

Inspection Report

Name of Service: Saintfield Lodge

Provider: Electus Healthcare 1 Limited

Date of Inspection: 14 April 2025

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:	Electus Healthcare 1 Limited
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Ms Amanda Horne
Service Profile – This home is a registered nursing home which provides nursing care for up to 51 patients. The home is divided in two units; the Bogues unit located on the first floor which provides care and the Gardener unit located on the second floor. Both provide care for patients living with a mental disorder excluding learning disability or dementia.	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2025 from 8.30 am to 5.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; management of risk, the environment and governance arrangements.

As a result of this inspection eight areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are brilliant with everyone. We are fond of the manager", "We paint, do puzzles and quizzes and play skittles. I enjoy all that", "I'm getting on well here. They are all sound," and "You see the staff, they are second to none."

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Staff spoken with said that Saintfield Lodge was a good place to work and said the teamwork was very good. We did not receive any questionnaire responses from patients or their visitors although we did receive four responses from the online survey.

One relative responded and commented positively regarding the care provided. They said, "This wee home looks after my brother so well. Have known the nurses for years and they couldn't do enough for you and nothing is ever a bother and they know those patients inside out which is lovely. Home looks much better over last few years as it used to be a little rundown."

Comments received from staff and the online survey regarding management arrangements were shared for the responsible individual for follow up as required.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Patients were observed chatting in the lounge with each other and playing bingo with staff in the afternoon.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

It was observed that information relating to patient care and treatment was accessible in the manager's office and nurse's office in the Gardener unit because staff had not locked the door when leaving either office. This was discussed with staff who took necessary action to secure access to the information. An area for improvement was identified.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was generally tidy and patients' bedrooms were personalised with items important to the patient. Communal areas were well decorated, suitably furnished, warm and comfortable.

Shortfalls in environmental cleaning were noted. Used personal protective equipment (PPE) was observed in a compound beside industrial waste bins while discarded patient equipment were noted at the side of the building. Discarded cigarette filters were observed in an internal courtyard. These issues were highlighted at the previous care inspection. In addition, concerns regarding environmental cleaning were identified in a number of patient bedrooms and some communal toilets. An area for improvement was stated for a second time.

Whilst there was evidence of improvements to the home in relation to purchasing of some furniture and painting in some bedrooms; improvement works were identified in multiple areas of the home such as patient bedrooms and the laundry.

It was disappointing to note that some of these deficits were identified at the previous care inspection in April 2024 and had not been addressed. This was discussed with the manager who committed to reviewing the works required in the home without delay. An area for improvement was stated for a second time.

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. Food and fluid thickening agent, liquid medicines and an open sharps box were accessible to patients in an unlocked treatment room in the Gardener unit. This was discussed with staff who took immediate action. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required. There were sufficient improvements noted in oversight and governance arrangements to meet a previously identified area for improvement.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Amanda Horne has been the Registered Manager in this home since 19 June 2024.

Review of a sample of records evidenced some improvements have been made to the governance systems for reviewing the quality of care, other services and staff practices. However, further work is required in the oversight arrangements in relation to the home environment to ensure these drive the necessary improvements. An area for improvement previously identified was stated for a second time.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	1*

*The total number of areas for improvement includes three that have been stated for a second time and one which was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda Horne, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: Second time To be completed by: 14 April 2025	The registered person shall ensure that all parts of the home are kept clean. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: Cleaning is reviewed and monitored by the Home Manager / Deputy Manager as part of the daily walkaround. New documentation has been implemented to clearly direct the domestic staff on the completion of tasks.
Area for improvement 2 Ref: Regulation 27 (2) (a) (b) (d) Stated: Second time To be completed by: 14 April 2025	The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection and evidence meaningful oversight by the Manager. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: A time bound action plan is currently in place to address any environmental deficits within the home. This is being actioned by the maintenance man and external contractors as required. Progress of the action plan is being monitored regularly.

<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 14 April 2025</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 2.0 and 3.3.5</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2025</p>	<p>The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission.</p> <p>Ref: 3.3.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2025</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered persons shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for its administration in the management of the distressed reactions.</p> <p>Ref: 2.0</p>
<p>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>	

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews