

Inspection Report

16 May 2022



Stewart Lodge

Type of Service: Residential Care Home (RCH)
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Stewart Lodge Responsible Individual: Ms Janet Stewart	Registered Manager: Ms Janet Stewart Date registered: 01 April 2005
Person in charge at the time of inspection: Ms Janet Stewart	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: 8
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 16 May 2022 at 10:30 am to 4:40 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 and maintaining good working relationships.

Four areas for improvement have been identified in relation to staff recruitment, the provision of activities and medicine management.

The total number of areas for improvement includes two standards that were not reviewed during this inspection and 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.

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 seen 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 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.

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 five residents individually, small groups of residents in the dining room and one staff member. 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.

Two residents spoken with commented:

“I’m very happy here and the staff are attentive. The food’s good and I’m well looked after. I have no concerns but if I had, I would be able to discuss them with any of the staff and would be assured they would be addressed quickly.”

“I wouldn’t want to be anywhere else. I’m very happy, we have good food and the staff are very good to me.”

A staff member spoken with commented:

“I enjoy working here and I’m dedicated to my job and to the residents. The manager is approachable. I would go to her if I had any concerns and would be confident they would be addressed quickly. I’ve no issues at all.”

A record of compliments received about the home was kept and shared with the staff team. This is good practice. A relative commented:

“I highly recommend Stewart Lodge as ... thrived physically with a healthy diet and mentally through daily interactions with staff and other residents. I could not come close to expressing the thanks and gratitude my husband and I feel towards Janet (manager), Philip (deputy manager) and all the staff.”

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 06 July 2021		
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 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. Ref: 5.1	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. Ref: 5.1	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 9.3 Stated: First time	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 manufacturer's recommendations. This should be documented in the resident's records. Ref: 5.2.2	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of records regarding the use of a pressure relieving mattress evidenced that advice was sought from the local Trust's primary health care services regarding the pressure relieving mattress setting. The mattress was observed to be set in accordance with the resident's weight and the manufacturer's recommendations.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. It was noted that the induction record had been completed but had not been signed or dated by the staff member or the manager. Correspondence from the deputy manager on 18 May 2022 advised that the outstanding paperwork has been signed off. A pre-employment health assessment was unavailable to view. This was discussed with the manager and the deputy manager who advised they will address the matter and an area of improvement was identified.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, food hygiene, dementia awareness, diabetes awareness, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety.

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. The manager's hours, and the capacity in which these were worked, were clearly recorded.

Staff told us that the resident's 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.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. 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 told us they were confident that they could report concerns about resident's safety and poor practice.

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 care records regarding mobility, risk of falls, nutrition, weight, personal care, indwelling catheter care and the use of a pressure relieving mattress 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.

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 dietitians. 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.

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

We observed the dining experience for residents in the dining room and noted that this meal time was unhurried and relaxed providing residents with an opportunity to socialise together. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said that they enjoyed lunch.

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, fresh smelling and clean throughout. Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion. Equipment such as walking aids were noted to be clean and well maintained.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable.

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.

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.

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.

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

Staff advised there was a range of activities offered to residents such as listening to music, completing puzzles 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.

After lunch residents enjoyed an enthusiastic discussion with staff about flowers and plants. They were shown new plants that had been purchased for the home.

Residents advised that they often declined to take part in daily activities as they like to plan their own time. It was observed that the programme of activities was not on display and the activity record book had not been recently completed. This was discussed with the manager and advice was given regarding the recording of the activity book, as it should reflect activities offered by staff with a record of residents who wish to attend or decline the activities provided. An area for improvement was identified.

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 patients.

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.

Competency/capability assessments had been completed for staff left in charge of the home in the absence of the manager. The manager had a system in place to monitor when assessments were due to be completed for each staff member.

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

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Discussion with the deputy manager and review of the annual Quality Assurance audit report for August 2021 evidenced that a robust governance system is operational in the home which assures the quality of services and care available in the home. Review of resident and relative consultation questionnaires showed no concerns. Compliments were recorded regarding the staff, food and care provided.

The manager advised no complaints had been raised during 2022 and that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. They commented positively about the manager and described her as supportive, approachable and fair.

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	4*

* 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) (Version 1:1)	
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.

<p>Area for improvement 3</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This has been actioned and is now in place.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>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.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: A programme is being put together based on current resident interests</p>

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