

Unannounced Care Inspection Report

4 March 2019



Silverdale

Type of Service: Nursing Home (NH)
Address: 29a Castlegore Road, Castleterg, BT81 7RU
Tel No: 028 8167 9574
Inspector: Jane Laird

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 nursing home registered to provide nursing care for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: SRB Care Limited Responsible Individual: Sarah Roberta Brownlee	Registered Manager: Geraldine Browne
Person in charge at the time of inspection: Geraldine Browne	Date manager registered: 10 June 2009
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment	Number of registered places: 41 A maximum of 14 patients in category NH-DE, 1 bedroom in NH-I category only to be used by ambulant persons. The home is also approved to provide care on a day basis for 4 persons.

4.0 Inspection summary

An unannounced focused inspection took place on 4 March 2019 from 08.45 hours to 15.35 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection focused on assessing the level of progress with the areas for improvement identified during the last care inspection on 12 September 2018.

Evidence of good practice was found in relation to care delivery, and staffing arrangements. Good working relationships were maintained and patients' opinions were sought and valued.

One new area of improvement has been identified in regards to the content of the environmental audit tool however four areas requiring improvement which were stated previously have not been fully complied with and must be stated for a second time. These are in regard to the propping open of two bedroom doors and wedging open of a clinical room door, care records and governance of care records. It is anticipated that the ongoing installation of computerised records will assist the registered manager in the governance and oversight of nursing care records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*4

*The total number of areas for improvement includes one regulation and three care standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Geraldine Browne, registered 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.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 19 patients, two patient relatives, one visiting professional and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you' cards which were to be 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.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff from 25 February 2019 to 10 March 2019
- staff training records
- three patient care records
- three patient care charts including food and fluid intake charts
- RQIA registration certificate
- Public liability Insurance certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially 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 the most recent inspection dated 12 September 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 12 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4)(b) Stated: First time	The registered person shall ensure that bedroom doors are not propped open to ensure the safety and wellbeing of patients in the home.	Not met
	Action taken as confirmed during the inspection: Two bedroom doors were propped open and a clinical room door was wedged open during the inspection. This is discussed further in 6.3.4. This area for improvement has been stated for a second time.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that infection prevention and control procedures were in accordance with regional guidance and are monitored as part of the homes quality auditing systems. This is discussed further in 6.3.4.</p>		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons must ensure that risk assessments are completed and reflect the current needs of the patients as prescribed in care plans.</p>	Not met
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed three patient care records and identified that risk assessments were not consistently completed to reflect the current needs of the patients as prescribed in their care plans.</p> <p>This area for improvement has been stated for a second time.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the transporting of patients in wheelchairs and the moving and handling practices of staff are reviewed to ensure safety.</p>	
<p>Action taken as confirmed during the inspection:</p> <p>During the inspection the inspector confirmed that the transporting of patients in wheelchairs and the moving and handling practices of staff were in line with best practice.</p>	Met	

Area for improvement 3 Ref: Standard 44 Stated: First time	The registered person shall ensure that the malodour in identified bedrooms and corridors is reviewed and actioned as required.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that that the malodour in identified bedrooms and corridors was reviewed and actioned.	
Area for improvement 4 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that patients have control over who goes into their bedrooms or living space. Bedrooms should have a locking system that the patient can control, but that staff can open in emergencies. A plan to address this should be returned along with the QIP to include timescales.	Met
	Action taken as confirmed during the inspection: On review of the bedroom doors it was evident that some of the doors have had locks fitted. The registered manager confirmed that this is on a rolling schedule until all doors are fitted with a lock. This is discussed further in 6.3.4.	
Area for improvement 5 Ref: Standard 4 Stated: First time	The registered persons must ensure that care records are reviewed in line with agreed intervals, updated and maintained in accordance with best practice.	Not met
	Action taken as confirmed during the inspection: On review of three patient care records there were deficits within the updating and maintenance of the care plans. This is discussed further is 6.3.3. This area for improvement has been stated for a second time.	
Area for improvement 6 Ref: Standard 4 Stated: First time	The registered person shall ensure that supplementary care charts such as food and fluid intake records evidence a fluid intake over the 24 hours period.	Met
	Action taken as confirmed during the inspection: On review of three patient's fluid intake records it was evident that a fluid intake over the 24 hour period had been calculated.	

