

Unannounced Care Inspection Report 21 September 2017



Silver Birch Lodge

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

www.rgia.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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Silver Birch Lodge Responsible Individual: Mrs Sandra Phillips	Registered Manager: Mrs Jillian Jayne Gilmore
Person in charge at the time of inspection: Mrs Jillian Jayne Gilmore	Date manager registered: 1 April 2005
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 registered places: 33

4.0 Inspection summary

An unannounced inspection took place on 21 September 2017 from 09.40 to 16.40 hours

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements, training and development, risk management, the home's environment, governance arrangements, patient assessment and care planning and communication between patients, staff and other key stakeholders.

Areas requiring improvement were identified on the safe use of equipment and the recording of patients' skin assessment on repositioning.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	2

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 13 March 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 March 2017. There were no further actions required to be taken following the most recent 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 returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, six staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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.

The following records were examined during the inspection:

- duty rota for week commencing 18 September 2017
- 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
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts

- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 March 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 11 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Criteria (8) Stated: First time	The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include: <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff and a review of the minutes from staff meetings evidenced that this area for improvement has now been met.	

6.3 Inspection findings

6.4 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 levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 18 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with staff and patients' representatives evidenced that there were no concerns regarding staffing levels. Two patients consulted commented that they had to wait at times to be assisted to the toilet. These concerns were passed to the registered manager for review and action as appropriate. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the registered manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager confirmed that agency staff received an induction in the home prior to commencing their first shift. An information file had been developed for agency staff to utilise and included relevant procedures and contact details pertinent to their role.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction.

During the review of the environment, a fall out mattress was observed incorrectly positioned in front of a patient sitting in their chair. Furthermore, the pressure setting on an airwave mattress was observed to have been incorrectly set for the patient. These observations were discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training and development, compliance with best practice on infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement was identified in relation to the safe use of equipment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

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.

Supplementary care charts such as bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Records in relation to repositioning accurately reflected the patient's position but did not evidence skin assessment had been carried out at the time of repositioning. This was discussed with the registered manager and identified as an area for improvement.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made. An area for improvement identified at the previous care inspection had been met.

Staff stated that there was effective teamwork; each staff member 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.

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 daily walks around the home and would avail of the opportunity to engage with patients and relatives at this time. Notices for relatives'/representatives' attention were displayed at the reception area and the entrance to the home.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient assessment and care planning and communication between patients, staff and other key stakeholders.

Areas for improvement

An area was identified for improvement under standards in relation to the recording of patient's skin assessment at the time of repositioning.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. Lunch commenced at 13.00 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. There was appropriate background music during the meal. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Six staff members were consulted to determine their views on the quality of care within Silver Birch Lodge.

Some staff comments were as follows:

"It's great. I enjoy it here."

"I like it here. It's grand."

"It's very busy but there is good teamwork."

"I love it."

"I enjoy working here."

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

Ten patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. One of the patient questionnaires was returned. The respondent indicated that they were 'very satisfied' with the care provided to them.

Some patient comments were as follows:

"It's great and the staff are great."

"The atmosphere is very nice and the home is spotless."

"Sometimes I have to wait for the toilet."

"It's very good. If you need anything they (the staff) come right away."

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Two of the relative questionnaires were returned within the timeframe for inclusion in the report. Both respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some patient representative comments were as follows:

"I can see no problem with the home at all."

"I'm made to feel welcome in the home and am kept up to date with the care ... is getting."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

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 Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Thank you all so much for the care and attention you gave to mum over the past year. She was very settled and content in Silver Birch and this was very reassuring to me."

"All of your staff were kind, pleasant and efficient and they carried out their duties with a professionalism which does credit to Silver Birch."

"It was always a pleasure to come in and find ... well dressed with matching outfits and jewellery and to know her physical wellbeing and medical care were equally well attended."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits were reviewed. The audits were conducted monthly and actions taken to address shortfalls were identified within the auditing records.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

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 of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements 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

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 Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: As discussed at time of inspection, monthly checks increased to required weekly checks on 21st September 2017</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2017</p>	<p>The registered person shall ensure that a record of patient's skin assessment is recorded at the time of repositioning.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: As discussed at time of inspection, staff reminded to complete skin assessment on re positioning sheet. Actioned 21st September 2017</p>

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



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