



The Regulation and
Quality Improvement
Authority

Silver Birch Lodge
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BT24 7JE

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**Unannounced Care Inspection
of
Silver Birch Lodge**

07 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 07 May 2015 from 10.15 to 16.15 hours.

This inspection was underpinned by one standard and one theme. **Standard 19 - Communicating Effectively: Theme - 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of 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 04 December 2014.

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
Total number of requirements and recommendations made at this inspection	1	4

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Sandra Phillips	Registered Manager: Jillian Jayne Gilmore
Person in Charge of the Home at the Time of Inspection: Bernie Corrigan	Date Manager Registered: 04 March 2013
Categories of Care: NH-I, NH-PH, NH (PH) E, NH - TI	Number of Registered Places: 33
Number of Patients Accommodated on Day of Inspection: 31	Weekly Tariff at Time of Inspection: £618 - £628

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme have been met:

- **Standard 19: Communicating Effectively**
- **Theme - 'End of Life Care' underpinned by selected criteria from Standard 20: Death and Dying and Standard 32: Palliative and End of Life Care**

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

4. Methods/Process

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

Prior to inspection the following records were analysed:

- 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 returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with four patients, five care staff, two nursing staff and four patient's visitors/representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the last Care Inspection on 04 December 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 Stated: First time	The registered person must ensure that patients who require a catheter to manage continence have a care plan in place to meet their assessed needs.	Not examined
	Action taken as confirmed during the inspection: There were no patients requiring catheter care. This requirement is carried forward for review at future inspection.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.2 & 26.2 Stated: First time	The registered person must ensure that policies and procedures in relation to continence management are reviewed to ensure they are evidenced based and in accordance with current best practice.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the policy and procedures in relation to continence management were reviewed in line with current best practice.	

<p>Recommendation 2</p> <p>Ref: Standard 30.1 & 30.2</p> <p>Stated: First time</p>	<p>The registered person must ensure 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>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the staffing arrangements in the home and confirmed that there were sufficient numbers of staff deployed to meet the needs of the patients in the home. However, the skill mix of registered nurses to care staff was not adequate. This was discussed with the responsible person, who acknowledged that there were difficulties recruiting registered nurses. This recommendation has been stated for the second time.</p>		

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with two nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

No formal training on communication including breaking bad news has been provided for staff. A sampling of training records evidenced that staff had not completed training in relation to communicating effectively with patients and their families/representatives. However, this was included in the induction programme and discussion with staff confirmed that they were knowledgeable regarding the necessary skills required to break bad news.

Is Care Effective? (Quality of Management)

One out of five care records reflected patient individual needs and wishes regarding the end of life care. Recording within records did not reference fundamental choices such as religious or spiritual needs or specific family wishes.

Staff did appear knowledgeable regarding the patients' wishes, however this was not recorded in care plan records. A review of five care records evidenced that the breaking of bad news was not discussed with patients and/or their representatives.

There was no evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Four staff, including two registered nursing staff, discussed their ability to communicate sensitively with patients and/or their representatives. When the need for breaking bad news

was raised care staff felt that the registered nursing staff would be responsible for carrying this out.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with seven staff including two registered nurses who had the responsibility of being in charge of the home regarding how staff communicate with patients and their representatives. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and/or their representatives. We observed a number of communication interactions throughout the inspection that confirmed that this knowledge was embedded into practice. These observations included staff assisting patients with personal care, assisting patients with meals and speaking with frail patients. There was a calm atmosphere in the home throughout the inspection.

Staff spoken with emphasised the importance of developing good relationships with patients and/or their representatives. Two nursing staff provided an overview of how they delivered bad news sensitively.

We consulted four patients and four patient representatives during the inspection who confirmed that patients were treated with respect and dignity at all times. All patient representatives spoken with stated that the staff were very supportive and that the care was excellent.

Areas for Improvement

Care plans in relation to end of life care need to be further developed to reflect patients' needs and wishes and discussion outcomes with patient representatives. Consideration needs to be given to the inclusion of spiritual and/or religious preferences, as appropriate.

Number of Requirements:	0	Number of Recommendations: *1 recommendation is made under Standard 32 below.	0*
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5.3 Theme 'End of Life Care'

'The palliative and end of life care needs of patients are met and handled with care and sensitivity.'

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. However, these documents did not reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013.

The policies reviewed did not include guidance on the management of the deceased person's belongings and personal effects.

Training records were reviewed. There was no evidence that training had been provided in the management of death, dying and bereavement. This was discussed with the responsible person, who agreed to source this.

Registered nursing staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines November 2013.

A review of the training records evidenced that staff had completed training in respect of palliative/end of life care, relevant to their role.

Discussion with two nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with two registered nurses and a review of two care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken. Examples were provided of how staff acquired medication to manage symptoms in anticipation of patient' need.

There was no protocol for timely access to any specialist equipment or drugs in place. However, discussion with two registered nurses confirmed their knowledge of the protocol.

There were no patients requiring the use of a syringe driver on the day of the inspection. A review of training records confirmed that training in the use of syringe drivers had been provided. Discussion with the responsible person confirmed that update training would be sought from the local healthcare trust link nurse at the time of a patient's admission, if such specialist equipment was required.

The registered manager was confirmed as the palliative care link nurse for the home. Information on support services and advocacy services were available in the home.

Is Care Effective? (Quality of Management)

A review of five care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. As discussed previously, there was no evidence that the patient's wishes and their social, cultural and religious preferences were considered. Care records did not evidence discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse system was not up to date. This was discussed with the responsible person who agreed to review this, to ensure that there was a named individual for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the two nursing staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

Review of notifications of death to RQIA during previous inspection year, were appropriately maintained.

