

# Inspection Report

12 October 2021



## Springlawn Nursing Home

Type of service: Nursing Home  
Address: 44 Old Dromore Road, Omagh, BT78 1RB  
Telephone number: 028 8224 4550

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Springlawn House Limited  <b>Registered Person/s OR Responsible Individual:</b> Mrs. Linda Florence Beckett	<b>Registered Manager:</b> Miss Clara Robinson  <b>Date registered:</b> 19 August 2021
<b>Person in charge at the time of inspection:</b> Ms. Coleen McCullagh, staff nurse then joined by Miss Clara Robinson from 10.30am.	<b>Number of registered places:</b> 40  There shall be maximum of 2 patients in category NH-LD(E), a maximum of 4 patients in category NH-PH and 1 Patient in category NH-MP. There shall be a maximum of 1 named resident receiving residential care in category RC-I.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 35
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 40patients.  The home is over two floors with shared communal lounges and dining areas and nicely appointed grounds.	

## 2.0 Inspection summary

An unannounced inspection was conducted on 12 October 2021, from 9.30am to 2.00pm by a care inspector.

The inspection sought to assess the progress with the areas of improvement identified at 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 previous areas of improvement at the last care inspection were found to have been met.

The home was clean, tidy, well ventilated and free from malodour.

Staffing levels were found to be in keeping with patient dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Patients were seen to be well cared for. There was clear evidence of attention to personal care and dressing.

Feedback from patients confirmed that they were satisfied with the care and service provided for in Springlawn Nursing Home.

One area of improvement was identified during this inspection. This related to repair of a bathroom floor.

RQIA were satisfied that the delivery of care provided for in Springlawn Nursing Home was safe, effective, compassionate and well-led.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

#### 4.0 What people told us about the service

Patients told us that felt safe and that they were satisfied with the care delivery in the home. They spoke positively with their relationship with staff, the provision of meals and the provision of activities. Observation during the inspection indicated that patients' needs were met. One visiting relative also spoke in positive terms about the provision of care and the kindness and support received from staff.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they felt well supported by the manager.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Springlawn Nursing Home was undertaken on 13 May 2021 by a pharmacist inspector; no areas for improvement were identified.

Areas for improvement from the last care inspection on 24 June 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (3) (k)  <b>Stated:</b> First time	The registered person shall ensure that progress records/daily evaluations are in sufficient detail of the patient's condition and well-being.	<b>Met</b>
	Particular reference is made in respect of assessed needs with mental health.	
	<b>Action taken as confirmed during the inspection:</b> This has been put in place and being monitored by the manager.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 15 (2) (a) (b) and Regulation 16 (2) (b)  <b>Stated:</b> First time	The registered person shall ensure that any patient who smokes has a risk assessment and care plan in place in accordance with current safety guidelines with subsequent appropriate action(s).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These risk assessments are in place in accordance with current safety guidelines.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 41 (2)  <b>Stated:</b> First time	The registered person shall put in place a review of staffing on night duty, to take account of patients' dependencies, the size and layout of the home and fire safety requirements. Particular reference is made to the provision of trained staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This review has been put in place.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment records confirmed that these procedures were in accordance with legislation and standards.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. Staff told us that they knew who was in charge of the home at any given time. Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility.

The manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients.

Patients told us that they were satisfied with the delivery of care and the kindness and support received from staff. Some comments made, included the following statements; "This is a brilliant home in every way. The staff are all very kind and do their best. I feel well cared for here." and "I am well looked after here. It is a lovely place. No problems or complaints."

Staff told us that the workload was busy but manageable and that there was good teamwork amongst the staff and that the manager was very supportive.

Staff were seen to attend to patients' needs in a timely manner and to maintain patients' dignity by offering personal care discreetly. Patients were offered choices throughout the day, for example, from where and how they wished to spend their time and what activity they wished to engage in.

### **5.2.2 Care Delivery and Record Keeping**

Staff were knowledgeable of patients' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be friendly, polite, warm and supportive. Staff were seen to seek patients' consent when delivering care with statements such as: "Would you like to..." or "Can I help you with..." and to knock patient's bedroom doors to seek permission on entry.

Patients' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the patient, their next of kin and their aligned named worker to direct staff on how to meet patients' needs. Added to this any advice or directions by other healthcare professionals is included in the assessment and care plans. Patients' care records were held safely and confidentially.

Patient areas were free from clutter and trip hazards. Those patients who were at risk from falls had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the patient's next of kin, their aligned named worker and where appropriate RQIA, were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

There was a choice of meals offered and facilitated in a manner which aided patients' understanding. There was also a variety of drinks available. The dinner time meal was appetising and nicely presented. Two patients made the following comments; "Of course I have no complaints. The food is excellent too." and "The food is marvellous."

Records were also kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that it was well maintained. Patients' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas

were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

An area of improvement was identified with a bathroom floor which had a loose floor tile and posed as a trip hazard.

The grounds of the home were well maintained.

The home's most recent fire safety risk assessment was dated 1 September 2020. No recommendations were made from this assessment. This assessment was scheduled to be reviewed on 26 October 2021. Fire safety training and fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Patients said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

A programme of activities was in place which mostly involved one to one time with patients or in small groups.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music and choice of television programmes played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home.



One visiting relative said they were satisfied with the provision of care and the kindness and support received from staff.

### **5.2.5 Management and Governance Arrangements**

Miss Clara Robinson has been appointed the registered manager of the home since 19 August 2021. She was on leave during this inspection but choose to come into the home to assist with the inspection process.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

There were systems to monitor all aspects of the running of the home.

## **6.0 Conclusion**

Patients were seen to be well cared for and gave positive feedback on all aspects of their life in the home. Care duties and tasks were unhurried and organised. There was a nice rapport between staff and patients and interactions were kind and supportive.

The environment was comfortable and well maintained.

Staff spoke positively about the managerial support in the home, their workload, teamwork and morale.

One new area of improvement was identified and is outlined within the Quality Improvement Plan in Section 7.0.



## 7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with the **Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The one area of improvement and details of the Quality Improvement Plan were discussed with Miss Clara Robinson, registered manager, as part of the inspection process. The timescales for completion commence *from* the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 12 November 2021	The registered person shall repair the flooring in the identified bathroom.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Maintenance carried out and floor repaired.

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



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