



# Unannounced Care Inspection Report

## 24 June 2020



## Springlawn Nursing Home

**Type of Service: Nursing Home**  
**Address: 44 Old Dromore Road, Omagh BT78 1RB**  
**Tel No: 028 8224 4550**  
**Inspector: John McAuley**

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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 40 patients, within the categories of care detailed in 3.0 of this report.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Springlawn House Limited</p> <p><b>Responsible Individual(s):</b> Linda Florence Beckett</p>	<p><b>Registered Manager and date registered:</b> Clara Robinson – acting no application required</p>
<p><b>Person in charge at the time of inspection:</b> Loretta Kelly - staff nurse</p>	<p><b>Number of registered places:</b> 40</p> <p>A maximum of 2 patients in category NH-LD (E) and a maximum of 2 patients in category NH-PH. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. LD (E) – Learning disability – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32</p>

### 4.0 Inspection summary

An unannounced inspection took place on 24 June 2020 from 10.20 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- Staffing
- Personal Protective Equipment (PPE)
- Infection prevention and control (IPC)
- Care delivery
- Accidents and incident reports
- Governance and management

Feedback from patients throughout this inspection was positive and complimentary in regard to their life in the home, their relationship with staff and the provision of meals.

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.

The term 'patient' is used to describe those living in Springlawn Nursing Home which provides both nursing and residential care.

#### 4.0 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	*3

\*The total number of areas for improvement includes one under the standards which was partially met, and two under the standards which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Clara Robinson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 5.0 How we inspect

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

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

The following records were examined during the inspection:

- duty rotas
- safeguarding policy and procedure
- three patients' care records
- fire safety records
- fire safety risk assessment
- quality assurance audits
- staff training records.

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. No responses from these questionnaires were received in time for inclusion to this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met. Those areas for improvement which were not reviewed have been carried forward to be reviewed at the next care inspection.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 December 2019.

Areas for improvement from the last care inspection		
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 13 (7) <b>Stated:</b> Second time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Comprehensive IPC audits were in place including those focusing on hand washing and the use of PPE.  General observations of care practices throughout this inspection found staff in adherence to good practices.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> Second time	The registered person shall ensure that thickening agents are securely stored within the home and the treatment room door is locked at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Thickening agents were securely stored in locked boxes and the treatment room was locked securely.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of one care record pertaining to this need found that the care plan was reviewed and up-to-date, and it identified the type of mattress and setting required.</p> <p>Repositioning charts and skin checks were maintained appropriately and corresponded with the care plan.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the accident/incident reports from 4 January 2020 found that all notifiable notifications had been reported to RQIA.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and actions taken post fall are appropriately recorded in the patient's care record.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the home's falls register confirmed that clinical and neurological observations were in place. The National Institute for Health and Care Excellence (NICE) guidelines pertaining to the management of falls were available to staff within this register. The manager also confirmed that she inspects all accident and incident reports on a daily basis when she is on duty.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs. These should be kept under review and updated to reflect the changing needs of the patient.</p> <p>This area for improvement is made in reference to management of infection and oral health.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of a sample of three patients' care records confirmed such assessed needs were effectively care planned for.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure sufficient management hours are available to ensure the governance arrangements for the nursing home and legislative requirements are met.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager's hours has been reviewed and enhanced accordingly.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspection of property records confirmed that these inventories were in place.</p>		



<b>Area for improvement 2</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure daily evaluation records are meaningful and patient centred.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of three patients' care progress records indicated improvement in same areas of this. However, we noted that there were inadequate daily evaluations within the care records for one patient.  This area for improvement has been partially met and is subsumed into a new area for improvement under regulation.	

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time <b>To be completed by:</b> 4 July 2019	The registered person shall closely monitor the administration of inhaled medicines through the audit process.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	<b>Carried forward to the next care inspection</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time <b>To be completed by:</b> 4 July 2019	The registered person shall ensure that robust arrangements are in place for the safe management of medicines when a patient is admitted to the home.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	<b>Carried forward to the next care inspection</b>

## 6.2 Inspection findings

### 6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence.



An inspection of the staffing levels found that the night duty levels particularly in relation to trained staff provision needed reviewing, given the patient dependences and size and layout of the home. This has been identified as an area of improvement to put in place.

Staff on duty confirmed that they were satisfied with the staffing levels. Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff also stated that they felt patients received a good standard of care, were treated with respect and dignity.

Patients stated that they felt safe and that there was always staff available if they required assistance.

### **6.2.2 Safeguarding patients from harm**

The home has a policy and procedure which is in keeping with regional adult safeguarding guidance. The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

### **6.2.3 Environment**

The home was clean and tidy throughout; the décor and furnishings were also well maintained. Residents' bedrooms were comfortable and largely personalised through individual choice. Bathrooms and toilet facilities were clean and hygienic.

The grounds of the home were exceptionally well maintained.