Is Care Compassionate? (Quality of Care)

Discussion with two nursing staff and a review of five care records evidenced that patients and/or their representatives had not been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Catering and snack arrangements were in place for patients' representatives.

Where patients had no relatives, the staff spoken with stated that they were the patients' family and that arrangements would be made to ensure that a staff member would be present if a patient was nearing end of life.

From discussion with the responsible person, eight staff, four relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included facilitating staff working hours, to allow them attend funerals and 1:1 counselling if required.

Areas for Improvement

The policy on palliative and end of life care should be should be further developed in line with current best practice guidance, such as GAIN Palliative Care regional guidelines. The policy on death, dying and bereavement should be developed in accordance with guidance, such as DHSSPSNI (2010) Living Matters: Dying Matters. The policy should also include the procedure for handling patients' belongings following a death. The policy on communicating effectively needs to be further developed to reflect best practice guidance such as Breaking Bad News.

As discussed previously, care plans in relation to end of life care need to be further developed to reflect patients' needs and wishes and discussion outcomes with patient representatives. Consideration needs to be given to the inclusion of spiritual and/or religious preferences, as appropriate.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

Complaints

A review of the complaints in the previous inspection year confirmed that records were appropriately maintained. It is recommended that a system is implemented to ascertain complainants' satisfaction with actions taken.

Staffing

Staffing arrangements were reviewed. Although the total numbers of staff required to meet patient need were in place, the skill mix of registered nurses to care staff was not adequate. This was discussed with the responsible person, who acknowledged the difficulties experienced in recruiting registered nurses. A recommendation has been stated for the second time.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	9
Patients	9	9
Patients representatives	6	5

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'I feel the residents are extremely well cared for by the staff'
 'Very happy working (here) 'lovely' residents'
 'I find the home happy and relaxed'
 'Residents are treated like friends and family'
 'The atmosphere is that of a family orientated home, who look out for each other and very supportive for both staff and residents'
 'Every individual is cared for with patient centred care'
 'Patients are looked after as if they are a member of our own family'

Patients

'The home is a safe environment and patients are made to feel secure'
 'Relatives and friends are welcome at all times'
 'The activities are a welcome break, eg. bowling, painting, quizzes'
 'I'm well cared for. I like everything about the home and enjoy living here'
 'Food is very good and good portions'

Patients' representatives

'Absolutely no complaints'
 Sometimes conservatory upstairs can be (crowded) with residents'
 'My mother has received excellent care and attention during her stay in Silverbirch'
 'My mother came to regard this home 'as home''
 'Staff are very friendly and attentive'
 'We did a lot of research before choosing this home. We have no concerns'
 'Kind and excellent staff'
 'Silverbirch offered more to our (relative) than we could have hoped for'

Registered Manager Status

The registered manager was on maternity leave on the day of inspection. Arrangements were in place for the deputy manager to cover the registered manager's planned absence, in an 'acting' capacity. The responsible person is reminded to submit a notification in respect of the absence of the registered manager to RQIA.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sandra Phillips, responsible person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 16
Stated: First time
To be Completed by:
01 July 2015

The registered person must ensure that patients who require a catheter to manage continence have a care plan in place to meet their assessed needs.

Response by Registered Persons Detailing the Actions Taken:

——All residents who require a catheter to manage continence have a care plan in place to meet their assessment needs and catheter care bundle insitu to meet their assessed needs. However, on inspection no residents had catheters insitu.——

Recommendations

Recommendation 1

Ref: Standard 30.1 &
 30.2
Stated: Second time
To be Completed by:
01 July 2015

The registered person must ensure 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.

Response by Registered Persons Detailing the Actions Taken:

——Reviewed weekly accordingly to resident dependency and staffing levels adjusted accordingly. Staffing levels provide sufficient numbers of staff to meet the needs of the residents in the Home. the Home still is trying to recruit Nurses to enhance the skill mix.——

Recommendation 2

Ref: Standard 36.2 &
 36.4
Stated: First time
To be Completed by:
01 July 2015

All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.

- A policy on communicating effectively should be developed in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News*.
- A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines (2013)* and should include the out of hours procedure for accessing specialist equipment and medication,
- A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) *Living Matters: Dying Matters* and should include the procedure for dealing with patients' belongings after a death.

The policies and guidance documents listed above, should be made readily available to staff.

Response by Registered Persons Detailing the Actions Taken:

——The above policies all have been updated. training sourced for Breaking Bad News. Policies and guidance documents are readily available for staff.——

Recommendation 3 Ref: Standard 32.1 Stated: First time To be Completed by: 01 July 2015	Patients who are identified as being in end of life care should have a care plan developed to include the patient's needs and wishes and involvement of patients' representatives. The care plan should follow the recommendation for palliative and end of life care as detailed in current guidance.		
Recommendation 4 Ref: Standard 16.7 Stated: First time To be Completed by: 01 July 2015	It is recommended that in managing complaints, a process should be implemented to determine complainant' satisfaction with actions taken. Information should also be provided to complainants with regards to the process to follow should they remain dissatisfied.		
	Response by Registered Persons Detailing the Actions Taken: <u>Residents identified as being in end of life care have care plans updated as detailed in current guidance.</u>		
	Response by Registered Persons Detailing the Actions Taken: <u>Process implemented to determine actions taken and follow up procedure.</u>		
Registered Manager Completing QIP	<u>Bernie Corrigan</u>	Date Completed	<u>25/06/15</u>
Registered Person Approving QIP	<u>Sandra Phillips</u>	Date Approved	<u>25/06/15</u>
RQIA Inspector Assessing Response	<u>Aveen Donnelly</u>	Date Approved	<u>30/06/2015</u>

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

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

Please complete in full and return to RQIA from the authorised email address