



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 28 February 2019



Stewart Lodge

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

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

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: Janet Stewart	Registered Manager: Janet Stewart
Person in charge at the time of inspection: Janet Stewart	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: Total number of eight places comprising: 08 – RC – I 02 – RC – DE

4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 12.50 to 15.30.

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

The inspection assessed progress with any areas for improvement identified during 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 communication between residents and staff and of the quality and variety of meals provided.

The home is commended that there were no areas requiring improvement identified.

Residents said that they had good relations with staff and that they enjoyed the food.

The registered manager said that it is important to her that she buys good quality meat and that the quality and variety of the home-cooked meals provided for residents is of the highest standard.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents, the registered manager and assistant manager during the inspection and feedback received following the inspection.

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, registered manager and Philip McFarland, assistant 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 27 June 2018.

5.0 How we inspect

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

- the previous inspection report and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection, the inspector met with the registered manager and the assistant manager, greeted four residents and met with two residents individually.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three 'Have we missed you?' cards were left on display inviting feedback from relatives or visitors. Three questionnaires were returned by relatives. A fourth questionnaire did not indicate if it had been returned by a relative or a resident.

The following records were examined during the inspection:

- a template of checks undertaken of staff registration with the Northern Ireland Social Care Council (NISCC)
- adult safeguarding policy and procedure
- daily medication audit book
- minutes of staff meetings
- minutes of a resident meeting
- care records for two residents
- record of meals provided

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and assistant manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 June 2018

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 20.17 Stated: First time	The registered person shall ensure that a template is developed to support spot checks and manage staff registration with NISCC.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and the assistant manager and review of the template used to record spot checks of staff registration with NISCC.	
Area for improvement 2 Ref: Standard 16.1 Stated: First time	The registered person shall ensure that the home's adult safeguarding policy and procedure is reviewed to reflect and reference the regional operational procedures (2016) including new regional terminology, reporting arrangements, contact details and forms to be completed.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed; the home's adult safeguarding policy and procedure had been reviewed and was dated August 2018 and the assistant manager reported that contact details and forms to be completed are retained on the home's computer.	

<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary including:</p> <ul style="list-style-type: none"> • Audits of accidents and falls should include an analysis for themes and trends with an action plan to minimise the risk where possible • Care records including for example, needs assessment, risk assessments, care plans and care reviews <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and review of two care files. The registered manager advised that care files were being improved and the front sheet was used to audit the content. A daily medication audit book was reviewed and up to date. The registered manager advised that the frequency of accidents and falls were very low and at present did not necessitate an audit.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that minutes of quarterly staff meetings are completed and include:</p> <ul style="list-style-type: none"> • The date • The names of those attending • Minutes of discussions • Any actions agreed <p>Action taken as confirmed during the inspection: Compliance was confirmed following review of minutes of staff meetings held on 26 July 2018, 30 October 2018 and 15 January 2019. The inspector advised that more detail should be included of discussions and that actions agreed in one staff meeting should be reviewed at the next staff meeting. The registered manager gave assurances that this would be implemented.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 1.2 Stated: First time	The registered person shall ensure that minutes are completed for residents meetings.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of the minutes of a residents' meeting dated 14 September 2018. The registered manager advised that the next meeting was scheduled for March 2019.	
Area for improvement 6 Ref: Standard 7.4 Stated: First time	The registered person shall ensure that written consents are obtained in regard to areas such as: <ul style="list-style-type: none"> • Photography • Access to records by professionals and RQIA • Night checks. 	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of two residents' care records.	

6.3 Inspection findings

6.3.1 Meals and mealtimes

The lunch-time meal was observed which was provided at a conventional time. The dining table was set with condiments and the room was clean, well lit and there was sufficient space around the table to afford residents and staff ease of movement. Observation and discussions with the registered manager confirmed that there is a range of suitable crockery, cups and glasses to meet the needs of residents.

The registered manager reported that whilst the home has a two week menu that it is, 'full of their favourites,' is revised on a regular basis and alternative meals are made if residents make suggestions during the week or the registered manager buys meat that they haven't had in a while when out grocery shopping.

Discussion with the assistant manager and a review of the record of meals served confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. The registered manager reported that full account is taken of relevant guidance documents or guidance provided by dieticians and other professionals and disciplines.

The registered manager and assistant manager were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and whilst all residents ate a normal diet, information had been disseminated to staff. A colour IDDSI chart was available for staff reference.

The lunch consisted of sausages, mashed potatoes, peas and carrots. Fresh fruit, ice-cream and yogurt were available for dessert. Discussions with the assistant manager verified that variations are accommodated and that there is good communication between all staff in regard to changes in residents' dietary requirements or health.

Observation during lunch evidenced that the registered manager and assistant manager were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. The lunch was well presented on the plate and those who wished to have their lunch in their room were accommodated. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents.

The registered manager and assistant manager were attentive towards residents, demonstrating a person centred approach and compassion in their manner. Throughout the meal residents were asked if they were enjoying their lunch or wanted any more.

Discussion with the registered manager and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Menus and snacks are provided for special occasions for example, Easter, Christmas and residents' birthdays.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory.

A review of two residents' care records and discussion with the registered manager confirmed that residents' weight is monitored at suitable intervals. Where a resident's appetite is reduced or is excessive a record is kept and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussion with staff confirmed that the home is well supported by dieticians and speech and language therapists (SALT).

6.3.2 Feedback received from residents, the registered manager and assistant manager during the inspection and feedback received following the inspection

Residents said that they had good relations with staff, that they were happy with the food and the home's environment.

Comments received from residents included:

- "They do whatever you need, no problems at all."
- "The food is really good. I'd rather have it in my bedroom but sometimes I go to the (dining) room for it."
- "It (the standard of care received) is excellent."
- "The food is good. There is always something that I've liked."
- "As far as I'm concerned everything is fine, the staff are so good and it's warm and comfortable. There is nothing more you could ask for."

Discussion with the registered manager and the assistant manager confirmed that they can meet the needs of residents in the home and that they aim to provide excellent quality and variety of meals.

The registered manager commented:

- “They like fresh fish during the week. They love stew and home-made vegetable soup made with chicken.”

Four questionnaires were returned; three indicated that they had been completed by a relative and one did not indicate if it had been completed by a resident or a relative.

All respondents indicated that they were very satisfied in regard to, is care safe, effective, compassionate and well-led.

One relative commented:

- “Stewart Lodge is an exceptionally good home. Janet, Philip and all the staff really care about all the residents.”

Areas of good practice

Areas of good practice were identified in regard to the quality and variety of the meals provided and in regard to communication with residents and their families.

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.



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
Twitter @RQIANews