### **6.2.4 Infection prevention and control**

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment; staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed. The laundry department was tidy and well organised.

Discussions with some patients in relation to the enhanced IPC measures, confirmed that they understood and accepted the need for these.

### **6.2.5 Care practices**

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. There was a pleasant atmosphere throughout the home, with patients enjoying chat with staff. Staff were attentive and patients' expression of needs were promptly responded to by staff.

Patients were all being cared for in their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

An activities co-ordinator facilitated a small group of patients in a game of bingo and later attended to other patients on a one to one basis.

Feedback from patients was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "They (staff) are all too kind to me."
- "No problems."
- "Everything is very good here."
- "You won't find much wrong with here. All is grand, as far as I can see."
- "There's a nice atmosphere here."
- "I am very happy here. They (staff) couldn't do enough for you. They (staff) are lovely and kind. The food is lovely too. I have no complaints."
- "All is very good here. I am very happy."

A visiting relative was met in the grounds of the home. This relative expressed praise and gratitude for the provision of care and the kindness and support received from staff.

### **6.2.6 Care records**

An inspection of three patients' care records was undertaken. On the main care records were well written and up-to-date. However, some areas of care planning were generic in nature and not person centred. This was discussed with the manager who confirmed that they had plans to address this with staff. This will be reviewed at a future care inspection.

Progress records/daily evaluations had been improved to ensure they were meaningful and person centred. However, one such care record had insufficient detail in relation to a patient's mental health and well-being. This was discussed with the manager who agreed that further detail was needed and agreed to address this with staff. An area for improvement was made.

### **6.2.7 Smoking**

The management of patients' smoking along with any associated risk(s) was discussed with the manager. It was agreed that a detailed individualised risk assessment needs to be put in place for any patient(s) who smoke. This risk assessment needs to be in accordance with current safety guidelines and incorporated into a person centred care plan. An area for improvement was made.

### 6.2.8 Fire safety

An inspection of fire safety records confirmed that fire safety training and safety checks were being maintained on a regular and up-to-date basis. The home's most recent fire safety risk assessment was dated 16 July 2019. There were no recommendations made as a result of this assessment.

### 6.2.9 Managerial oversight

The home has a defined managerial structure as detailed in its Statement of Purpose. The manager possessed knowledge of patients' needs, staffing arrangements and her managerial responsibilities. The manager reported that she received good line management support and that a monitoring visit on behalf of the responsible individual had recently been carried out in the home.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene, IPC and restrictive practices. These were completed regularly and any areas for improvement were identified and addressed.

A review of staff training records confirmed that mandatory aspects of training were being maintained with staff on an up-to-date basis.

Inspection of complaints records evidenced that complaints are taken seriously and managed appropriately. Patients were aware of how to make a complaint and stated that they felt such expressions would be dealt with appropriately. Staff stated that they would not hesitate to raise any concerns with management and they felt they would be supported in doing so.

### Areas of good practice

Areas of good practice were found in relation to teamwork, staff support, feedback from patients and the pleasant atmosphere and ambience of the home.

### Areas for improvement

There were three areas for improvement identified during the inspection. These were in relation to: staffing levels, progress records / daily evaluations and smoking risk assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 6.3 Conclusion

Throughout the inspection, patients within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy while staff demonstrated a good understanding of infection, prevention and control measures in place. Feedback from patients evidenced that they were very satisfied with the standard of care being provided. Areas for improvement were made in regard to staffing levels at night, care records and the management of patients who wish to smoke.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clara Robinson, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19(1)(a) Schedule 3(3)(k)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 July 2020	<p>The registered person shall ensure that progress records/daily evaluations are in sufficient detail of the patient's condition and well-being.</p> <p>Particular reference is made in respect of assessed needs with mental health.</p> <p>Ref: 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Staff meeting held and all staff nurses spoken to and provided with NIPEC- Standards for person centred nursing and midwifery record keeping practice Documentation. Ongoing audits carried out on nursing notes by acting manager.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (2) (a)(b) and Regulation 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 July 2020	<p>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).</p> <p>Ref: 6.2.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>            New smoking folder in place incorporating RQIA guidance on service users smoking in residential care and nursing homes. This includes general risk assessment related to smoking, further comprehensive risk assessment with action plan, individualized care plan and evaluation sheet. Currently being reviewed weekly by acting manager.</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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> Second time  <b>To be completed by:</b> 4 July 2019	<p>The registered person shall closely monitor the administration of inhaled medicines through the audit process.</p> <p>Ref: 6.2</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 28</p> <p>Stated: Second time</p> <p>To be completed by: 4 July 2019</p>	<p>The registered person shall ensure that robust arrangements are in place for the safe management of medicines when a patient is admitted to the home.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 41(2)</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2020</p>	<p>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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Acting manager to continue to actively review daily and act accordingly dependent on bed occupancy, staff competencies, skill mix and patients dependency levels.</p>



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

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