



The **Regulation** and  
**Quality Improvement**  
Authority

**Stewart Lodge**  
**RQIA ID: 1606**  
**1 Ballyharry Heights**  
**Newtownards**  
**BT23 7GE**

**Inspector: Priscilla Clayton**  
**Inspection ID: IN023659**

**Tel: 0289182 1263**  
**Email: [janetstewart966@googlemail.com](mailto:janetstewart966@googlemail.com)**

---

**Unannounced Care Inspection  
of  
Stewart Lodge**

**1 February 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 1 February 2016 from 11.00 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme inspected were assessed as being met

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Janet Stewart	<b>Registered Manager:</b> Janet Stewart
<b>Person in charge of the home at the time of inspection:</b> Janet Stewart	<b>Date Manager Registered:</b> 1/4/2005
<b>Categories of Care:</b> RC-DE, RC-I	<b>Number of Registered Places:</b> 8
<b>Number of Residents Accommodated on Day of Inspection:</b> 8	<b>Weekly Tariff at Time of Inspection:</b> £490 - £505

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme have been met:

**Standard 14: The Death of a Resident is Respectfully Handled as they Would Wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ Processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were reviewed:

- previous care inspection report and returned Quality Improvement Plan (QIP) dated 29 September 2016

The following records were examined during the inspection:

- the Statement of Purpose
- the Resident Guide
- staff duty rotas
- staff training record
- three randomly selected resident care records
- accident and incident records
- record of complaints
- death and dying policy
- continence management policy
- three care records/ care plans

Satisfaction questionnaires were provided to the registered manager for distribution to residents and staff for completion and return to RQIA.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection undertaken on 29 September 2015. The completed QIP was completed by the manager, returned to RQIA and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 10.1, 10.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 01 December 2015</p>	<p>The responsible person should improve the policy and procedure on responding to behaviours, including responding to uncharacteristic behaviour and ensure that the following are fully reflected. Human Rights Act (1998); DHSSPS (2005) Guidance on Restraint and Seclusion in Health and Personal Social Services and DHSSPS (2010) and Circular HSC/MHPD – MHU 1/10 – revised. Deprivation of Liberty Safeguards (DOLS) – Interim Guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review and revision of the policy / procedure had been undertaken as recommended.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 01 December 2015</p>	<p>The responsible person should develop a policy and procedure on activity and events.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A policy / procedure on activities and events was in place and available to staff.</p>	
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 01 December 2015</p>	<p>The responsible person should:</p> <ul style="list-style-type: none"> <li>• develop a policy and procedure on communications with carers and representatives</li> <li>• develop a policy and procedure on consent review and improve the policy and procedure on the involvement of residents in the running of the home.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Policies / procedures had been developed as recommended.</p>	<b>Met</b>

<b>Recommendation 4</b> <b>Ref:</b> Standard 20.12 <b>Stated:</b> First time <b>To be completed by:</b> 01 December 2015	The responsible person should complete the annual quality review report for the year 2014. This should involve key stakeholders and include follow-up action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Annual quality report had been established as recommended.	

#### Areas Identified for Improvement from this Inspection:

There were no areas identified for improvement from this inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 5.3 Standard 14: The Death of a Resident is Respectfully Handled as they Would Wish

#### Is Care Safe?

The manager confirmed there was no resident who was very ill or dying on the day of inspection.

The manager explained that close collaboration with the commissioning Health and Social Care Trust (HSCT) care management review team including the social worker, resident, representative, registered manager and district nurse would take place. The plan of care would be agreed by those in attendance.

The manager confirmed that residents can choose and do spend their final days of life in the home. This is unless there is a documented health care need that would necessitate transfer to hospital or a nursing facility. The manager recalled the care provided to one resident who was cared for in the home until they died. Care was closely supervised with staff ensuring the resident was never left unattended. The district nurse, who was responsible for the prescribed care visited the home daily to monitor the care provided and amend the care plan as required. A resource such as an air wave mattress was provided by the commissioning Health and Social Care Trust (HSCT). The manager also informed us that relatives were made welcome and were supported by staff.

The manager and staff confirmed to us that staffing levels would always be reviewed and if necessary increased to ensure that a resident who was very ill or dying would not be left unattended. Support services could also be commissioned, if agreed by the resident, through the district nursing service. For example the Marie Curie or Macmillan service.

To ensure that care provided by staff was safe the manager confirmed that the assessment of care needs of the resident who was terminally ill would be closely monitored and reviewed by the district nurse who would be accountable and responsible for the care provided. Care staff within the home would follow the district nurse's care plan. The resident, their representative and the general practitioner would be consulted in regard to any proposed changes in care.

The manager and care staff confirmed that risk assessments would be undertaken to complement the holistic needs assessment completed by the district nurse. Risk assessments would include for example; moving and handling, nutritional and pressure area risk. Identified risks would be reflected within the resident's care plan with measures to minimise risk recorded.

Staff training in the safe administration of medication and death and dying was provided with records of attendance recorded in the training matrix which was forwarded to RQIA following the inspection.

Three resident satisfactions questionnaires returned to RQIA following the inspection indicated that they felt safe in the home and they could talk to staff if they felt something was wrong. Respondents also indicated that they felt confident that staff listened to them and that they had access to their GP.

