

Inspection Report

14 October 2021



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

Organisation/Registered Provider: Silver Birch Lodge Registered Persons Mr Martin Ronald Phillips Mrs Sandra Martha Phillips	Registered Manager: Mrs Jillian Jayne Gilmore Date registered: 1 April 2005
Person in charge at the time of inspection: Jillian Jayne Gilmore – Manager	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: 24
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. There are bedrooms and communal lounges on both floors and a communal dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 14 October 2021, from 10.30 am to 6.30 pm by a care inspector.

The inspection took place to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, warm and inviting and there was a calm and friendly atmosphere. Patients were relaxing in their bedrooms or the communal lounges.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified in relation to recruitment, competency assessments, supervision and appraisal, repositioning records, care records, infection prevention and control (IPC), quality audits, notifiable events and Regulation 29 visits and reports.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Silver Birch was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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

Ten patients told us they were very happy at Silver Birch and had no complaints. Patients said “they (staff) are looking after me well”, “the food is lovely and there’s plenty of it” and “everything is clean and tidy”.

Staff described how they loved working at Silver Birch and they had very good support from the manager. Staff said “I know the patients well” and “staff are a really good team”.

Five patient questionnaires were received and patients confirmed that they were very satisfied that the care provided at Silver Birch was safe, effective, compassionate and well led.

No relative questionnaires were received following the inspection. There was no response to the on-line staff 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?

The last inspection to Silver Birch Lodge was undertaken on 19 February 2021 by a care inspector; no areas for improvement were identified.

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of employment documents showed evidence that not all gaps in employment had been explored and a reference had not been obtained prior to starting employment. An area for improvement was identified.

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.

A review of the assessments to ensure staff were competent to take charge of the home in the absence of the manager showed that this was not up to date for all staff. An area for improvement was identified.

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. For example, patient who wished to remain in their own bedrooms were supported to do so.

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.

Patients said staff responded promptly to call bells during the night and there was always enough staff to provide good care.

The record of staff supervision and appraisal provided evidence that this had not been completed regularly. An area for improvement was identified.

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 skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were aware of patients non-verbal communication and were seen to respond appropriately to their requests.

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. These patients require the assistance of staff to change their position regularly. Care records did not accurately reflect the patients' repositioning throughout the day. The manager agreed to put in place a more detailed record of repositioning and ensure this is recorded accurately. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example bed rails and buzzer mats. Referrals were made to the physiotherapist or occupational therapist if this was required.

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 a choice of meals offered, the food was attractively presented and 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 were complimentary about the meals and said "the food is lovely and there is plenty of it" and "the lunch is really very lovely".

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. Care plans were not accurately reviewed and updated regarding wound care for two identified patients and a review of the nutritional care records showed that the most up to date care requirements for modified diets was not recorded accurately. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed about 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. For example; patients' bedrooms were personalised with items important to them. 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 homemade scones and snacks and drinks available throughout the day

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 with COVID-19 infection. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed not adhering to the bare below the elbow policy by wearing nail polish and jewellery, PPE was not used on all occasions when required, a hoist was stored in a bathroom and there was limited access to hand sanitising gels and donning and doffing areas throughout the home. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance. A visiting schedule was in place and PPE was provided for visitors. A temperature check and health questionnaire was completed on entry to the home.

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. Could have family visit in their rooms and could take part in seasonal activities.

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.

There was a range of activities provided for patients by staff however this was not provided on the day of the inspection. This was discussed with the manager and is to be provided on a regular basis.

Discussion with the manager identified that regular patient meetings were not taking place to allow an opportunity for patient involvement in the daily running of the home, for example; the menu choices and the activities programme. The manager agreed to put this in place.

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. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said they had helped with decorating the home for Halloween and had made lovely decorations. There were also lovely paintings of local scenes which were familiar to patients decorating the walls of the home.

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 not in place for all aspects of care and services provided by the home. While audits were completed for wound care and infection prevention and control they did not identify deficits in practice and no audits were completed for care plans and restrictive practices. An area for improvement was identified.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address this. Review of the home's record of complaints confirmed that no complaints had been received since the last inspection.

