The Regulation and Quality Improvement Authority

Inspection Report

3 June 2021

Saintfield Lodge

Type of Service: Nursing Home (NH)
Address: 4 Old Saintfield Road, Belfast, BT8 8EY
Tel No: 028 9081 4010

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Electus Healthcare 1 Limited **Responsible Individual:** Ms Alana Irvine	**Registered Manager:** Ms Melanie Reyes **Date registered:** 28 July 2013
Person in charge at the time of inspection: Ms Melanie Reyes	**Number of registered places:** 51
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 49
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides care for up to 51 persons who require support with mental health needs. The home is a two storey building with patient bedrooms, lounges, dining rooms and smoking rooms located over both floors.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2021 from 9:45am to 5:55pm by a Care Inspector.

The inspection assessed progress with the areas for improvement identified in the home since 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 outcome of the inspection confirmed that the care in Saintfield Lodge was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

Patients were happy to engage with the inspection process and share their experiences of living in the home. They provided numerous examples of what they liked about living in Saintfield Lodge.

As a result of this inspection two areas for improvement are stated for a second time and three further areas for improvement identified. The programme of redecoration and refurbishment must be progressed and the cleanliness of the smoking rooms and seating provided brought up to an acceptable standard and maintained clean. Improvements continue to be needed with the completion of smoking risk assessments. Improvement is required with the cleanliness of wheelchairs and post falls reviews must be completed

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Manager and Regional Manager were provided with details of the findings.

4.0 What people told us about the service

Fourteen patients and ten staff were spoken with. Patients were complimentary regarding the support and assistance staff provided. They told us how staff assisted them with daily tasks such as attending to their personal appearance, tidying and arranging their bedrooms and with meals. Patients told us how staff supported them with their emotional well being, recognising the need for one to one support when their mood was low or when they were facing situations they were anxious about. Patients confirmed that they would be talk to staff if they were worried; many referred to the staff they would choose to speak with by name.

Staff told us there was good team work between staff and that they felt well supported by the management team. Staff were knowledgeable of patient needs and demonstrated a good understanding of patients' individual routines and preferences and the importance of respecting patient autonomy.

No questionnaires or correspondence was received following the inspection.

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 Saintfield Lodge was undertaken on 13 October 2020 by a Care Inspector; four areas for improvement were identified.

Areas for improvement from the last inspection on 13/10/2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 20(1)(a) **Stated:** First time	The registered person shall ensure staffing levels are reviewed and maintained for; • Housekeeping and domestic provision • Activity provision	**Met**
	Action taken as confirmed during the inspection: A review of staff rosters evidenced that this area for improvement has been met.	
Area for improvement 2 **Ref:** Regulation 27(2)(d) **Stated:** First time	The registered person shall actively put in place a programme of redecoration and refurbishment.	**Partially met**
	Action taken as confirmed during the inspection: The environment is discussed in section 5.2.3 of this report. This area for improvement was assessed as partially met and is now stated for a second time.	
Area for improvement 3 **Ref:** Regulation 27(2)(j) **Stated:** First time	The registered person shall ensure the locking mechanisms in bathroom and toilet doors are working properly at all times.	**Met**
	Action taken as confirmed during the inspection: The manager initially confirmed that the locks had been replaced however on inspection a number of locks were missing. These locks were fitted again before the conclusion of the inspection and the manager agreed to monitor the situation.	

Area for improvement 4 **Ref:** Regulation 12(4)(d) **Stated:** First time	The registered person shall review and put in place a meaningful and appropriate provision of choice of meals for patients. An accessible menu needs to be displayed in such a manner that patients are knowingly informed what is planned for and available.	**Met**
	Action taken as confirmed during the inspection: The menu was displayed in both of the dining rooms. The choice of meals is discussed in section 5.2.5	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 21(6) **Stated:** First time	The registered person shall analyse patients' individual smoking risk assessments in terms of actual risk such as high, medium or low and review these on a much more regular basis. The home should also seek advice from the aligned Health and Social Care Trust in relation to this risk and management of same.	**Not met**
	Action taken as confirmed during the inspection: Whilst risk assessments for smoking were completed the actual level of risk was not identified and risks were not consistently recorded across care records. This area for improvement has not been met and is stated for a second time.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff in the home were appropriately registered with a professional body and systems were in place to check that their registration remained live.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. There was enough staff to respond to the needs of the patients. Staff were satisfied with the number of staff on duty.

