



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

06 June 2019



Silver Birch Lodge

Type of Service: Nursing Home

Address: 54 Crossgar Road, Saintfield, BT24 7LF

Tel No: 028 9751 0392

Inspector: Gillian Dowds

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 33 patients.

3.0 Service details

Organization/Registered Provider: Silver Birch Lodge Responsible Individuals: Martin Ronald Phillips Sandra Martha Phillips	Registered Manager and date registered: Jillian Jayne Gilmore 01 April 2005
Person in charge at the time of inspection: Jillian Jayne Gilmore	Number of registered places: 33
Categories of care: 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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place from 09.10 to 18.15 and was undertaken by the care inspector.

The inspection assessed progress with 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.

Areas for improvement in respect of a previous finance inspection have also been reviewed and validated.

Evidence of good practice was found in relation to staff training and development, staff recruitment, the environment in the home, mealtime experience. Interactions with staff and patients were warm and compassionate and staff interaction with visitors was also noted to be friendly.

Areas requiring improvement were identified in relation to staffing and their deployment, nurse in charge to be clearly identified on the duty rota, wound care, care records ensuring update from Speech and language therapists and maintenance of equipment in to ensure good practice in Infection prevention control.

Patients described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	5

*The total numbers of areas for improvement include one under regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jillian Gilmore, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 October 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 23 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, (if applicable) registration information, and any other written or verbal information received for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 3 June 2019 to 16 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- two patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from September 2018
- RQIA registration certificate
- patients quarterly property audits
- reconciliation of monies managed on behalf of patients

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement four were met with regards to falls management, contemporaneous completion of repositioning charts, inappropriate storage of toilet rolls in communal toilets, accurate recording of the food and fluid charts for patients and the recording of complaints.

One area for improvement was not met regarding the recording of wound care and has been stated for a second time. Please refer to the QIP at the back of this report.

Two areas of improvement identified at previous finance inspection have been reviewed and were met. Supporting evidence was sought during the care inspection and validated by the finance inspector. A review of a sample of patient's property inventories evidenced that these were reconciled on a quarterly basis and the patient's ledger was signed monthly and at each transaction by two staff.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these were subject to review depending on patient dependency. A review of the staff rota from 3 June 2019 to 16 June 2019 indicated that these stated levels were adhered to. The manager also confirmed ongoing recruitment and use of agency staff to cover any shortfalls in the rota. Staff rotas confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. The nurse in charge was not clearly identified on the rota and this was identified as an area for improvement.

Patients and patients' visitors spoke positively about the staff in the home but they highlighted the staffing arrangements in the home. Some comments from patients included:

"Might have to wait a bit but the girls are very good"
 "Very good very happy need more staff"

Comments from patient's visitors included:

"Staff are excellent, everyone, not enough staff "
 "Feel sorry for the girls"
 "Nurses are great, very good at picking things up"
 "Girls are great"

Three of the five staff spoken to suggested:

"Not enough staff "
 "Very hard in the mornings".
 "Brilliant home ,happy ,but need an extra pair of hands"

During the inspection it was observed that call bells were answered in a timely manner ,staff did appear busy but care did appear to be delivered in a timely manner although the medication round was not completed until 11:30. These concerns were passed to the registered manager for their review and action as appropriate and an area for improvement has been made in relation to this.

Review of two staff recruitment files evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC) and discussion with the registered manager advised to record those recently recruited staff who have applied to the register.

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and adult safeguarding.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their duty to report concerns and who to report to.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling, well decorated and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Compliance with best practice in infection prevention and control had been well maintained. An area for improvement made at the previous care inspection in relation to appropriate storage of toilet rolls in communal bathrooms had been met. However, some lids of the commodes in the bathrooms/toilets were observed to be worn stained or ripped. This was discussed with the registered manager and identified as an area for improvement.

A review of care records evidenced person centred care planning and relevant risk assessments were in place but it was noted that one care plan did not identify the most recent speech and language assessment and this was discussed with the registered manager. Information for staff in the patients' bedrooms were also not updated to reflect the IDDSI (International Dysphagia Diet Standardisation Initiative) terminology. Please refer to section 6.4 for further information.

Areas of good practice

A review of accidents and incidents showed that falls were managed in the home in accordance to best practice guidelines and documentation around this was in line with best practice. Good practice was identified throughout with up to date care planning and risk assessments for patients.

Areas for improvement

Areas for improvement were made around staffing, ensuring that the nurse in charge is identified clearly for each shift and that commode lids are replaced as required.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The care delivery to patients throughout the inspection was observed and it was obvious staff knew them well and had a good understanding of their care needs. It was observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring manner.

Three patients care records were reviewed and these evidenced that care plans were in place to direct the care provided and were reviewed regularly. The management of falls, wound care, nutrition and restrictive practice such as bed rails were reviewed. Care records identified an individualised and detailed plan of care and these were kept under regular review.

The daily progress notes for the patient at times lacked meaningful evaluation. This was discussed with the manager during inspection. Care records evidenced referrals to the multi-disciplinary team and evidenced that recommendations were followed.

Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. One nutrition care plan reviewed had not been updated to reflect the new SALT guidelines. Information for staff in two patients' bedrooms did not reflect the IDDSI guidelines as recommended by the speech therapist. An area for improvement was identified.

Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

The management of falls in the home was reviewed; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. Patient's risk assessments and care plans were reviewed and updated following a fall.

Care records for the management of the use of bedrails were also reviewed. These could potentially restrict a patient's choice and control and we found that the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for the use of bedrails and were regularly reviewed. There was no evidence of consultation with the patient and/or their relative and consent for use had not been obtained. This was discussed with the registered manager and an area for improvement was identified.

