

Inspection Report

6 July 2021



Stewart Lodge

Type of Service: Residential Care Home (RCH)
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel No: 028 9182 1263

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 Responsible Individual: Ms Janet Stewart	Registered Manager and date registered: Ms Janet Stewart – 1 April 2005
Person in charge at the time of inspection: Mr Philip McFarland, Deputy Manager 10.35 am – 11.15 am Ms Janet Stewart, Manager 11.15 am – 4.50 pm	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 6 July 2021 at 10:35 am to 4:50 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 obtaining residents' views regarding the quality of the service and the facilities provided by the home and maintaining good working relationships.

One new area for improvement has been identified in relation to the use of a pressure relieving device.

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

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen 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 to residents by staff in an unhurried, relaxed manner.

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

Comments received from residents, relatives, a professional visitor and staff are included in the main body of this report.

The findings of this inspection provided RQIA with assurance that care delivery and service provision within Stewart Lodge was effective, compassionate and that the home is well led. Addressing the area for improvement identified, will further enhance the quality of care and service in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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.

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 and 'Tell Us' cards 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 Ms 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 small group of residents in the dining room, a professional visitor from the local Trust 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. A professional visitor to the home said they had no concerns during their visits and that staff were accommodating and helpful.

Following the inspection no questionnaires were received from residents, those who visit them or staff within the timescale specified.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. Cards and letters of compliment and thanks were received by the home. Some of the comments recorded included:

“I think the running of the home is excellent. Everything from the cleanliness of the home to the preparation of high quality food and nutrition is carried out with best practice. The care and the welfare of the client is at the heart of the management focus of this home.”

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 25 November 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that personal medication records document all of the prescribed medicines and are signed and verified by two staff members.	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 30 Stated: First 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 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed in the home are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Review of notices displayed throughout the home, evidenced they have been laminated to minimise the risk and spread of infection.	
Area for improvement 4 Ref: Standard 6 Stated: First time	The registered person shall ensure that a care plan and risk assessment is in place for the use of a pressure relieving mattress for one identified resident.	Met
	Action taken as confirmed during the inspection: The manager advised that the identified resident was no longer cared for in the home and that all updated documentation including a care plan and risk assessment for the use of a pressure relieving mattress had been achieved.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received training in a range of subjects including personal protective equipment (PPE) donning and doffing. The manager advised that fire safety training arranged for the July 2021 had been cancelled, due to unforeseen circumstances and will be rescheduled.

Staff said there was good team work and that they felt well 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. The manager's hours, and the capacity in which these were worked, were clearly recorded.

A staff member spoken with said: "I'm very happy here and glad I made the move to work here five years ago."

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.

A resident spoken with said: "The staff are very nice and I'm happy here. I have no concerns at all."

A professional visitor to the home said: "It's a nice home and I have no concerns. All's good."

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner.

5.2.2 Care Delivery and Record Keeping

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. Residents care records were held confidentially.

Review of two residents' care records regarding mobility, nutrition and weight and one resident's care plan regarding catheter management 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. A care plan was in place for the use of a pressure relieving mattress for one resident. However, the mattress was observed to be set incorrectly in relation to the resident's weight. This was discussed with the manager who advised she would contact the district nurse from the local Trust to check and set the pressure relieving mattress accordingly. An area for improvement was identified.

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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records reviewed were well documented and it was noted that records checked showed residents had gained weight or their weight had remained stable.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

The manager advised that staff appraisals had commenced for 2021 and that staff meetings were held on a regular basis.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the dining experience for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together, as they were observed staying to chat at the table long after the meal had finished. Staff had made an effort to ensure residents were comfortable throughout their meal. The food was attractively presented and smelled appetising and there was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks and advised that if residents did not want what was on the menu, an alternative meal would be provided. Staff assisted residents in an unhurried manner. Residents said that they enjoyed lunch.

A resident spoken with said: "I'm well pleased with everything. The food's five star. I've no complaints at all. It's a good spot and the staff are very nice."

In summary, no concerns were identified regarding the resident dining experience and record keeping. However, the quality of care regarding the use of a pressure relieving device will be further improved through compliance with the area for improvement highlighted.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, well decorated, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Review of a selection of records for June and July 2021, evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

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

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, 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. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. 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.

The findings of the inspection provided assurance that there were effective systems in place regarding the management of infection.

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 and 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 most of their time in their room and staff were observed supporting residents to make these choices.

The manager advised that residents views were important regarding all matters that affect them in relation to the quality of services and the facilities provided by the home. Residents were asked if they would like to complete a questionnaire in April 2021 which focused on residents' care and the dining experience. The questionnaire findings highlighted a high level of resident satisfaction with all aspects of care provided by staff in the home.

Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. 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.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Ms 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.

Review of records confirmed that a process was in place and regularly reviewed by the manager to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

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, Ms Janet Stewart was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The manager confirmed staff were aware of deprivation of liberty safeguards (DoLS) and restrictive practices and that all staff had completed DoLS level 2 training. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice. Staff told us they were confident that they could report concerns about resident's safety and poor 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, their care manager and to RQIA.

The manager advised no complaints had been raised during 2021 and that systems were in place to ensure that complaints were managed appropriately. Complaints were seen as an opportunity for the team to learn and improve.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There were systems were in place to monitor the quality of care delivery and service provision within the home; these were used by the management team to help drive improvement in the home.

6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy, comfortably warm with no malodour.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

The outcome of this inspection concluded that two existing areas for improvement have been met and two areas for improvement have been carried forward for review at the next inspection. One new area for improvement has been identified regarding the use of a pressure relieving device.

Based on the inspection findings and discussions held we are satisfied that this service is providing effective care in a caring and compassionate manner; and that the service is well led by the manager.

Thank you to the residents, visitors and staff for their assistance and input during the inspection.

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)

	Regulations	Standards
Total number of Areas for Improvement	0	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms 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)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that personal medication records document all of the prescribed medicines and are signed and verified by two staff members. 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: 6 December 2020	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 3 Ref: Standard 9.3 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that advice is sought from the local Trust's primary health care services regarding the pressure relieving mattress setting, for one identified resident, in order that the mattress is set in accordance with the resident's weight and the manufacturers recommendations. This should be documented in the resident's records. Ref: 5.2.2 Response by registered person detailing the actions taken: Advice sought from District Nurse and mattress is at correct setting. Will continue to monitor. Noted in care plan.

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



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