

Inspection Report

28 September 2022



Silver Birch Lodge

Type of Service: Nursing Home
Address: 54 Crossgar Road, Saintfield, BT24 7LF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Registered Provider: Silver Birch Lodge</p> <p>Registered Persons Martin Ronald Phillips Sandra Martha Phillips</p>	<p>Registered Manager: Mrs Jillian Jayne Gilmore</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Jillian Jayne Gilmore - manager</p>	<p>Number of registered places: 33</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 23</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 33 patients. The home is divided over two floors in the home with a range of communal rooms including lounges, bathrooms and a dining room. Patients' bedrooms are located on both floors.</p> <p>There is a mature garden area with seating which is available for patient use throughout the year.</p>	

2.0 Inspection summary

An unannounced inspection took place on 28 September 2022, from 9.45am to 5.20pm by a care inspector.

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.

Patients were positive in their comments about living in the Silver Birch Lodge. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to treat patients with respect and consideration and it was observed that there were sufficient numbers of staff on duty to respond to the needs of patients in a timely manner.

Areas requiring improvement were identified and are detailed in the Quality Improvement Plan (QIP) in section 7.0.

Addressing the areas for improvement will further enhance the quality of care and services in Silver Birch Lodge.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with patients and staff individually and in small groups. A variety of views were given. Patients were positive in their comments about the home, cleanliness, the meals and the care given. Patients said "they are looking after me just fine", "there is plenty to eat for me" and "it's very clean here". A number of patients thought there was not enough staff at times. This was brought to the attention of the manager for her review.

Staff comments were positive and described how they were well supported by the manager and worked well at a team. Staff raised no concerns about the care in the home.

A total of eight patient and relative questionnaires were received and confirmed that they were either satisfied or very satisfied that the care provided at Silver Birch Lodge was safe, effective, compassionate and well-led. Comments included; “relaxed atmosphere” and “excellent care”.

No responses were received from the online survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control deficits identified on inspection are managed to minimise the risk and spread of infection.	Partially met
	Action taken as confirmed during the inspection: While improvements were noted in Infection and Control (IPC) practices it was observed that equipment was stored in bathrooms and there was limited hand sanitising, access to sanitising gel and donning and doffing points for staff. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust Regulation 29 visits take place on a monthly basis and the reports are detailed.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the administration of controlled drugs (Schedule 2 and Schedule 3) is witnessed by a second nurse/trained member of staff. Records of administration must be accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any gaps in previous employment are explored, explanations are recorded and two references are obtained prior to commencing employment.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure there is a competent and capable nurse in charge of the home at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff are supervised and appraised to promote the delivery of quality care and services.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records showed a lack of detail to evidence that all staffs' supervision and appraisals had been completed or planned. This area for improvement has been partially met and has been stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure there are clear and documented processes for the prevention and treatment of pressure damage. This is in relation to repositioning of patients.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of patient care plans provided evidence that not all patients who required repositioning had an appropriate care plan in place and repositioning records were not accurately completed. This are for improvement has not been met and has been stated for a second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans in relation to modified diets and wound care are accurate, up to date, recorded and evaluated.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of patient care records identified that the assessment and care plan for modified diets was not accurate and the completion of wound dressings were not recorded as required in the wound care plan. This area for improvement has not been met and has been stated for a second time.</p>		

Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure the working practices in the home are regularly and robustly reviewed and audited. This is in relation to infection prevention and control, care records, wound care and restrictive practices.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 29 Stated: First time	The registered person shall ensure that personal medication records are verified and signed by a second nurse at the time of writing and at each update.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of two employee recruitment files showed that there was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training in areas such as fire awareness, moving and handling and infection prevention and control were progressing well and additional training in dementia care was also provided.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

Three patients commented that at times there were not enough staff around and it took a while before they were free to assist. This was brought to the manager's attention for her review and follow up. This will be reviewed at the next inspection.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

A system was in place to record staff supervisions and appraisals had taken place however not all staff were included on the records to evidence that supervision and appraisals had been completed or planned. This area for improvement has been stated for a second time.

