

# Inspection Report

7 June 2023



## Silver Birch Lodge

**Type of Service: Nursing Home**  
**Address: 54 Crossgar Road, Saintfield, BT24 7LF**  
**Tel no: 028 9751 0392**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Silver Birch Lodge</p> <p><b>Registered Persons:</b> Martin Ronald Phillips Sandra Martha Phillips</p>	<p><b>Registered Manager:</b> Christian Moldovan – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Christian Moldovan – manager</p>	<p><b>Number of registered places:</b> 33</p>
<p><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 24</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 33 patients. The home is divided over two floors 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 7 June 2023, from 9.30 am to 5.30 pm 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.

The home was tidy warm and well presented. Patients told us they were well looked after by the staff in the home. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified and can be found in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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**

Patients said they were well looked after and the staff were good to them. Patients were also complimentary about the meals provided.

Staff commented that they had completed an induction for their role and the manager was supportive.

These comments were shared with the manager at the end of the inspection for his review.

No completed questionnaires were received following the inspection from patients or their visitors.

We received one response to the online staff survey confirming that they were satisfied that care was safe, effective, compassionate and well-led.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

## 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 28 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second 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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been partially met. This is discussed further in section 5.2.3.  This area for improvement has been stated for a third time.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2)(a) <b>Stated:</b> First time	The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4)(a) <b>Stated:</b> First time	The registered person shall any medication which is kept in the nursing home is stored in a secure place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection</b> There was evidence that this area for improvement has been met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> 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> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure staff are supervised and appraised to promote the delivery of quality care and services.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been partially met. This is discussed further in section 5.2.1.</p> <p>This area for improvement has been stated for a third time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second 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><b>Action taken as confirmed during the inspection</b> There was evidence that this area for improvement has not been met. This is discussed further in section 5.2.2.</p> <p>This area for improvement has been stated for a third time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second 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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been met.</p>	<p><b>Met</b></p>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	The registered person shall ensure a daily programme of meaningful activities is provided based on patients' identified needs, life experiences and interests.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been met. This is discussed further in section 5.2.4.  This area for improvement has been stated for a second time.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 29 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. 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. Training figures showed that, while training was progressing, there were a number of staff who still required to complete their mandatory training. This will be reviewed at the next inspection.

The record of staff supervision was reviewed and found that not all staff had received supervision within the recommended timeframe. This area for improvement has therefore been stated for a third time.

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. 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.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

Patients who are less able to mobilise require special attention to their skin care. Records reviewed showed evidence that repositioning was not completed as stated in care plans and in some cases, no care plan was in place. This area for improvement has therefore been stated for a third time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; bed rails and alarm mats were used if required following a risk assessment.

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 for patients to socialise. 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 and the dining experience were being met. Staff 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, smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

A sample of care records were reviewed which evidenced that not all care plans required to direct patient care were in place. This included care plans for restrictive practices and pressure relieving devices. A care plan for recording blood sugar readings was no longer required and had not been removed from the care file. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Patient care records contained specific information on what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **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 and well maintained. 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.

It was noted in a number of bedrooms that wardrobes had not been secured to the wall. This was discussed with the manager and an area for improvement was identified.

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.

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

Observation of the home's environment and infection prevention and control practices found that equipment was stored in a bathroom and a catheter was left in a patients bed. This area for improvement has therefore been stated for a third time.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.



It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

It was noted that no group or individual activities took place during the inspection. Patients spent the day in their rooms or in the lounge with the TV on and many were asleep. This area for improvement has therefore been stated for a second time.

Visiting arrangements were in place, however, a notice on the front door indicated that visiting was restricted and a further notice in the home indicated that visitors were not to enter the lounge area. This was discussed with the manager and an area for improvement was identified.

### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mr Christian Moldovan has been the acting manager in this home since 22 February 2023.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

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 incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that a system was in place to manage and record complaints.

Staff commented positively about the manager and described him 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
<b>Total number of Areas for Improvement</b>	2*	7*

\* the total number of areas for improvement includes one regulation and two standards that have been stated for a third time. One standard has been stated for a second time and two standards are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Christian Moldovan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 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><b>Response by registered person detailing the actions taken:</b></p> <p>In this Home there is no storage in bathrooms permitted. On the Day of Inspection a staff member took a resident to the dining room and left the zimmer frame in the bathroom. Staff reminded when changing catheter bag to replace in stand. All staff have been informed re infection control.</p> <p>supplementary to mandatory infection control training management have arranged infection control training for september for all staff by Suth Eastern Health &amp; Social Care Trust.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> 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> <p>Ref: 5.1 and 5.2.3</p>

<b>To be completed by:</b> With immediate effect (10 May 2022)	<b>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.</b>
--	--

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> Third time  <b>To be completed by:</b> With immediate effect	<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><b>Response by registered person detailing the actions taken:</b>          Acting Manager has completed all staff supervision and bi annual appraisals - in addition supervision occurs on a daily basis.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Third time  <b>To be completed by:</b> With immediate effect	<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><b>Response by registered person detailing the actions taken:</b>          Acting Manager has in place all documentation for the prevention and treatment of pressure damage. The resident in question's repositioning care plan was updated during the inspection when identified. All staff reminded at handover of position of residents per their repositioning regime. Handover sheet with all resident details in place for nurse in charge and updated as changes occur.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<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: 5.1 and 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>          The Home has recruited a second activities co-ordinator to provide daily activities. They will commence in august when all recruitment paperwork and notice is completed. Musical sessions and armchair aerobics are bought in as extra.</p>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all care plans required for the assessed needs of a patient are in place and kept under review.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  All care plans and assessments are reviewed and evaluated monthly, any changes needed are completed on a daily basis if required. -New Care Plans requested have been put in place immediately and one care plan identified has been adjusted to reflect change in control of residents condition. This cannot be removed as per GP, as residents condition remains.</p>

<b>Area for improvement 5</b> <b>Ref:</b> Standard N26 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2023	<p>The registered person shall ensure that wardrobes are secured to walls for safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Management were informed by estates inspector that wardrobes in this situation were not necessary to be secured to wall. Standard E21 states to take into account the mobility of the residents.</p>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure patients can have visitors at any reasonable time to ensure their right to respect for private and family life.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Daily visiting takes place with the exception of meal times. Any resident ill or terminally ill or end of life, family members are and have always been able to come and go as they please and stay as long as they like. Staff do support them.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect (10 May 2022)</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: 5.1 and 5.2.1</p> <hr/> <p><b>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.</b></p>
--	---

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

