

Unannounced Care Inspection Report

25 November 2020



Stewart Lodge

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

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 residential care for up to 8 residents.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Stewart Lodge Responsible Individual: 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: 7 |

4.0 Inspection summary

An unannounced inspection took place on 25 November 2020 from 11.05 to 15.55 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' records
- governance and management.

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 | *4 |

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Janet Stewart, manager, and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with five residents, the manager and the deputy manager. Questionnaires were 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 "Tell us cards" which were then placed in a prominent position to allow patients 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. No responses were received within the timescale specified.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 16 November 2020 to 29 November 2020
- staff training records
- a selection of quality assurance audits
- daily cleaning schedule
- complaints and compliments records
- one residents' nutritional intake charts
- one residents' daily progress notes
- two residents' weight charts
- two patients' care records
- RQIA registration certificate.

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

The most recent inspection of the home was an announced medicines management inspection undertaken on 6 November 2020. This inspection was carried out remotely.

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

| Areas for improvement from the last medicines management 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 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 care inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care 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 care inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

Review of a selection of records from 9 September 2020 to 28 September 2020 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.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Information displayed on the residents' notice board in the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 16 November 2020 to 29 November 2020 evidenced that the planned staffing levels were adhered to. No concerns regarding staffing levels were raised by residents in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Stewart Lodge. We also sought the opinion of residents and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Cards of thanks were displayed in the home. One comment recorded included:

"It is impossible for us to find words that adequately express our appreciation for the kindness, care and attention. The compassion displayed by you all in such a warm and pleasant manner is something you should be so proud of."

We observed the serving of the lunchtime meal in the dining room. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Residents who preferred to eat in their rooms had meals provided on trays in a timely manner.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The manager advised that residents often declined to take part in daily activities as they have individual pursuits and like to plan their own time.

Two residents spoken with commented:

“I like to be independent and do my own thing. I enjoy word searches.”

“I like to keep busy with puzzles and word searches.”

The manager advised that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.2.3 Resident records

Review of two residents' care records regarding falls, 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.

However, one resident's care record did not have a care plan or risk assessment in place in relation to the provision of a pressure relieving mattress. This was discussed with the manager and an area for improvement was identified.

Daily progress notes for one resident were observed to be completed and up to date. One resident's supplementary chart in relation to nutritional intake was reviewed and was noted to be well maintained.

Two residents' weight record charts were reviewed from 16 October 2020 to 24 November 2020. Both were well documented.

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.

6.2.4 Governance and management

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

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

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices including hand hygiene.

Review of the home's complaints record evidenced that systems were in place to ensure that complaints were managed appropriately.

We discussed the provision of mandatory training with the manager and the deputy manager, they advised that staff 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 2020 evidenced that staff had attended training regarding infection prevention and control (IPC) and Control of Substances Hazardous to Health (COSHH).

Residents spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Three residents commented:

"Care is first class and all my care needs are being met. Staff are first class. Food is first class. In fact they give you too much."

"I can't complain. They are nice people and the girls are nice."

"We have good times. I keep them going and they keep me going. If you ask them to do something. They do it. I've no problems."

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding communication between residents and staff.

Areas for improvement

Two new areas of improvement were identified regarding infection prevention and control (IPC) to ensure that notices displayed in the home are laminated and in relation to care plans and risk assessments for pressure relieving devices.

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | *4 |

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to infection prevention and control, to keep residents, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

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 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 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 DHSSPS 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: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care 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: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. |
| Area for improvement 3 Ref: Standard 35 Stated: First time To be completed: Immediate action required | 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. Ref: 6.2.1 Response by registered person detailing the actions taken: This has been noted and actioned. |
| Area for improvement 4 Ref: Standard 6 Stated: First time To be completed: Immediate action required | 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. Ref: 6.2.3 Response by registered person detailing the actions taken: This is now in place. |

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care