5.2.2 Care Delivery and Record Keeping

There was a relaxed atmosphere between patients and staff and staff were observed to be prompt in recognising patients' needs. Staff met at the beginning of each shift for a hand over report and update on any changes to the patients' needs. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and buzzer mats.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was evidence that patients' needs in relation to nutrition were being met.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. While most patients were complimentary about the meals provided and the portion size two patients thought the food was "repetitive". This was discussed with the manager for her review and will be reviewed at the next inspection.

Patients' needs were assessed at the time of their admission to the home. Patients care records were held confidentially. Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on who was important to them.

Care records for wounds, modified diets, pressure relieving mattresses, repositioning and activities were reviewed and found that not all care plans to meet the assessed needs of patients were in place and records updated to ensure they continued to meet the patients' needs. This area for improvement has been stated for a second time.

Each patient had an annual review completed or planned of their care, arranged by their care manager or Trust representative. This review should include the patient, the home staff and the patient's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any patient whose placement was not arranged through a Health and Social Care Trust.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy, warm and well maintained. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available and the décor of the home included reminders of the local areas which were of interest to patients.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

It was noted that a domestic trolley, domestic store room and sluice were unattended or unlocked providing access to cleaning chemical. This was brought to the attention of staff and secured immediately. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, the home participated in the regional testing arrangements and any outbreak of infection was reported to the Public Health Authority (PHA).

Not all staff were observed to carry out hand hygiene at appropriate times. Access to hand sanitising gel and donning and doffing areas for staff was limited. This area for improvement has been stated for a second time.

Observation of medication trolleys and a medication room provided evidence that not all medications were stored securely for the safety of patients. This was brought to the attention of the manager and the areas were secured. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients could spend time in each other company or in their own rooms with visitors. Staff engaged with patients individually or in small groups.

There was no evidence of opportunity for patients to participate in regular patient meetings to provide an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices. This was discussed with the manager who agreed to provide regular resident meetings. This will be reviewed at the next inspection.

There no evidence of the provision of regular activities for patients by staff in the home. As said previously patients had not been consulted regarding the activity programme. An area for improvement has been identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls to their families. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Jillian Jayne Gilmore has been the manager in this home since 1 April 2005.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

* The total number of areas for improvement includes four that have been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jillian Jayne Gilmore, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the infection prevention and control deficits identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Hand sanitiser is available on trolleys, medical room, dining room and sluices. The home has hand washing facilities throughout the home. Donning and Doffing areas – available in central area of Corridor. Full PPE available on trolleys. In outbreak mode lounges become extra donning and doffing stations. Equipment is not stored in the bathroom – a hoist was in the bathroom on day of inspection due to Residents being toileted. Routinely hoists are kept in corridor.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: On day of inspection, medical room door was unlocked due to cleaning, domestic store was not locked. Same secured immediately. Staff aware of need to keep locked.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure any medication which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff reminded that all medical cupboards with medication and medical room door must be always locked. Nutilis thickening agent on top of trolley now stored in the medicine trolley.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the administration of controlled drugs (Schedule 2 and Schedule 3) is witnessed by a second nurse/trained member of staff. Records of administration must be accurately maintained.</p> <p>Ref: 5.2.3</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure staff are supervised and appraised to promote the delivery of quality care and services.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Annual Appraisal and Supervision Matrix in situ for all Registered Nurses. Separate Appraisal and supervision matrix drafted for Care Assistants drafted. Process already in place.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure there are clear and documented processes for the prevention and treatment of pressure damage. This is in relation to repositioning of patients.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Two repositioning records were being used. Computerised repositioning record had not enough detail. Detailed, time specific paper Repositioning chart in use.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care plans in relation to modified diets and wound care are accurate, up to date, recorded and evaluated.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff reminded of contemporaneous documentation in relation to modified diet and wound care plans. Care plans and assessments are reviewed monthly. Care plan and assessment must match. Care plans and assessments audited monthly.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2022</p>	<p>The registered person shall ensure a daily programme of meaningful activities is provided based on patients' identified needs, life experiences and interests.</p> <p>Ref: 5.2.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Activity therapist recruited and detailed programme based on Resident's needs and wishes. Bought in activities to supplement and Church services recommenced post Covid.</p> <p>The registered person shall ensure that personal medication records are verified and signed by a second nurse at the time of writing and at each update.</p> <p>Ref: 5.2.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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