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 not all notified to RQIA when required. An area for improvement was identified.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. Staff described the manager as providing good leadership.

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 not robust, lacked detail and had not been completed on a monthly basis. This was discussed with the management team and an area for improvement was identified.

6.0 Conclusion

The home was clean tidy and well decorated. Patients were positive about life in the home and complimentary about the staff and management.

Interactions between staff and patients were friendly and professional. Patients were well dressed and attention had been paid to their personal appearance.

Based on the inspection findings nine areas for improvement were identified. Six were in relation to safe and effective care and three was in relation to the service being well led. Details can be found in the Quality Improvement Plan included.

7.0 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	3	6

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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall the infection prevention and control deficits identified on inspection are managed to minimise the risk and spread of infection. Ref: 5.2.3
To be completed by: With immediate effect	Response by registered person detailing the actions taken: All staff reminded of Home's infection Control policy. On day of

	<p>inspection, below arm policy not followed by one member of staff. At short notice Proprietor helped to cover staff shortage and had nail polish and jewellery on. Staff refreshed on types of PPE to be worn for different occasions. Following discussion with Infection Control Team from SE Trust and referencing DoH guidance - risk assessment carried out and PPE - mask, gloves & apron in Resident's room but not in lounges, unless in outbreak. Hand sanitising gel available on trolleys up and downstairs. Hand washing facilities beside dining room. Not made aware on day of inspection of Hoist in Bathroom. Hoists are stored in cupboard beside bathroom or in corridor.</p>
<p>Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner. Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Notifiable events are reported to RQIA in a timely manner. However on two occasions - two days in a row a Resident required hospital treatment (CT scan due to anti coagulant therapy, no injuries sustained).and was then discharged from the home due to an inappropriate placement. Due to incorrect information given on pre admission assessment.</p>
<p>Area for improvement 3 Ref: Regulation xx Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust Regulation 29 visits take place on a monthly basis and the reports are detailed. Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Regulation 29 visits are carried out monthly, however due to the Provider working to cover staff shortage on floor meant that 2 months not completed at short notice.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1 Ref: Standard 38 Stated: First time To be completed by: With immediate effect</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. Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Explanations of gaps in employment are followed up and are recorded. Two references are normally obtained prior to commencing employment, on this occasion referee refused initially but since, has completed dates of employment only. The employee in question was known to management prior to</p>

	employment for 10 years.
Area for improvement 2 Ref: Standard 41.7 Stated: First time To be completed by: With immediate effect	The registered person shall ensure there is a competent and capable nurse in charge of the home at all times. Ref: 5.2.1 Response by registered person detailing the actions taken: All Nursing Staff are inducted and supervised by Registered Manager. Competencies and Capabilities, Appraisals and Supervision are carried out and are being updated. Nurse in Charge has 24 hour access to Registered Manager by phone.
Area for improvement 3 Ref: Standard Stated: First time To be completed by: With immediate effect	The registered person shall ensure staff are supervised and appraised to promote the delivery of quality care and services. Ref: 5.2.1 Response by registered person detailing the actions taken: Supervision and appraisals are being brought up to date. Management work very closely with staff on the floor and any issues addressed immediately.
Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2 Response by registered person detailing the actions taken: The Home uses both computer and paper records for documenting repositioning of residents. Staff are completing detailed paper records and on closer examination Epic system does provide more detail and staff advised to complete on both paper and computer.
Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that care plans in relation to modified diets and wound care are accurate, up to date, recorded and evaluated. Ref: 5.2.2 Response by registered person detailing the actions taken: All care plans relating to modified diets and wound care have been reviewed and are accurate. All Nursing Staff reminded re accurate, up to date, recording & evaluating care plans in a timely manner.

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Audits are carried out monthly for Infection Control, Wound care, Pressure Relieving mattresses and Bed Rails. Restrictive Practises audit was drawn up and completed on day of inspection as requested by Inspector. Care record audit form revamped and reintroduced at request of Inspector.</p>

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