

# Unannounced Care Inspection Report 11 August 2016



## Silver Birch Lodge

**Type of Service: Nursing Home**  
**Address: 54 Crossgar Road, Saintfield, BT24 7JE**  
**Tel No: 028 9751 0392**  
**Inspector: Dermot Walsh**

## 1.0 Summary

An unannounced inspection of Silver Birch Lodge took place on 11 August 2016 from 09.35 to 18.00.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The home was compliant with best practice in infection prevention and control. A safe system for monitoring compliance with mandatory training was in place. There was evidence of development of best practice within palliative and dementia care which was commended on inspection.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One recommendation has been made to ensure that staff meetings are conducted on a regular basis and at a minimum quarterly.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report.

### **Is the service well led?**

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. One recommendation has been made in the effective domain as discussed above.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jillian Gilmore, registered manager and Sandra Philips, registered person, 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 November 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Martin Phillips Sandra Phillips (Sliver Birch Lodge)	<b>Registered manager:</b> Jillian Gilmore
<b>Person in charge of the home at the time of inspection:</b> Jillian Gilmore	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 33

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection we met with 12 patients individually and others in small groups, two patient representatives, three care staff, one registered nurse and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 1 August to 14 August 2016

#### **4.0 The inspection**

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 12 November 2015**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 12 November 2015

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 30.1 &amp; 30.2</p> <p><b>Stated:</b> Third time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>It is recommended that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of the duty rota from 1 August to 14 August 2016 evidenced this recommendation has now been met.</p>	<p><b>Met</b></p>

## 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 to 14 August 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Discussion with staff confirmed that mandatory training was completed prior to staff commencing employment. Evidence of mandatory training dates scheduled for 2016 was available for review on inspection. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 12 November 2015 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly and signed by the registered manager.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control procedures was well maintained. It was also noted that a recent vomiting and diarrhoea outbreak in the home was well managed.

Discussion with staff evidenced progression with palliative care and dementia care within the home. A palliative care register had commenced using a gold standard framework to ensure patients' needs and specific wishes were identified and met in a timely manner. A carers' education folder had been created and palliative care training had been conducted with staff.

A nurse employed within the home, with specialist training in dementia care, has conducted dementia awareness training with all staff. All carers within the home are now 'dementia friends'. The dementia training was also provided to the activities co-ordinator and a close focus on life stories and activities based around life stories had been developed. These activities were utilised in managing distressed reactions in patients. For example, staff have found that some patients can be calmed through song or prayer. This in turn reduces the use of prescribed medication which staff confirmed was only used if required. This practice is commendable. It was noted that the home does not have a category of care for dementia nursing. However, the patients in the home who have a diagnosis of dementia have been assessed that their nursing needs outweighs their dementia needs and therefore are best placed in a general category environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager and a review of records confirmed that the last care staff meeting was conducted on 4 May 2016 and the previous general staff meeting had been conducted on 16 November 2015. Records were maintained of all meetings held. Minutes of these meetings were available for review and included dates, attendees, topics discussed and decisions made. A recommendation was made to ensure staff meetings were conducted at minimum quarterly.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. Evidence was available of email communication with relatives who resided outside Northern Ireland to answer queries or to keep them up to date with their loved ones condition.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

#### Areas for improvement

It is recommended that staff meetings are conducted regularly and at a minimum quarterly.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

On inspection one registered nurse, three carers and one ancillary staff member were consulted to ascertain their views of life in Silver Birch Lodge.

Some staff comments were as follows:

“I love working here.”

“I really enjoy it.”

“It’s absolutely fine here.”

“I love it.”

Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires was returned within the timescale for inclusion in the report.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 12 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led. Nine patient questionnaires were left in the home for completion. Three patient questionnaires were returned within the timeframe.

Some patient comments were as follows:

“The care is very good.”

“I love it here.”

“We are very well cared for.”

“It’s great. I am very happy here.”

“All the staff are very good.”

“It’s great. I have no complaints.”

Two patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Three relative questionnaires were returned within the timeframe. The representatives were very positive regarding the care provided in the home.

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Food was served in an organised manner; when patients were ready to eat or be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. Appropriate music was played in the background and a menu was on display on the wall of the dining room. Patients selected their meal choice from the menu the day prior. The mealtime experience was observed to be well organised and pleasurable for the patients.

Discussion with staff confirmed that the religious needs of patients were met through a church service conducted in the home on the last Sunday of every month. Staff also confirmed that members of the clergy come to the home to visit patients and that bibles were in every bedroom.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was included within the 'Patients Guide' and the 'Patients Contract'.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"Thank you for all the loving care and kindness you gave to ... during her time at Silver Birch."  
 "... and I so appreciated the lovely care we had for ... last two days."  
 "The standard of care that all members of staff gave to ... was second to none and gave us the reassurance that ... was receiving the best care possible."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to restraint, accidents, care records, falls, complaints, palliative care, patient transfers and infection prevention and control. Hand hygiene audits had been conducted weekly during the recent outbreak in the home.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jillian Gilmore, registered manager and Sandra Philips, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 41  
Criteria (8)

**Stated:** First time

**To be Completed by:**  
30 October 2016

The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:

- The date of all meetings
- The names of those attending
- Minutes of discussions
- Any actions agreed

**Ref: Section 4.4**

**Response by registered provider detailing the actions taken:**

Staff meeting has taken place on 8<sup>th</sup> September 2016 and all documentation completed and on file. Further meetings will be arranged quarterly or as required.

*\*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\**



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