Four care staff who completed and returned satisfaction questionnaires to RQIA indicated they were satisfied that the care provided was safe and that training in safeguarding vulnerable adults and whistleblowing was provided and they knew how to report poor staff practice. No issues or concerns were recorded.

### **Is Care Effective?**

The home had a policy/ procedure entitled End of Life (2015), the policy reflected relevant information regarding the provision of holistic care for the dying resident.

The manager explained the overall management arrangements which would be in place when a resident requires end of life care. Areas such as, review of staffing levels, support to staff, visiting family support and collaboration with the commissioning Health and Social Care Trust (HSCT) care manager and multi-professional staff would take place. The manager also explained the importance of close monitoring and review of care, keeping the resident and family fully informed and ensuring all aspects of care are provided to the resident in a safe compassionate way.

One relative who visited the home on a regular basis spoke positively about the provision of care and life in the home. No issues or concerns were raised.

The manager and one care staff on duty confirmed that staff had opportunity to attend training in death and dying. Records of staff training examined reflected training had been provided. Further training sessions had been arranged.

Care records examined contained comprehensive needs assessments which were complemented with risk assessments, care plans and daily notes.

Four care staff who completed and returned satisfaction questionnaires to RQIA indicated they were satisfied that the care provided was effective. They were very satisfied with training received in palliative and end of life and resources provided and that the home's environment was appropriate to meeting residents' care, health and welfare needs. No issues or concerns were recorded within questionnaires or expressed on the day of inspection.

One relative spoke highly of the staff, effective care provided and life enjoyed by residents. No issues or concerns were raised or indicated.

### **Is Care Compassionate?**

Policies and procedures examined outlines guidance to staff on core values and end of life care.

The manager and one care staff demonstrated awareness of the necessity to ensure that all residents are treated with dignity and respect.

The manager explained the importance of ensuring that the representatives of the resident were accommodated and supported in every way possible and confirmed that arrangements were always made to accommodate relatives and friends to be with a resident who is very ill or dying. If no relatives or representative is available, additional staff or the Marie Curie sitting service would be commissioned.

The manager explained that the body of the deceased resident would be handled with care and respect and in accordance with his or her expressed social, cultural and religious preference as reflected within the resident's end of life care plan. The manager explained the importance of sensitive handling of the deceased resident's personal belongings and allowing adequate time for removal of same.

The manager confirmed that residents would be informed in a sensitive manner about any death in the home. Opportunity to pay their respects and are provided with support if necessary.

Several cards and letters of appreciation to the staff were displayed in the office. Letters and cards viewed were very complimentary of the provision of care by staff. This is to be commended.

### **Areas for Improvement**

There were no areas identified for improvement from Standard 14- Death and Dying.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### **Theme: Residents Receive Individual Continence Management and Support**

#### **Is Care Safe?**

The home had a policy and procedure on Continence Management.

The manager and one care staff member was able to describe the process which included resident referral to the general practitioner and district nursing service for continence assessment and care planning to meet the identified need.

Care records contained relevant assessments and care plans. Reviews of continence needs were undertaken with care plans revised, dated and signed.

Residents and one relative confirmed that staff were always readily available to assist them when required.

An adequate supply of continence garments were always supplied by the commissioning HSC Trust.

Four staff satisfaction questionnaires were forwarded to RQIA following the inspection. Responses were noted to be positive with respondents' indicating they were satisfied that residents had adequate supplies of incontinence products, laundered bed linen and have access to supplies of gloves and aprons. Staff indicated they were satisfied with the home's policy on continence and training provided in continence management.

### **Is Care Effective?**

The registered manager explained that the home's policy and procedure on management of continence was readily available to all staff. Examination of the policy evidenced that this provided guidance to staff on the overall management and care of the resident with incontinence needs including multi-professional input including the assessment and review by the district nurse.

Care records examined contained relevant information in regard to needs assessment, care planning, intervention and review. Record of referral to the general practitioner and district nursing service was recorded.

There was evidence of resources provided including, raised toilet seats, call bells and commodes. All were noted to be clean and well maintained.

### **Is Care Compassionate?**

Observation of care practices and staff response to residents' calls for assistance was undertaken in a timely, respectful manner. Call bells were positioned close to each resident who choose to remain in their bedrooms. Toilets and bedrooms were fitted with call bells.

Residents who spoke with us commented that they were very satisfied with the care provided by staff. They also commented on the timely manner in which staff responding to their needs and that they were always treated with dignity and respect.

Three resident satisfaction questionnaires were completed and returned to RQIA following the inspection. Responses were positive in regard to compassionate care provided. Responses indicated residents were treated with dignity and respect; had privacy in the home; as much independence as possible; were able to make choices on a day to day basis and that their visitors were made welcome.

### **Areas for improvement**

There were no areas identified for improvement from this theme.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------



## 5.4 Additional areas examined.

### 5.4.1 Accidents and incidents

Accidents and incidents records examined showed that two accidents were recorded. Both had been appropriately managed.

### 5.4.2 Complaints

The manager confirmed that no complaints had been received from 1 January 2014 to date. No complaints had been recorded during this period.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>		<b>Date Completed</b>	
<b>Registered Person</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**