified that a number of notifiable events had not been notified to RQIA. We requested the manager to review all accidents/incidents and to submit relevant information retrospectively. This was identified as an area for improvement. Following the inspection on the 10 and 11 March 2021, relevant information was submitted by the manager.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available and where areas for improvement were identified, there was an action plan in place with defined timeframes.

Written confirmation was received on 8 and 9 March 2021 from the responsible individual and from the manager on the 10 March 2021, detailing immediate action that had been taken to address the issues identified during the inspection and the measures that were implemented to



address all deficits going forward, to improve the delivery of safe and effective care within the home.

### Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home.

### Areas for improvement

Seven new areas for improvement were identified during the inspection. Details can be found throughout the body of the report and in the Quality Improvement Plan (QIP).

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 4           | 3         |

## 6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Browne, manager, and Sarah Roberta Brownlee, responsible individual, 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  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 14 (2) (a)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With immediate effect | <p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• denture cleaning tablets</li> <li>• maintenance tools</li> <li>• the potential risks associated with safety pins are included within the patients risk assessment</li> <li>• all grades of staff are aware of their responsibility to report and action any actual or potential hazards.</li> </ul> <p>Ref: 6.2.2</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b></p> <p>Answering each point separately:</p> <p>We have only a few residents with denture tablets and a process to prevent reoccurrence now in place.</p> <p>Maintenance tools: May I explain that there was no residents in any bedroom area where this one workman was. The residents were all in the lounge under supervision. This external contractor was placing a new bedroom unit in a secure unit and left for a short time to collect an item from his van. Whilst we note your comment we wish to stress that no residents were in the area where workman was and there was secure alarm doors between workman and where residents were being supervised.</p> <p>Safety Pins: A risk assessment is in place and these are only used when a tabs monitor has been previously opened by the resident and is there for safety. Over the next week we are reviewing will we continue to use safety pins for this purpose.</p> <p>May I assure you we have an excellent team of staff at every grade. They work tirelessly each day for resident safety and they fully understand their roles and responsibilities and always do report any hazards identified - they have been reminded.</p> |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 13 (7)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With immediate effect     | <p>The registered person shall ensure that infection prevention and control practices are reviewed.</p> <p>Specific reference to:</p> <ul style="list-style-type: none"> <li>• review the availability of PPE and hand sanitising gel in identified areas of the home</li> <li>• staff wear appropriate PPE when transporting soiled linen from patients' bedrooms</li> </ul>   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• items within linen stores are stored above the ground</li> <li>• net pants are labelled and for individual use</li> <li>• hoist and slings are not stored where there is a toilet</li> <li>• patient equipment is effectively cleaned following use.</li> </ul> <p>Ref: 6.2.4</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/> Each point answered separately:<br/> Silverdale has a very high level of supply of PPE. Presently we are completing a staff questionnaire and analysis of the Covid -19 PPE and IFC. To date staff have given a positive reply on the survey. We have sanitizers at each sink and in every bathroom and toilet areas,entrane, dining room and conservatory. We also have mobile spray sanitizers throughout the building. Since your inspection we have added further corridor sanitizers. Staff wear full PPE and have been reminded not to carry soiled linen and use the corridor linen trolleys. Items in linen store are now above the ground. Net pants are now all labelled and many were prior to the inspection. A Senior Care Assistant is responsbile for this area. Hoists and slings are not stored in the toilet area. We have a robust cleaning schedule which is audited frequently to ensure resident equipment is always to a high standard.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that fire doors are not obstructed.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/> A residents chair was sitting against the door of the lounge and staff have been reminded not to place residents against a door that must close in the event of a fire.</p>   |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>         | <p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b><br/> The Registered Manager, rarely forgets to send notifications to RQIA and human error resulted in this instance. These notifications were retrospectively sent to RQIA within 48 hours of the inspection.</p>   |
| <p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>  |  |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 37</p>  | <p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p>   |

|  |  |
|--|--|
| <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>   | <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>I understand this was the computers care staff use for their records. These care staff have been reminded of the importance of logging off on every occasion. All staff at induction are trained in General Data Protection Regulations.</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• that where a wound has been assessed as requiring treatment, a care plan is implemented to include the directions for the frequency of dressing renewal and dressing type</li> <li>• where a patient has been assessed as requiring repositioning the frequency should be recorded within the care plan and reflected within the repositioning chart.</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Noted and actioned. Two of our Registered Nurses are Link Nurses for Tissue Viability and attend regular training provided by the Trust in these roles.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>3 April 2021</p>          | <p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• IPC</li> <li>• Environment</li> </ul> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Whilst we note this improvement and action has taken place. I wish to inform that Silverdale has a high level of quality assurance auditing processes in place in relation to the Enviroment and IFC. Your request to add the timeframe and action has been completed. Our quality audits are across a range of areas and are displayed for all families and other stakeholders to view on the noticeboard. This shows levels of compliance each month.</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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care