The Regulation and Quality Improvement Authority

Inspection Report

28 June 2024

Silver Birch Lodge

Type of service: Nursing Home
Address: 54 Crossgar Road, Saintfield, BT24 7LF
Telephone number: 028 9751 0392

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: Silver Birch Lodge **Registered Persons:** Dr Martin Ronald Phillips Mrs Sandra Martha Phillips	**Registered Manager:** Mr Cristian Moldovan – not registered
Person in charge at the time of inspection: Mr Cristian Moldovan, Manager	**Number of registered places:** 33
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 22
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 33 patients. Patients' bedrooms are located over two floors. Patients have access to communal lounges, the dining room and the garden.	

2.0 Inspection summary

An unannounced inspection took place on 28 June 2024 from 09.30 am to 5.30 pm by a care inspector.

The inspection assessed progress since the last 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 patient care, care records and maintaining good working relationships. There were examples of good practice in relation to the culture and the ethos of the home in maintaining the privacy and dignity of patients and valuing patients and their representatives.

Three new areas requiring improvement were identified during the inspection; one area for improvement has been stated for a second time and two areas for improvement in relation to medicines management have been carried forward for review at the next inspection. These are discussed in the main body of the report.

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 patients. 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.

Patients were observed to be well looked after regarding attention to personal care and appearance and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, patients' representatives 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 patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 were provided to give patients 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 Mr Cristian Moldovan, Manager, and the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients, patients' relatives and staff provided positive feedback about Silver Birch Lodge. Patients told us that they felt well cared for, enjoyed the food and that staff were caring and kind. Staff said that the manager was approachable and that they felt well supported in their role.

Patients' relatives spoken with commented:

"We're very happy with the care and have no issues at all. If we had any concerns, we could discuss them with the staff or the manager and would be confident any issues raised would be addressed appropriately."

Following the inspection we received one completed patient questionnaire. No patient representatives or staff questionnaires were received within the timescale specified.

The following comment was recorded:

'The care is good. I have no complaints and the food is good. Staff take their time with me and explain what they are doing.'

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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 7 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (7) **Stated:** Third time	The registered person shall ensure the infection prevention and control deficits identified on inspection are managed to minimise the risk and spread of infection.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that the administration of controlled drugs (Schedule 2 and Schedule 3) is witnessed by a second nurse/trained member of staff. Records of administration must be accurately maintained.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 40 **Stated:** Third time	The registered person shall ensure staff are supervised and appraised to promote the delivery of quality care and services.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 **Ref:** Standard 23 **Stated:** Third time	The registered person shall ensure there are clear and documented processes for the prevention and treatment of pressure damage. This is in relation to repositioning of patients.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 **Ref:** Standard 11.1 **Stated:** Second time	The registered person shall ensure a daily programme of meaningful activities is provided based on patients' identified needs, life experiences and interests.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that all care plans required for the assessed needs of a patient are in place and kept under review.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 **Ref:** Standard N26 **Stated:** First time	The registered person shall ensure that wardrobes are secured to walls for safety.	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met; see section 5.2.3 for details. This area for improvement is stated for the second time.	
Area for Improvement 6 **Ref:** Standard 8.2 **Stated:** First time	The registered person shall ensure patients can have visitors at any reasonable time to ensure their right to respect for private and family life.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 7 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that personal medication records are verified and signed by a second nurse at the time of writing and at each update.	**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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager confirmed that a robust system was in place to ensure staff were recruited correctly to protect patients, in accordance with relevant statutory employment legislation and mandatory requirements.

Staff said that they worked well together and that they supported each other on their roles. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed 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 patients. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, dementia awareness, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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. Mrs Sandra Martha Phillips, Responsible Person, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding mobility and patients at risk of falls were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that observations were recorded for a period of at least twenty-four hours in line with post fall protocol and current best practice.

Repositioning records evidenced the assessed frequency of repositioning for patients who require assistance to change their position to relieve pressure was adhered to. Records included checks of patients' skin and the signature of the staff assisting them.

