

Unannounced Care Inspection Report 15 March 2018



Silver Birch Lodge

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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(s): Martin Ronald Phillips & Sandra Martha Phillips | Registered Manager: Jillian Jayne Gilmore |
| Person in charge at the time of inspection: 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 15 March 2018 from 09:30 to 16:00 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 recruitment practice, staff training and development, monitoring registration status, accident management, the home's general environment, record keeping, teamwork, communication between patients, staff and other key stakeholders, governance arrangements in respect of risk management and auditing, maintaining good working relationships and in relation to the culture and ethos of the home in relation to dignity and privacy.

An area requiring improvement under regulation was identified in relation to compliance with control of substances hazardous to health (COSHH) legislation. An area requiring improvement under standards was identified in relation to administration of medications during mealtimes. An area for improvement made under standards in relation to the safe use of equipment has been stated for the second time.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. 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 | 1 | *2 |

*The total number of areas for improvement includes one which has been stated for a second time.

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 21 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 21 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients, five staff and three patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- 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 and reposition charts
- a selection of governance audits
- complaints record
- 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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 21 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 September 2017

| 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 45 Stated: First time | The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines. | Partially met |
| | Action taken as confirmed during the inspection: During a review of the environment, crash mats observed in use had been positioned correctly. However, the pressure setting on three airwave mattresses were observed to have been incorrectly set for the patient. This area for improvement has been partially met and has been stated for a second time. | |
| Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: First time | The registered person shall ensure that a record of patient's skin assessment is recorded at the time of repositioning. | Met |
| | Action taken as confirmed during the inspection: A review of two patients' care records, where the patients required repositioning, evidenced that skin checks had been recorded appropriately. | |

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.

Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Two staff consulted expressed concerns with the staffing arrangements and in particular during the morning routine. The staffs' concerns were passed to the registered manager for their review and action as appropriate. Observation of the

delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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

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. Staff consulted confirmed that training provided was relevant to their roles and responsibilities. There was evidence of planned dates for upcoming training. Staff confirmed that they are encouraged to request additional training, from the registered manager, relevant to their role.

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. An adult safeguarding champion had been identified. The registered manager confirmed that there were no recent or ongoing safeguarding concerns relating to the home.

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 these had been managed appropriately. RQIA had been suitably notified of the relevant accidents.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Compliance with best practice in infection prevention and control had been well maintained.

During the review of the environment, the pressure setting on three airwave mattresses were observed to have been incorrectly set for the patient. These observations were discussed with the registered manager and an area for improvement previously made in this regard was stated for the second time to ensure that a system was put in place to monitor all settings on mattresses in use in the home to confirm that they were set correctly.

During the review of the environment an identified cabinet containing a harmful substance was observed accessible to patients. This was discussed with the registered manager and identified as an area for improvement to ensure patients were not exposed to preventable hazards and to ensure compliance with control of substances hazardous to health (COSHH) legislation.

Fire exits and corridors were observed to be clear of clutter and obstruction. A fire risk assessment of the home had been appropriately conducted in September 2017.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practice, monitoring registration status, accident management and the home's general environment.

Areas for improvement

An area was identified for improvement under regulation in relation to compliance with COSHH legislation.

An area for improvement under standards in relation to safe use of equipment was stated for a second time.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

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. The care plans had been reviewed regularly and reflected the patients' current treatment plans.

Supplementary care charts such as repositioning and bowel management records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation. An area for improvement in relation to the recording of skin checks on repositioning has now been met.

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 sufficient information was handed over in order to meet the needs/changing needs of patients in their care. Staff also confirmed that there was effective teamwork and 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.

Patient and representatives 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 record keeping, teamwork and communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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 nine 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. Lunch commenced at 13:00 hours. Patients were seated around tables which had been appropriately set for the meal. A menu was displayed on the wall of the dining room. 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. Portions were appropriate for the patients to which the food was served. Food was observed to be covered when transferred from the dining room. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area and staff were observed to encourage patients with their meals. Patients were observed to be assisted in an unhurried manner. Staff wore discreet and dignified aprons when serving or assisting with meals. Patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

A registered nurse was observed administering medications during the patients' mealtime in the dining room. The registered manager advised that this was a common practice. The appropriateness of this practice was discussed with the registered manager and identified as an area for improvement as patients should be associating the mealtime experience with food and fluids and only with medications, for example, which have to be administered with food.

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

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

Some staff comments were as follows:

- “I love it here. Love chatting with the patients.”
- “I find it great here.”
- “I love working here. Love the relationship with the clients.”
- “I really do love it. It’s a well run home.”
- “I love working here.”

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Nine patients were consulted during the inspection. Ten patient questionnaires were left in the home for completion. Two of the patient questionnaires were returned. The respondents indicated that they were satisfied or very satisfied with the service provision.

Some patient comments were as follows:

- “I find this home very good.”
- “I have no concerns. This place is alright.”
- “It’s very quiet here.”
- “I find this home great. No complaints.”
- “They (the staff) are very good. They really help me.”

Three patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires was returned within the timeframe for inclusion in the report. The respondent indicated that they were very satisfied with the service provision.

Some patient representative comments were as follows:

- “I find the care in the home excellent. The staff are very good.”
- “Lovely staff. Very accommodating. There is a nice atmosphere when you come through the door.”
- “There are always good activities going on. Things like jigsaws, music and quizzes.”

Four questionnaires were returned which did not indicate if they from patients or patient representatives. They respondents indicated that they were either satisfied or very satisfied with the service provision.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be 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 in relation to dignity and privacy.

Areas for improvement

An area for improvement was identified under care standards on the routine administration of medications during mealtimes.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

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 and staff evidenced that there was a clear organisational structure within the home. Staff confirmed that they were aware of their roles and responsibilities.

Discussion with the registered manager and review of the home's complaints records evidenced that the home had not received any complaints since March 2016.

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 relation to accidents; medications; bedrails; infection prevention and control; hand hygiene and care plans. The most recent infection prevention and control audit was reviewed. The auditing records included actions taken during the audit and post audit comments.

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

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained with evidence of oversight from the registered manager.

Governance records verified that a legionella risk assessment had been conducted in the home on 26 January 2018.

An examination of all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER) was conducted on 23 August 2018.

A 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.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements in respect of risk management and auditing 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 Nursing Homes Regulations (Northern Ireland) 2005

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that COSHH regulations are adhered too at all times.</p> <p>Ref: Section 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Cupboard lock fixed and cleaning solutions locked in same - care staff on duty hold keys.</p> |

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: Second time</p> <p>To be completed by: 30 April 2018</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: Sections 6.2 and 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>A sticker has been placed on individual air mattress box with required pressure setting. Care staff have been instructed to check pressure settings on each shift and if wrong to correct same. Manager has included with weekly bedrail checks.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p> | <p>The registered person shall review the practice of routine administration of medications during mealtimes.</p> <p>Ref: Section 6.6</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Reviewed medication at lunchtime, time specific prescriptions only eg antibiotics, pain relief or to be taken with food etc. On discussion with residents, they wished for their medication to be administered as currently practised as they do not feel it interferes with the dining experience .Preferences entered on individual care plans.</p> |

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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