Patients told us that the staff were supportive and assisted them with they needs during the day. Staff were observed trying to motivate patients, for example to spend time out of their room, to come to the dining room for meals and to take an interest in their personal appearance. Staff demonstrated a good understanding of patients' individual wishes and preferences.

The evidence reviewed provided assurances that staffing was safe.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed good compliance with this training. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice. There was evidence that incidents were reported to the local Trust appropriately.

Details on how to make a complaint were included in information provided in the patient guide. The manager completed a record of any complaints made, the action taken, the outcome and if the complaint was resolved. Any learning which may prevent the same issue occurring again was identified.

The manager completed a monthly audit of restrictive practices which included one to one supervision and the use of alarm mats. There was evidence that these practices were the least restrictive possible and used in the patient's best interest.

The manager and staff had completed training on The Mental Capacity Act (Northern Ireland 2016) and the associated deprivation of liberty safeguards. The home has an open door policy and currently no patients were subject to any deprivation of liberty. The manager was aware of the processes required to safeguard any patient who lacked capacity with making decisions about their care.

There was evidence that processes were in place to ensure patients were kept safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

As previously discussed the environment of the home is tired and, in places, the décor and furniture is damaged. A programme of redecoration has been put in place however progress with the planned work had been delayed due to the global pandemic. An update on the programme, along with acceptable timescales was provided following the inspection. Where patients' wished their bedrooms were personalised with items important to the them and reflected their likes and interests.

Improvements have been completed to the external environment of the home. The surrounding gardens and hedges have been trimmed and a pleasant seating area created at the entrance to the home, with garden furniture, planters and flowers. A number of patients enjoyed sitting in this outside area through the day.

With the exception of the two smoking rooms, the home was warm, clean and fresh smelling throughout. The standard of cleanliness of the smoking rooms and the furniture provided was unacceptable. This was brought to the immediate attention of the manager and action commenced to address the issues. The environment and ventilation of both smoke rooms is due for upgrade as part of the refurbishment plan. However the cleanliness and condition of the seating provided required to be addressed without delay; this was identified as an area for improvement. Confirmation of the action taken was received following the inspection.

A number of wheelchairs were observed to be dusty and in need of cleaning; this was identified as an area for improvement.

Fire safety measures were in place. A fire risk assessment had been completed by a suitably accredited fire risk assessment company.

In conclusion RQIA acknowledge that the improvements to the environment were required prior to the current owners taking over the home in June 2020. It was good to note that a refurbishment plan, with relevant timescales, was in place. Completion of the planned works and compliance with the areas for improvement will greatly enhance the internal environment of the home for the patients.

5.2.4 How does this service manage the risk of infection?

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Arrangements were in place for patients to be visited by family and friends; the Manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance.

Patients participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

Appropriate precautions and protective measures were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable and familiar with individual patients' needs, their individual daily routines, wishes and preferences.

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they assisted them with care. For example, if patients became upset or distressed in their surroundings staff responded in a quiet, calm manner and encouraged patients to move to a more private area to try and resolve their concern. Staff introduced us to patients using their preferred name. Each patient had their own routine and staff demonstrated a sound understanding of patients' behaviours and choices.

Alongside care to support the patients emotionally staff also assisted a number of patients with their physical needs. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Patients who had wounds had these clearly recorded in their care records; records also included the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. A post falls review should be completed within 24 hours of a patient sustaining a fall to determine any reason for the fall and any preventative action to be taken; this was identified as an area for improvement. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were notified appropriately.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded.

The majority of patients choose to come to the dining room for their lunch; the tables were nicely set with a range of cutlery and condiments provided on each table. The serving of lunch was organised, calm and unhurried. Patients were well informed of the menu on offer and what they had chosen for that day. They told us there good choice; staff opinion varied slightly on the choice available. A new menu, which incorporated suggestions from patients, was due to be commence. Staff opinion on choice was discussed with the Manager who confirmed that patient opinion of the new menu would be monitored. Patients told us they enjoyed their lunch and that they generally liked the food.

In conclusion systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Compliance with the area for improvement will further enhance the delivery of care.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held securely in the nursing offices.

Care records contained good detail of patients mental health and physical needs; where there were distressed behaviours any known triggers or patterns to help staff to understand and support patients during these distressed times were identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Staff supported patients to be actively involved in making positive decisions about their care, for example, balancing time spent alone in their rooms with time engaged with others, participation in activities, positive and respectful interactions with fellow patients and with food choices for their physical well being.

