

Inspection Report

11 May 2023



Stewart Lodge

Type of service: Residential Home

Address: 1 Ballyharry Heights, Newtownards, BT23 7GE

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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

Organisation/Registered Provider: Stewart Lodge Registered Person: Mrs Janet Stewart	Registered Manager: Mrs Janet Stewart Date registered: 1 April 2005
Person in charge at the time of inspection: Mr Philip McFarland, Deputy Manager, 09:50-10:25 Mrs Janet Stewart, Manager, 10:25 - 4:20	Number of registered places: 8 Maximum of 2 residents in RC-DE category of care
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 7
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 8 persons. Residents have access to the communal lounge, the dining room and an enclosed patio area.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2023 at 9:50 am to 4:20 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home 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 care delivery, the dining experience and maintaining good working relationships.

Three areas for improvement have been identified in relation to medicine management and the recording of daily records. The total number of areas for improvement includes two which have been carried forward for review at the next inspection.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

The manager advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents, a residents' relative and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience to enhance the quality of care and service in the home.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 Mrs Janet Stewart, Manager and Mr Philip McFarland, Deputy Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four residents individually, a group of residents in the dining room, a residents' relative and two staff.

Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection no resident, resident representative or staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

“I’m happy in my job and have no issues with staffing levels. We have good training and the management team is very supportive.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“Thank you so much for all the care, attention and kindness.”

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 5 August 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: Second time	The registered person shall review the audit process to ensure that all aspects of the management of medicines are regularly reviewed.	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. A pre-employment health assessment should be obtained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. Refer to section 5.2.1 for details	

Area for improvement 3 Ref: Standard 13 Stated: First time	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled and a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. Refer to section 5.2.4 for details	
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure obsolete and expired medicines are disposed of in a timely manner and records are maintained.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. This was discussed with the manager who advised that no new staff had been employed in the home since the previous unannounced care inspection. The manager confirmed that a robust system was in place to ensure staff were recruited correctly to protect residents, in accordance with relevant statutory employment legislation and mandatory requirements. There was evidence that a pre-employment health assessment will be completed by new staff as part of the recruitment process.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including adult safeguarding, first aid, moving and handling, dementia awareness, dysphagia awareness, infection prevention and control (IPC), food hygiene, control of substances hazardous to health (COSHH) and fire safety.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Review of records evidenced that staff supervision and appraisal had commenced for 2023. The manager advised supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff told us that the residents' 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.

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

5.2.2 Care Delivery and Record Keeping

Review of a selection of records showed that residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. However, a pre-admission assessment for one resident was unavailable to view. The manager confirmed an assessment had been completed but was unable to locate it. The availability of assessments for inspection was discussed with the manager and will be kept under review. Residents care records were held confidentially.

Review of care records regarding mobility, nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Records reviewed evidenced that communication and the outcome of visits from any healthcare professional was recorded. However, a daily record of how each resident spent their day and the care and support provided by staff was unavailable to view. The contemporaneous recording of daily progress notes detailing personal care and any support provided by staff was discussed with the manager and an area for improvement was identified.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together.

Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. For example; residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit and where to take their meals and staff were observed supporting residents to make these choices.

Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion. Equipment used by residents such as walking aids and wheelchairs were seen to be clean and well maintained. The sluice room/cleaner's store was observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order and staff were observed to carry out hand hygiene at appropriate times.

There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as the knitting club, games and arts and crafts.

Residents told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. Residents advised that they often declined to take part in daily activities as they like to plan their own time.

Review of the activity book evidenced that a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity.

A resident commented: "There's always something going on. I like to attend aerobics after lunch."

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

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Mrs Janet Stewart has been the manager of this home since 1 April 2005. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

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. The Manager, Mrs Janet Stewart was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

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 residents' next of kin and their care manager and to RQIA.

Review of the annual Quality Assurance Audit Report for August 2022 evidenced that a governance system is operational which assures the quality of services and care available in the home. Review of records showed engagement/consultation with residents, relatives and staff. Positive responses were noted. The manager advised that relatives/resident representatives can arrange to meet with her to discuss any concerns they may have.

A relative spoken with commented: "They are the most caring people and nothing is a bother to staff. Communication is good. I'm kept well informed of any changes to Mum's care."

The manager advised that resident and staff meetings were held on a regular basis. Minutes of meetings were available.

Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. The manager confirmed that systems were in place to ensure that complaints were managed appropriately.

Residents and staff spoken with commented positively about the manager and described her as supportive and approachable.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* The total number of areas for improvement includes two which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 5 September 2022	The registered person shall review the audit process to ensure that all aspects of the management of medicines are regularly reviewed. Ref: 5.1 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.
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: From the date of inspection onwards (5 August 2022)	The registered person shall ensure obsolete and expired medicines are disposed of in a timely manner and records are maintained. Ref: 5.1 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.

Area for improvement 3 Ref: Standard 8.2 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others. This relates specifically to the contemporaneous recording of daily progress notes detailing all personal care and support provided by staff. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Home has now introduced a system of daily progress notes as requested by RQIA rather than the weekly notes system that had been in place..

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