Wound care records were reviewed for one patient with a wound requiring regular dressings. Staff and the patient confirmed how the wound had improved greatly and the guidelines from the tissue viability nurse (TVN) was included in the care plan. Gaps were noted in the recording of the wound dressing and an area for improvement was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients, management of falls within the home, liaising with multi-disciplinary team and the mealtime experience.

Areas for improvement

Areas for improvement were identified in relation to care records reflecting the up to date nutritional recommendations and ensuring consent/discussion form in place to evidence discussion with patients, families or care manager regarding bed rails.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection eight patients and two visitors were spoken to and discussed their experience in the home. Patients who could not express their feelings appeared relaxed and well cared for. Patients were well presented, their clothes had obviously been chosen with care and attention had also been paid to nail and haircare.

The lunch time experience was observed both in the dining room and to patients upstairs in their own rooms. Food was served in the dining room straight from the kitchen it and was presented well. The food received positive comments from patients and visitors:

“Enjoyed lunch “

“Food is good”

“Couldn’t be in a better place the food is good”

The dining room was noted to be quiet and staff were available to assist the patients with their lunch. When discussed with staff it was the patients’ choice not to have music on when having their meals. In the bedrooms patients also confirmed they had choice of meals and that they enjoyed the food and one visitor available during the lunch period confirmed this also.

Staff communicated effectively with patients throughout the meal, for example, they reminded them that food was likely to be hot and asked if they had enjoyed their meal. The mealtime was observed to be an unhurried and pleasant experience for patients

During conversations staff confirmed that they receive a comprehensive hand over and regular staff meetings are held. Staff also confirmed that they received regular supervision and appraisals.

Comments from staff included:

“Brilliant home, happy here, but could do with an extra pair of hands”

“Love it”

“Any Issues I have is addressed”

“Good, hard at times”

“Staff are under pressure, want to give 100%

These comments were discussed with registered manager and the deployment /utilisation of staff in the home was discussed. Two nurses were on duty and only one nurse was allocated to the medication round and the other nurse was assisting patients to get up. The medication round on the top floor did not finish until 11:30. As previously stated an area for improvement was made. Please refer to section 6.3 for further information.

During the inspection interactions of staff and patients and visitors was observed to be warm, positive and caring and there was a friendly atmosphere in the home.

Discussion with patients and patients' visitors about the activities on offer evidenced that these were suitable and enjoyable

Patients appeared contented in their surroundings and expressed positive comments about the home and also about the staff such as:

"Very good, I'm happy here."
 "Couldn't be in a better place."

Though some did express they felt that staff were busy the following views were expressed:

"Might have to wait a bit but girls are very good."
 "Staff are busy sometimes not enough around."

Again these comments were discussed with the registered manager at the time of inspection. No staff comments were made after the inspection through our online survey made available to them.

Two visitors were present during the inspection and of the 10 questionnaires left in the home one was returned and positive comments about the home were made:

"Jillian is great, understanding."
 "Staff are excellent."
 "Great as long as mum is happy I am happy."
 "It's a great comfort having my mother here."
 "Girls are just great."

They spoke about the staff, care and experience positively but they did state they felt at times there may not be enough staff as discussed.

Other compliments from kept cards were:

"You made my mother's stay such a great experience."
 "Thank you for all the care, attention love and patience you showed."
 "Found staff kind and attentive."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training supervision and appraisal of staff, interaction of staff patients maintaining their privacy and dignity, listening to patients and activities in place in the home.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

There has been no change in management arrangements since the last inspection. Discussion with staff, patients and visitors confirmed that the registered manager's availability allowed for plenty of time to meet with her if necessary and that she was approachable and accessible.

A sample of reports of monthly monitoring visits, carried out by the registered provider was reviewed. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Minutes of staff meetings were available to view and the registered manager confirmed an open door policy for relatives to come at any time to discuss any queries or concerns.

Staff spoken with were aware of their responsibilities around reporting concerns and maintaining patient confidentiality.

Observation of staff interactions with patient's evidenced effective and sensitive communication was maintained. Patients' visitors spoken with confirmed they were kept very well informed and were consulted with about their relatives care needs.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met and that they had sufficient time to access training.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans.

As stated in section 6.1 areas for improvement identified at the previous finance inspection have also been reviewed. Discussion with the registered manager and review of patients' property inventory records evidenced that these were reconciled quarterly. The finance inspector confirmed compliance with the areas of the quality improvement plan.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, availability of the manager, monthly monitoring reports and good contact with staff and patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jillian Gilmore, registered 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a)(b) Stated: Second time To be completed by: Immediately	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Wound care file updated and monthly audits carried out.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: Immediately	<p>The registered person shall ensure duty rotas identify the name of the nurse in charge of the home on each shift.</p> <p>Ref:6.3</p> <p>Response by registered person detailing the actions taken: Weekly off duty clearly identifies nurse in charge of home on each shift.</p>
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: Immediately	<p>The registered person will ensure a review of staffing and staff deployment within the home to ensure this meets the needs of the patients.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff levels are reflective of the care needs of the residents. Disharmony amongst staff on the day of inspection addressed. Balanced skill mixes encouraged. New staff supported.</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: 6 August 2019	<p>The registered person shall ensure a systematic review of the commode lids and replace as necessary to assure compliance with best practice in infection prevention control within the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Audit of toileting equipment carried out and items identified replaced in a timely manner.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>The registered person must ensure all care documents and care plans are updated to reflect the most recent nutritional advice from Speech and language therapists.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All care plans and care documents have been reviewed and do reflect the most recent nutritional advice from Speech and Language Therapists.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>The registered person shall ensure when bedrails are in use there is documentation to evidence consultation with patients, relatives and other relevant personnel.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Appropriate documentation in place to reflect discussions with residents, relatives and other relevant personnel re use of bed rails.</p>

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



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