



The Regulation and  
Quality Improvement  
Authority

Silverdale  
RQIA ID: 1211  
29a Castlegore Road  
Castledearg  
BT81 7RU

Inspector: Sharon Loane  
Inspection ID: IN023487

Tel: 028 8167 9574  
Email: [silverdalenh@btconnect.com](mailto:silverdalenh@btconnect.com)

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**Unannounced Care Inspection  
of  
Silverdale**

**28 January 2016**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 28 January 2016 from 11.45 to 15.45 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from:

**Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health Care and Standard 39: Staff Training and Development.**

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 29 June 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

An urgent actions record regarding unsafe manual handling and urinary catheter care were issued to Geraldine Browne at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Geraldine Browne, registered manager and Valerie Humphrey, nursing sister as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> SRB Care Limited/Mrs Sarah Roberta Brownlee	<b>Registered Manager:</b> Mrs Geraldine Browne
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Geraldine Browne	<b>Date Manager Registered:</b> 10 June 2009
<b>Categories of Care:</b> NH-DE, NH-I, NH-PH	<b>Number of Registered Places:</b> 41
<b>Number of Patients Accommodated on Day of Inspection:</b> 40	<b>Weekly Tariff at Time of Inspection:</b> £614.00 - £658.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the selected criteria from the following standards have been met:

- Standard 4: Individualised Care and Support, criteria 8**  
**Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15**  
**Standard 21: Health Care, criteria 6, 7 and 11**  
**Standard 39: Staff Training and Development, criteria 4**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with registered nurses, care staff and ancillary staff
- discussion with patients and relatives
- a general tour of the home and a review of a random sample of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- observation of care delivery; and
- evaluation and feedback.

During the inspection, five patients were spoken with individually and the majority of others in small groups. Three care staff, two registered nurses and two ancillary staff and two patient's representatives were also consulted.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and returned Quality Improvement Plan (QIP).

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction records
- policies and guidance documents pertaining to the standards examined
- duty rotas for nursing and care staff from 25 January to 7 February 2016.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 29 June 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection 29 June 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<p>The registered person must ensure the storage of items in the bathrooms is managed within infection prevention and control guidance.</p> <p><b>Action taken as confirmed during the inspection:</b>            A number of bathrooms and/ shower rooms examined found no evidence of items been stored inappropriately. Areas examined were clean and presented to a satisfactory standard. This requirement has been met.</p>	<b>Met</b>

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time	The registered person must review the menu choice and the serving of snacks for all patients, including those who require a specialised diet, in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes' 2014.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A discussion with the head cook advised that the menu choice for snacks for all patients including those who require a specialised diet had been reviewed. The cook confirmed that a selection of snacks is now available to include but not limited to; pureed fruit, angel delight and smooth yogurt. At time of inspection, angel delight and pureed fruit were available for the afternoon tea. Care staff confirmed that these choices are available daily. This recommendation has been met.	

### 5.3 Contenance management

#### Is Care Safe? (Quality of Life)

Policies and procedures regarding the management of continence were available to guide staff. A policy on the promotion of continence and management of incontinence which included stoma care management and a policy for urinary catheterisation were available and the last review date was November 2013.

Guidance documentation on continence management was available in the home for staff to refer to and take direction from.

Discussion with the registered manager and staff confirmed that staff had received training in continence management in 2014; however additional training has been planned as part of the training schedule for 2016. Discussion with registered nurses and a review of training records evidenced that training in urinary catheterisation had been completed in April and January 2015. The registered manager advised that training is currently being sought for those registered nurses who did not complete same. The registered manager advised that the number of registered nurses assessed as competent in this area of practice was appropriate to meet the needs of the patients receiving this aspect of treatment and care delivery.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

The home had a continence link nurse who had attended training and link meetings however due to natural staff turnover, had left employment recently. The registered manager advised a staff member had been identified for this role and that they will also attend link meetings scheduled by the Trust during 2016.

### **Is Care Effective? (Quality of Management)**

Review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. The specific type of continence product assessed to meet the need of the patient was recorded as part of the continence assessment and care plans reviewed.

Braden and Malnutrition Universal Screening Tool (MUST) risk assessments had been completed and consistently reviewed on a monthly basis within all three patient care records.

Three continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

A review of continence / bowel assessments and care plans identified inconsistencies in recording information regarding bowel patterns and types. Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool Score when the bowel motion was Type 7, otherwise information recorded was for example "large" and "good". There was evidence that patient's bowel habits were being monitored closely and appropriate interventions taken as per the care plans in place. It is recommended that staff refer to the Bristol Stool Score when recording all bowel movements.

The management of urinary catheters was reviewed. Registered nurses spoken with were knowledgeable regarding the management of urinary catheters and the rationale for use of same. Urinary catheters were only inserted on the instruction of the patient's GP or consultant.

