



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 8 September 2019



Stewart Lodge

Type of Service: Residential Care Home
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel No: 028 9182 1263
Inspector: James Laverty

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for eight persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Stewart Lodge</p> <p>Responsible Individual(s): Janet Stewart</p>	<p>Registered Manager and date registered: Janet Stewart 1 April 2005</p>
<p>Person in charge at the time of inspection: Upon arrival: Janice Ritchie, carer 11.15 onwards: Janet Stewart</p>	<p>Number of registered places: 8 comprising: 08 – RC – I 02 – RC – DE</p> <p>Maximum of 2 residents in RC-DE category of care</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 7</p>

4.0 Inspection summary

An unannounced care inspection took place on 8 September 2019 from 10.20 to 15.30.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and sought 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 staffing, the statutory notification of incidents, staff communication with residents and care planning.

Area for improvement were identified in relation to staff training and staff supervision/appraisal.

Residents told us they were very content living in the home. One resident told the inspector “Life here is very pleasant ... the staff look after me very well.” Feedback from residents received either during or after the inspection is referenced further throughout the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Janet Stewart, manager, and Mr Philip McFarland, deputy 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 28 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2019. No further actions were required to be taken following that inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from previous inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined and/or discussed which included:

- a sample of staff training records
- records relating to staff supervision / appraisal
- the care records of two residents
- staff meeting records
- records relating to staff registration with the Northern Ireland Health and Social Care Council (NISCC)

The findings of the inspection were provided to the manager and deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Upon arrival to the home we were greeted by the carer on duty who immediately confirmed the inspector's identity by viewing his photographic identification.

Staffing levels within the home were discussed with the carer who confirmed that staffing levels consisted of one member of staff on duty throughout the day / night to attend to residents' needs. No concerns were expressed to the inspector in relation to staffing levels by either staff or residents.

We were told by staff that they received regular mandatory training to ensure they know how to provide the right care. The carer stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for residents within the home. Staff also described the support they received from the manager in positive terms; the staff member told us the manager is "very supportive if you have any issues." However, while some governance records relating to staff training were evidenced, further improvement was required. This was discussed with the manager and an area for improvement was made.

The way in which staff are supported in their roles was considered. Discussion with the manager and deputy manager highlighted that a system was in place to facilitate staff supervision and appraisal. However, it was noted that governance records which would evidence effective managerial oversight in this regard were less than robust. An area for improvement was made.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council.

Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. Staff who were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, a communal lounge, dining room and kitchen area. The home was noted to be decorated in a comfortable and homely style and residents were observed relaxing either within their bedrooms or within the dining/lounge areas. Two external exits were found to be secure with exit alarms fitted to advise staff if they are used by residents. It was agreed that an external exit leading from the kitchen area to the rear of the property should be appropriately secure whenever staff are not immediately present. It was also noted that there was unobstructed access to the first floor via an identified stairwell. While the first floor is not an area used by residents, there was a potential for residents to access this part of the building. The manager confirmed following the inspection that both the stairwell and first floor had been de-cluttered as agreed during the inspection in order to ensure the safety and wellbeing of residents. The manager also confirmed the day following the inspection that a stair gate ad been fitted to bottom of this stairwell.

Observation of the stairwell highlighted that some residents’ medicines had been left unattended. The manager stated that this had been an oversight during a period of internal tidying within the home. The identified medicines were immediately secured by the deputy manager. The need to ensure that medicines are stored in a safe and secure manner at all times was agreed. Following the inspection, the home’s aligned pharmacy inspector contacted the manager and discussed possible locations for storing the medicine trolley safely within the home.

Fire exits and escape routes on the ground floor were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices.

We identified some areas where improvements should be made in regard to compliance with Control of Substances Hazardous to Health (COSHH) regulations, specifically, the secure storage of domestic items. This was discussed with the manager who agreed to action this immediately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels and the reporting of notifiable incidents to RQIA.

Areas for improvement

Two areas for improvement were highlighted in regard to staff training and staff supervision/appraisal records.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of residents. The carer told us "Person centred care is really at the forefront."

Staff who were spoken with stated that that if they had any concerns, they could raise these with the manager.

A review of residents' care records evidenced that staff engaged with members of the multi-professional team as needed.

Care records which were viewed demonstrated that staff communicated with residents' families or representatives as needed.

Care records for two residents were reviewed. Both sets of records contained detailed and person centred care plans which had been regularly reviewed. Appropriate risk assessments had also been completed by staff and informed care delivery as needed. It was noted that some records were no longer accurate and it was agreed with the manager that such records should be archived in a timely manner.

Residents' care records were observed to be within an open box in the kitchen area. This area of the kitchen in which care records were kept was cluttered. It was recommended to the manager that this be reviewed to ensure that staff have adequate facilities when updating or referring to care records. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and communication with the multiprofessional team.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout the inspection, staff interactions with residents were observed to be compassionate, timely and caring.

Staff demonstrated a good knowledge of residents’ wishes, and preferences as identified within the residents’ care plans.

Residents confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Feedback received from several residents during the inspection included the following comments:

- “I’ve no problems whatsoever.”
- “I like it here.”
- “It’s marvellous here ... just marvellous.”

Staff also recognised the importance of meeting the spiritual needs of residents and some residents stated that they still enjoyed attending their place of worship on a regular basis.

It was encouraging to note that a relaxed and calm atmosphere persisted throughout the inspection and residents stated that they felt they could ‘come and go’ as they pleased. One resident enthusiastically told the inspector “Here (the home) is like me ... it’s easy going ... you’re not a number!”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with residents.

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 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.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with were able to describe their role and responsibilities and confirmed that there were good working relationships within the home.

It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint. Review of the complaints policy which was on display highlighted that it required to be updated with current contact details for RQIA. The manager agreed to action this.

No selection and recruitment records were viewed during this inspection. The manager stated that there is a small team employed within the home and that all pre-employment checks had been carried out as needed prior to any staff member commencing their post.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Review of minutes arising from a staff meeting on 7 August 2019 highlighted that no time bound action plan was in place. This was discussed with the manager and it was agreed that such action plans should form part of all such minutes from now on.

A review of accident and incident records confirmed that these were accurately maintained by staff/manager.

The home's fire risk assessment, dated 19 October 2018, was also available and due to be reviewed on 10 October 2019. It was noted that there were no outstanding actions arising from this risk assessment.

The notification of incidents to RQIA was discussed with the manager and advice was provided by the inspector in relation to current RQIA guidance concerning what type of incidents should be reported to RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recording accidents / incidents.

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 Janet Stewart, Manager, and Mr Philip McFarland, Deputy 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2019</p>	<p>The registered person shall ensure that a robust process is implemented, monitored and maintained to promote and make proper provision for the supervision and appraisal of staff within expected timescales.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Home has reviewed and updated its supervision and appraisal methodology. This is now in place.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2019</p>	<p>The registered person shall ensure that a robust process is implemented, monitored and maintained to promote and make proper provision for the mandatory training of staff within expected timescales.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Home has reviewed and updated its training processes. This is now in place</p>

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



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