



Unannounced Care Inspection Report 19 February 2021



Silver Birch Lodge

Type of Service: Nursing Home (NH)
Address: 54 Crossgar Road, Saintfield, BT24 7LF
Tel No: 028 9751 0392
Inspector: Gerry Colgan

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 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Silver Birch Lodge Responsible Individuals: Martin Ronald Phillips Sandra Martha Phillips	Registered Manager and date registered: Jillian Jayne Gilmore 01/04/2005
Person in charge at the time of inspection: Staff Nurse Cristian Moldovan	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: 19

4.0 Inspection summary

An unannounced inspection took place on 19 February 2021 from 08.30 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with all 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.

During this inspection we identified evidence of good practice in relation to the management of infection prevention and control, notifiable events, adult safeguarding, falls management, teamwork and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) and personal protective equipment (PPE)
- the environment
- care delivery
- care records
- dining experience
- governance and management arrangements

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sandra Phillips, Registered Person, and the nurse in charge as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events 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

During the inspection the inspector met with seven patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from 15 February to 28 February 2021
- three patient care records
- three supplementary records
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- governance audits
- the minutes of staff meetings
- the certificate of registration

The findings of the inspection were provided to the Registered Person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous care inspection dated 6 June 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 6 June 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a)(b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure duty rotas identify the name of the nurse in charge of the home on each shift.	Met
	Action taken as confirmed during the inspection: Duty rotas were available at inspection and clearly identified the name of the nurse in charge of the home on each shift.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person will ensure a review of staffing and staff deployment within the home to ensure this meets the needs of the patients.	Met
	Action taken as confirmed during the inspection: Discussions with the Registered Person, nurse in charge and staff confirmed that staffing levels are kept under regular review and are reflective of the needs of the patients.	
Area for improvement 3 Ref: Standard 46 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A tour of the environment confirmed that all commodes are recently purchased and are compliant with best practice in infection prevention control within the home.	
Area for improvement 4 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Three care records were scrutinised and were	

	found to contain the most recent nutritional advice from speech and language therapists.	
Area for improvement 5 Ref: Standard 5 Stated: First time	The registered person shall ensure when bedrails are in use there is documentation to evidence consultation with patients, relatives and other relevant personnel.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that where bedrails are in use there is documentation to evidence consultation with patients, relatives and other relevant personnel.	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 15 to 28 February 2021 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that, although extremely difficult, staffing levels were maintained to care for patients throughout the Covid-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “I love working here. The management are very good and fair. ”
- “We have a good team of staff and everyone gets on well together which benefits our patients. ”
- “I left to work elsewhere but had to get back here. A much better place to work. ”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all patients and staff had their temperature taken twice daily as a means of detecting Covid-19 symptoms. PPE supplies and hand sanitisation was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. The infection prevention and control audits were all completed and staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home.

6.2.3 Care environment

Patients spoken with confirmed they were happy with the home environment. The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be very well maintained. Bedrooms were personalised with items that were meaningful to individual patients.

6.2.4 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- "It is good living here. The food is good and better still the home is very clean. "
- "There is nothing at all wrong with the way we are cared for. Everyone is so good to us. "
- "I would say that I am extremely well looked after. This home is very well kept and I have just had fresh salmon for lunch and it was delicious. "

6.2.5 Care records

Three patients' care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to care following a fall or suspected injury, wound care, food and fluid intake, antibiotic therapy and colostomy care. The care records included all relevant information and evidenced regular review and evaluation.

6.2.6 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the Covid-19 pandemic. A number of patients made their way to the dining room for lunch; others were provided with lunch in their bedrooms or the lounge areas. Review of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet. Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.7 Governance and management arrangements

The nurse in charge outlined the line management arrangements for the home and confirmed that he felt supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from the previous care inspection up to January 2021. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Action plans were included within the reports.

We reviewed the minutes of staff meetings, we were advised the manager was always available for staff if they had any issues or concerns and that there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home's certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to infection prevention and control, the management of notifiable events, adult safeguarding, falls management, team work and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the environment, the culture and ethos of the home and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable and that staff treated them with kindness and compassion. The staff were timely in responding to patients' individual needs. PPE was appropriately worn by staff throughout the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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