



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 20 February 2020



Stewart Lodge

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

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

Organisation/Registered Provider: Stewart Lodge Responsible Individual(s): Janet Stewart	Registered Manager and date registered: Janet Stewart 1 April 2005
Person in charge at the time of inspection: 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 home on the day of this inspection: 6

4.0 Inspection summary

An unannounced inspection took place on 20 February 2020 from 09:50 hours to 13:45 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The following areas were examined during the inspection:

- staffing – including recruitment and supervision/appraisal
- a sample of staff training records and records relating to staff registration with the Northern Ireland Health and Social Care Council (NISCC)
- deprivation of liberty safeguards (DoLs)
- the environment
- meals and mealtimes and the dining experience
- the care records of two residents
- consultation with residents, and staff

Residents described living in the home in very positive terms. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

No areas of improvement were made during the care inspection.

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.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janet Stewart, Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 September 2019.

5.0 How we inspect

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

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

During the inspection the inspector met all residents but spoke in-depth with four residents and two staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 10 to 23 February 2020
- a sample of staff training records
- supervision and appraisal records
- staff meeting records
- records relating to staff registration with the Northern Ireland Health and Social Care Council (NISCC)
- incident and accident records from 1 October 2019 to 20 February 2020
- the care records of two residents

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a robust process had been implemented, monitored and maintained to promote and make proper provision for the supervision and appraisal of staff within expected timescales.	
Area for improvement 2 Ref: Standard 23 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a robust process had been implemented, monitored and maintained to promote and make proper provision for the mandatory training of staff within expected timescales.	

6.2 Inspection findings

6.2.1 Staffing- including recruitment and supervision / appraisal

Upon arrival to the home we were greeted by the manager and deputy manager who immediately confirmed the inspector's identity by viewing photographic identification.

Staffing levels within the home were discussed with the manager 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. Duty rotas examined confirmed these arrangements and the manager stated there had been no new staff employed since the previous inspection.

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. Review of records noted that the home provides effective managerial oversight in this regard.

6.2.2 Staff training and NISCC registration

We were told by the manager that staff receive regular mandatory training to ensure they know how to provide the right care. Review of training records confirmed that a system had been put in place and mandatory training was ongoing. Review of records relating to staff registration with the Northern Ireland Health and Social Care Council (NISCC) found that there were effective arrangements for monitoring and reviewing the registration status of care staff with NISCC.

6.2.3 Deprivation of Liberty Safeguards (DoLS)

We were informed that there was a policy and procedure on restrictive practice/behaviours that challenge which was in keeping with current legislation and reflected best practice guidance on Deprivation of Liberty Safeguards (DoLS). The manager confirmed that she was to complete level three DoLS training on 25 February 2020 and that all staff had completed level two.

6.2.4 The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, the kitchen, the dining room and storage areas. Fire exits were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were well maintained, clean and tidy. There were some cupboard doors in the kitchen which required repair, the manager advised that there were plans in place to refurbish the kitchen. This area will be reviewed at a future inspection.

The carpet in the entrance and hallways is a light colour and some stains were noted these were cleaned during the course of the inspection.

6.2.5 Meals and mealtimes

Residents had been weighed on admission and monthly thereafter. Residents and staff confirmed that they had 24 hour access to food and drink. Residents commented positively on the food provided in the home. One resident stated "the food is first class."

The dining room was warm, clean and bright and tables were nicely set. There was a menu on display; the menu rotated on a three weekly basis. The portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. Drinks and snacks were observed to be served during the day.

Staff were knowledgeable in relation to residents' dietary requirements. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. The mealtime was well supervised.

6.2.6 Care records

We reviewed two care records and there was evidence that risk assessments were completed and reviewed on a regular basis and care records were generally maintained in line with the legislation and standards.

6.2.7 Consultation with residents, and staff

During the inspection we consulted with four residents, and two staff. Residents appeared to be relaxed and comfortable in their surroundings and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

Of the 10 questionnaires left in the home, one was returned. The resident was very satisfied in all four domains. No completed staff questionnaires were submitted to RQIA following the inspection.

Areas of good practice

Very positive feedback was received from residents, the dining experience was relaxed and residents enjoyed chatting with each other.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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