Two patient's records relating to the management of urinary catheters were reviewed and in general were detailed. However, some inconsistencies in recording information were identified in relation to the details of the catheter required for example type and size. A review of records relating to catheter insertion and /or change evidenced that these had been completed and the necessary information was recorded appropriately. However, records reviewed for one patient who required a urinary catheter failed to demonstrate that their catheter had been changed as per the regime of care in place. This was discussed with the registered manager and registered nurses who gave verbal assurance that this aspect of care had been met however; there was no written evidence available to validate this information. An urgent actions record was issued at time of inspection and a requirement has been made.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

## Is Care Compassionate? (Quality of Care)

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

### Areas for Improvement

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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The registered person must ensure that patients receive the care and treatment as outlined in their individualised plan of care, specifically with regards to the management of urinary catheters. A system should be implemented to monitor this area of practice. A requirement has been made.

It is recommended that staff refer to the Bristol Stool Chart and guidance when recording all bowel movements.

## 5.4 Additional Areas Examined

### 5.4.1 Manual handling practice

Staff were observed using a "handling belt" inappropriately whilst assisting patients with mobility transfers. Staff consulted advised they had completed moving and handling training however, responses indicated that learning had not been fully embedded into practice. Discussion with staff identified that the method of transfer used did not meet the needs of one identified patient being transferred, however staff continued to transfer the patient. Patients should not be put at risk by the use of inappropriate moving and handling practices. This was discussed with the registered manager and an urgent actions record was issued. A requirement has been made.

### 5.4.2 Consultation with patients, patient representatives and staff

During the inspection process, five patients, seven staff and two patient representatives were consulted to ascertain their personal view of life in Silverdale. The feedback from the patients and staff indicated that safe, effective and compassionate care was being delivered.

Some patients' comments received are detailed below:

- "It's very nice. We're well taken care of here."
- "I love living here"
- "Staff are very good and food is good."
- "Very happy and satisfied."

Two patient representatives were available for consultation on the day of inspection and feedback was very positive about all aspects of care and services delivered.

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received is detailed below:

- “I like it here. It’s very homelike.”
- “It’s very good here. I really like it and the standard of care is excellent.”
- “I really like it here.”
- “Excellent person-centred care.”

No concerns were raised.

#### 5.4.3 Staffing arrangements

A review of duty rotas for nursing and care staff from 25 January to 07 January 2016 confirmed that staffing levels were in accordance with the DHSSPS Care Standards, April 2015. The registered manager confirmed that staffing levels for the home met the assessed needs of the patients accommodated and that this is kept under review by the home’s management team. Staff spoken with confirmed this information. A discussion with the registered manager advised that when required they work on the floor as a registered nurse. All hours worked on the floor as a registered nurse by the registered manager should be recorded on the duty rota. The registered manager agreed to action this. No concerns were raised by patients, staff and patient representatives regarding staffing arrangements.

#### 5.4.4 Infection Prevention and Control and the Environment

A tour of the home confirmed that the cleanliness of the home was maintained to a high standard. The home was warm, comfortable and had a “homely” atmosphere. However, some issues were identified within the home which was not managed in accordance with infection prevention and control guidelines:

- pressure relieving cushions were worn and damaged
- over bed tables were worn and damaged and bare wood exposed
- the fabric on identified specialised chairs was damaged and torn.

The above issues were discussed with the registered manager who advised that cushions and tables were currently been replaced and had been ordered. The registered manager gave assurances that the damage identified in regards to the chairs would be repaired. RQIA are satisfied with the actions taken or to be taken and this will be monitored at subsequent care inspections.

#### Areas for Improvement

A requirement has been made that staff receive training in moving and handling, specifically regarding the use of the “handling belt” and that this area of practice is monitored to ensure that learning has been embedded into practice.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Geraldine Browne, registered manager and Ms Val Humphreys, nursing sister as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (1)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 January 2016</p>	<p>The registered person shall ensure that patients receive the care and treatment as outlined in their individualised plan of care, specifically with regards to the management of urinary catheters. A system should be implemented to monitor this area of practice.</p> <p>An urgent actions record was issued.</p> <p><b>Ref: Section 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An auditing system has been implemented to monitor the management of urinary catheters and details of the catheter required is now recorded in both patients individual Care Plan and Catheter Change/Insertion Record Sheet.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 January 2016</p>	<p>The registered person shall make suitable arrangements to provide a safe system for moving and handling patients. Moving and handling training should be provided for staff with specific focus on the use of the “handling belt”.</p> <p>An urgent actions record was issued.</p> <p><b>Ref: Section 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Moving and handling requirements for identified patients were updated with immediate effect and all staff instructed regarding this amendment. Ongoing auditing of moving and handling compliance continues. Mandatory moving and handling trainings ongoing within the home with specific focus on the use of handling belts.</p>
<h3>Recommendations</h3>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 March 2016</p>	<p>It is recommended that when recording all bowel movements staff make reference to the type of stool passed in accordance with the Bristol Stool chart and best practice guidance.</p> <p><b>Ref: Section 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Registered Nurses and all Care Staff now make reference to the Bristol Stool Score when recording all bowel movements to ensure continued individualised management and care.</p>

<b>Registered Manager Completing QIP</b>	Mrs Geraldine Browne	<b>Date Completed</b>	23/03/2016
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<b>Registered Person Approving QIP</b>	Mrs Roberta Brownlee	<b>Date Approved</b>	23/03/16
<b>RQIA Inspector Assessing Response</b>	Sharon Loane	<b>Date Approved</b>	11/04/16

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