Daily records were kept of how each patient 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 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room on the ground floor. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients

during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. However, the menu was not displayed on the menu board. The daily menu is required to be displayed in a suitable format, including pictorial where necessary, in a suitable location and showing what is available at each mealtime. This was discussed with the manager and an area of improvement was identified.

Patients able to communicate indicated that they enjoyed their meal.

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 well decorated, comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Patient call systems were noted to be answered promptly by staff.

It was observed that wardrobes were not secured to bedroom walls for safety. After the inspection, this was discussed with RQIA's Estates Inspector, who visited the home on 9 July 2024 to review the safety of wardrobes. It was decided that, whilst it would be difficult to topple wardrobes, that they should be secured to the backing wall. An area for improvement in this regard has now been stated for a second time.

Equipment used by patients such as hoists, shower chairs and wheelchairs were noted to be effectively cleaned.

The treatment room and the cleaning store were observed to be appropriately locked. However, observation of a sluice room on the ground floor, highlighted that it was left unlocked and unattended and contained substances which should be stored securely. This was discussed with the manager who locked the door immediately. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), 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 members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

On arrival to the home, patients were observed to enjoy playing bowls, target practice and a quiz with staff in the dining room. Patients spoken with said they enjoyed the activities provided and that they especially enjoy the quizzes.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard in the foyer advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as playing skittles, quizzes, armchair aerobics, listening to poetry, sing-a-longs and arts and crafts.

Review of patients' activity records evidenced that a record was kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Care records showed that staff discuss and observe patients' preferences for involvement in activity and their individual choices of preferred activities. Comments recorded showed that patients enjoyed the activities they attended.

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Daily visiting was in place and the manager confirmed that patients can have visitors at any reasonable time. Staff reported positive benefits of this 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 the management arrangements. Discussion with staff and patients' representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

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 care records, accidents/incidents, falls, wounds, restraints; such as the use of bedrails and alarm mats and IPC practices including hand hygiene.

It was established that the manager has a system in place to monitor accidents and incidents which occur within the home. It was noted that appropriate action had been taken after three patients had sustained a head injury and appropriate bodies had been informed, for example; patients' next of kin, their GP and care manager. However, review of these records highlighted that these had not been consistently reported to RQIA in keeping with regulation; an area for improvement was identified.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The manager confirmed no complaints have been raised this year and that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Records reviewed evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff said that there were good working relationships and commented positively about the manager and described him as approachable, supportive and available to offer advice.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3*	3*

* the total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Cristian Moldovan, Manager, and the management team 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 13 (4) **Stated:** First time **To be completed by:** With immediate effect (10 May 2022)	The registered person shall ensure that the administration of controlled drugs (Schedule 2 and Schedule 3) is witnessed by a second nurse/trained member of staff. Records of administration must be accurately maintained. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** From the date of inspection 28 June 2024	The registered person shall ensure that all chemicals are securely stored in keeping with Control of Substances Hazardous to Health legislation in order to ensure that patients are protected from hazards to their health. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff are been reminded to close and lock the Sluice room after use and all cupboards to be locked to ensure all residents are protected from any hazards.
Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** From the date of inspection 28 June 2024	The registered person shall ensure that RQIA is made aware of any notifiable event without delay. Ref: 5.2.5
	Response by registered person detailing the actions taken: All notifiable events will be reported to RQIA in the Notification Form 1a Initial Notification Adult Services.All nursing staff have been instructed of the process

<table>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 29

Stated: First time

To be completed by:
With immediate effect
(10 May 2022)</td><td>The registered person shall ensure that personal medication records are verified and signed by a second nurse at the time of writing and at each update.

Ref: 5.1</td></tr>
<tr><td>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.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard N26

Stated: Second time

To be completed by:
30 June 2023</td><td>The registered person shall ensure that wardrobes are secured to walls for safety.

Ref: 5.1 & 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Builder is in process to secure walls for residents safety.</td></tr>
<tr><td rowspan="2">Area for improvement 3

Ref: Standard 12

Stated: First time

To be completed:
From the date of inspection
28 June 2024</td><td>The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.

Ref: 5.2.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Agency Cooks and kitchen staff are being reminded the importance of displaying the daily menu on the board for all residents to see in the Dining Room.</td></tr>
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