



Inspector: Heather Sleator  
Inspection ID: IN024174

Stewart Memorial House  
RQIA ID: 1278  
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Bangor  
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**Unannounced Care Inspection  
of  
Stewart Memorial House**

**24 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 24 March 2016 from 10.00 to 13.00.

The focus of this inspection was to determine what progress had been made in addressing the recommendations made during the previous care inspection on 15 July 2015 and to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes 2015.

Stewart Memorial House is scheduled to close on 29 April 2016. A number of patients had already moved to new accommodation and a plan was in place regarding the proposed transfer arrangements for the remaining patients. There had been close liaison with the staff in the relevant health and social care trusts and families, so as to try and minimise the distress and upheaval to patients and their families.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report.

### 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 15 July 2015

### 1.2 Actions/Enforcement Resulting from this Inspection

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>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> NI Institute for the Disabled Samuel Andrew Humphries	<b>Manager:</b> Violet Long
<b>Person in Charge of the Home at the Time of Inspection:</b> Michael O'Hagan Nurse in Charge	<b>Date Manager Registered:</b> Acting status due to impending closure of the home
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 30
<b>Number of Patients Accommodated on Day of Inspection:</b> 10	<b>Weekly Tariff at Time of Inspection:</b> £609 - £1150 per week

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

Information/correspondence was received by RQIA on 23 March 2016 regarding concerns in the following areas:

- the home was not clean and some equipment was not in good working order
- staffing levels were low
- patient care

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the concerns raised.

The home was observed to be clean. Housekeeping staff stated they have the required cleaning materials and equipment, in sufficient quantities to maintain the standard of cleanliness and hygiene. Staff stated that due to the closure of the home, not all areas of the home were now in use. As patients moved to new accommodation the vacated bedrooms were thoroughly cleaned. Discussion with the catering staff on duty confirmed that a hinge on the door of one of the fridges was broken. However, catering staff stated this did not prohibit the continued use of the fridge as it could be closed and temperatures were being monitored on a daily basis. The review of records confirmed that the fridge was consistently operating at the correct temperature. This was discussed with the Chief Executive of the Northern Ireland Institute for the Disabled, Mr Sam Humphries. Mr Humphries stated he had not been made aware of the fault with the fridge. At the conclusion of the inspection it was confirmed a new door hinge had been ordered. This was also confirmed in writing to RQIA.

Seven patients were in the home and three patients were attending day care. There were two registered nurses on duty and four care assistants. Staff stated they felt there were sufficient numbers of staff on duty to meet the needs of patients. Ancillary staff also confirmed they felt staffing arrangements were satisfactory.

Mr Humphries stated that consultation with patients, representatives and health care trusts had been on-going for a considerable period of time. Management were working closely with Trust staff regarding the future arrangements of the patients. The services of an advocate from Bryson House had been made available to patients and representatives to assist and support patients and representatives with moving. Mr Humphries also stated staff have accompanied patients and representatives when viewing new accommodation and staff had, on occasions, stayed with a patient when transferring to a new home to help with the settling in period.

A concern had been raised regarding the management of an incident which had occurred involving two patients. The concern was in relation to a delay in informing the family of one of the patients involved in the incident and how the incident had occurred. Discussion with the Adult Safeguarding Gateway Team in Belfast Health and Social Care Trust on 24 March 2016 confirmed that the manager of Stewart Memorial had made the referral to the safeguarding team in accordance with procedure. In relation to the incident the Trust were not pursuing the case any further and any issues were to be resolved by the management of the home.

With the exception of one piece of equipment not being in full working order, the inspector was unable to substantiate the remaining concerns which were brought to the attention of RQIA.

#### **4. Methods/Process**

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

- discussion with Sam Humphries, Registered Person
- discussion with the nurse in charge
- discussion with one registered nurse
- discussion with care staff
- discussion with ancillary staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with seven patients individually; two care staff, two registered nurses and ancillary staff.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 15 July 2015

The following records were examined during the inspection:

- staff duty rotas
- care records relating to:
  - palliative/end of life care
- complaints record
- compliments record

## 5. The Inspection

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

The previous inspection of the home was an announced estates inspection dated 14 December 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 15 July 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person/manager must ensure that all wall and floor surfaces in the identified shower room are made sound.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The wall and floor surfaces in the shower room which had previously been identified had been repaired.	
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 (2) (b) <b>Stated:</b> First time	The registered person / manager must ensure that risks to patients and staff are appropriately minimised. <ul style="list-style-type: none"> <li>• Window restrictors missing from patient bedrooms and communal areas should be replaced with urgent.</li> <li>• The torn carpet area on the first floor of the home should be secured to minimise the risk of trips for patients and staff.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed that window restrictors had been replaced on the identified bedrooms and communal areas. The torn carpet area on the first floor had been secured and made good.	

Last Care Inspection Recommendations	Validation of Compliance	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the following policy guidance is established, reviewed and updated as required</p> <ul style="list-style-type: none"> <li>• A communication policy should be developed and this should incorporate the regional guidance for breaking bad news.</li> <li>• The palliative / end of life policies and procedures should be reviewed and updated to reflect GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Policies on communicating effectively and palliative/end of life care had been reviewed and updated and were available for staff to reference.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the registered person ensures that all grades of staff receive training on the following;</p> <p>Breaking bad news communication skills</p> <p><b>Action taken as confirmed during the inspection:</b> The South Eastern Health and Social Care Trust provided training to eight staff on 8 October 2015. Due to the confirmed arrangements for the future of the home further training had not been arranged.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the registered manager works with the acting chief executive of NIID to establish an effective system to ;</p> <ul style="list-style-type: none"> <li>• Identify maintenance problems in the home</li> <li>• Classify project as major / minor</li> <li>• Risk assess urgency</li> <li>• Source maintenance time to action repairs</li> <li>• Maintain records of process for inspection</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> A maintenance log had been implemented which detailed the required areas. All maintenance issues are monitored by management of NIID</p>	<b>Met</b>

### 5.3 Standard 19 - Communicating Effectively

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

Staffing levels remained consistent and in sufficient numbers to meet the needs of patients. Staff stated they were satisfied with the on-going staffing arrangements.

With the exception of the fridge in the kitchen the home has been maintained in accordance with health and safety regulations. Assurances were given by the Chief Executive, Mr Humphries that this would be the case until all patients had moved to their new accommodation.

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

The review of two patient care records evidenced that care was being delivered and monitored, on a daily basis, in accordance with patient needs. Where there was a change in patient need this had been referred and progressed to the appropriate health care professional.

#### Is Care Compassionate? (Quality of Care)

Discussion with staff and/or the manager confirmed that patients were being supported through the process of moving to new accommodation. Staff had been involved, in most cases, in the transition meetings regarding the move and had accompanied patients on the transitional visits to their new home.

Patients were sad to be moving as Stewart Memorial had been their home for a considerable period of time however maintaining social networks and routines, for example, attending day care and social activities both in the home and externally had helped to ease the process.

#### Areas for Improvement

There were no areas for improvement identified at this time.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
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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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

## 6. No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Violet Long	<b>Date Completed</b>	20/04/16
<b>Registered Person</b>	S. Humphries	<b>Date Approved</b>	20/4/16
<b>RQIA Inspector Assessing Response</b>	Heather Sleator	<b>Date Approved</b>	21/04/16

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**