Staff recognised and respected patients' autonomy to make decisions about their life, even when these decisions posed potential risks. There were no restrictions on when patients could leave the home. There was, however, an understanding that when a patient was going out they would tell a member of staff an approximate time of when they expected return; this provided a degree of safety for the patient.

Staff are employed to organise and provide a structured plan of group activities. In May 2020 patients were working on art projects for an exhibition which was due to take place in Knockbracken Healthcare Park; this was postponed due to the global pandemic. The exhibition has now been rescheduled for October 2021 with patients looking forward to the event. It was also hoped that the gardening project, including the growing of vegetables for use in the home and to sell, would recommence soon.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day. They were observed to be prompt in recognising patients' needs, any signs of distress and, where possible, to pre-empt behaviours. Staff were skilled in communicating with patients; they were respectful of patients' needs and wishes.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There have been no changes to the management of the home since the last inspection. Ms Reyes has been the manager since July 2013 and is supported in her role but the regional manager. Patients were familiar with the management team and many referred to them by name. Patients were often found in the manager's office throughout the day and spoke of how the manager's door "was always open." Patients had confidence in the management's willingness to support them.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of the wounds, restrictive practices, infection prevention and control (IPC) practices.

There was a system in place to manage complaints and to record any compliments received about the home.

The regional manager undertook an unannounced visit each month, on behalf of the registered provider, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

6.0 Conclusion

Discussion with patients and staff, observations of the daily routine and a review of patient and management records evidenced that care in Saintfield Lodge was delivered in a safe, effective and compassionate manner with good oversight of care provide by the manager.

Staff responded to the needs of the patients and provided support in a timely way. Observation of practice confirmed that staff engaged with patients on an individual and group basis. The routine of the home and the programme of activities were planned around the needs and interests of the patients and provide them with positive outcomes.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Melanie Reyes, Registered Manager, and Lorraine Kirkpatrick, Regional 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27(2)(d) **Stated:** Second time **To be completed by:** 1 October 2021	The registered persons shall actively put in place a programme of redecoration and refurbishment. Ref 5.1
	Response by registered person detailing the actions taken: Refurbishment and Redecoration plan with timescale has been updated by the Estates Manager and works has now commenced and ongoing.
Area for improvement 2 **Ref:** Regulation 27(2)(d) **Stated:** First time **To be completed by:** Immediate from the day of inspection.	The registered persons shall ensure that the cleanliness of the smoking rooms and seating provided is brought up to an acceptable standard and maintained clean. Ref: 5.2.3
	Response by registered person detailing the actions taken: This has been addressed. New floor tiles installed to replace the old vinyl floor.The walls has been repainted and seats replaced with fire retardant, wipeable chairs. Cleaning schedule maintained.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 21(6) **Stated:** Second time **To be completed by:** 1 July 2021	The registered person shall analyse patients' individual smoking risk assessments in terms of actual risk such as high, medium or low and review these on a much more regular basis. The home should also seek advice from the aligned Health and Social Care Trust in relation to this risk and management of same. Ref: 5.1
	Response by registered person detailing the actions taken: Smoking policy and Risk Assessment reviewed by company's Health and Safety Manager which reflects the different levels of risks.The new Risk Assessments are carried out for each individual residents who smokes and which will be reviewed regularly. The outcome of the review of the risk assesements are forwarded to resident's respective care managers

Area for improvement 2 **Ref:** Standard 45 **Stated:** First time **To be completed by:** 1 July 2021	The registered persons shall ensure that wheelchairs are cleaned and maintained clean. Ref: 5.2.3
	Response by registered person detailing the actions taken: Daily and weekly Cleaning schedule for wheelchairs commenced and maintained. Spot checks of wheelchairs are also to be carried out by staff and appropriate action to be done if any shortfalls in maintenance of whellchair cleanliness are identified.
Area for improvement 3 **Ref:** Standard 22.9 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection	The registered persons shall ensure that a post falls review is completed within 24 hours of a patient sustaining a fall to determine any reason for the fall and any preventative action to be taken. Ref 5.2.5
	Response by registered person detailing the actions taken: Standard Operating Procedure for Post fall review put into place as per addendum to Company's Falls Policy and is being carried out for each individual falls to identify potential cause and pattern and formulate corresponding ction to be taken as preventive measure. This is incorporated in resident's individual care plans.

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