Area for improvement 7 Ref: Standard 23 Stated: First time	The registered person shall ensure that repositioning records reflect the correct settings of the pressure relieving mattresses and that they are set at the correct level.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the pressure relieving equipment audit which is carried out twice daily. The audit confirmed that the correct settings of the pressure relieving mattresses were set at the correct level. This is discussed further in 6.3.3.	
Area for improvement 8 Ref: Standard 12 Stated: First time	The registered person shall ensure that patients are assisted with their meals in a manner that enables effective communication	Met
	Action taken as confirmed during the inspection: On observation of the breakfast and lunchtime meal the inspector confirmed that patients were assisted with their meals in a manner that enabled effective communication.	
Area for improvement 9 Ref: Standard 35 Stated: First time	The registered person shall ensure that the system in place for auditing care records is reviewed, and provides the registered manager with a robust overview of care records.	Not met
	Action taken as confirmed during the inspection: On review of the system in place for auditing care records it was evident that the registered manager did not have a robust overview of the care records within the home. This is discussed further in 6.3.5. This area for improvement has been stated for a second time.	

6.3 Inspection findings

6.3.1 The patient experience

We arrived in the home at 08.45 hours and were greeted by staff who were helpful and attentive. Patients were mainly in their bedroom and staff were attending to their needs. Some patients were seated in one of the lounges in preparation for breakfast whilst others remained in bed, again in keeping with their personal preference or their assessed needs. Patients had

access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home's environment.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

We observed the serving of the lunchtime meal. Lunch commenced at 12.15 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. 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. However, it was observed that desserts were transported on the tray uncovered and placed in front of the patient along with their dinner. This was discussed with the registered manager who agreed to review this practice going forward.

Consultation with 19 patients individually, and with others in small groups, confirmed that living in Silverdale was a positive experience.

Patient comments:

- "Good place here"
- "Very happy"
- "All is very good in here"
- "I like it very well in here. Food is very nice"
- "Food is beautiful"
- "Looking after me well"

Representative's comments:

- "Happy. No concerns. Well informed about my care"
- "The staff are great"
- "I am eternally grateful to the staff of Silverdale for care and kindness which they have shown"

During the inspection we met with three patient representatives who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives' opinion on staffing via questionnaires. Six questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included; "Very happy with care. No complaints" and "As a family we are very happy with care". Ten questionnaires were returned which did not state if they were from patients or patient representative. The respondents were very satisfied across all four domains.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management and were aware of who their named nurse was and knew the registered manager.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Staffing arrangements

The registered manager confirmed the daily staffing provision for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 25 February 2019 to 10 March 2019 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff comments included; "Really like it here". "Feel support by management". We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Silverdale. We also sought the opinion of patients on staffing via questionnaires. Unfortunately no responses were received within the required time frame.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient and there was evidence of regular communication with representatives within the care records. However, there were a number of deficits identified regarding the frequency of reviewing risk assessments and care plans among all three patient care records. This was discussed with the registered manager as an area for improvement which was identified at the previous care inspection and has been stated for a second time.

The registered manager confirmed that all patient records would be transferred from hard copy onto a new electronic recording system when the appropriate software has been installed. The registered manager further discussed the auditing process that the new electronic system will provide whereby all records that are due for review will be highlighted to alert the staff so as to reduce the risk of care plans and risk assessments not being updated. We reviewed the management of nutrition, patients' weight and management of pressure care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate.

An area for improvement which was identified at the previous care inspection in relation to ensuring that repositioning records reflect the correct settings of the pressure relieving mattresses and that they are set at the correct level were being monitored by a twice daily auditing system, however, on review of one patients care records the patient did not have a care plan regarding the pressure relieving mattress. There was also confusion regarding the frequency of dressing changes in the wound management records of one identified patient. The registered manager acknowledged the shortfalls in the documentation and agreed to review the patient's folder following the inspection.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records of three patients were reviewed and all evidenced that contemporaneous records were maintained. However, there were inconsistencies in the documentation of the set fluid target to direct care staff. This was discussed with the registered manager who agreed to have a meeting with staff nurses to address all of the deficits identified above.

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout. We observed two bedroom doors propped open and a clinical room door wedged open during the inspection. The clinical room was unattended with medication easily accessible. The pharmacy inspector for the home was notified regarding the above findings. This was discussed with the registered manager who spoke with the registered nurse on duty and the importance of keeping the clinical room door locked when unattended due to the risk to patients. The registered manager further stated that identified patients have requested to stay within their bedroom and that their door is kept open. This was discussed with the estates inspector for the home who advised that fire doors should not be wedged open on an ongoing basis but should be fitted with a hold open device which releases the door to close on activation of the fire alarm system. This was discussed with the registered manager who agreed to review the current system. This area for improvement was identified at the previous care inspection and has been stated for a second time.

Locks to patient's bedroom doors were reviewed and although not all bedrooms had a lock there were assurances from the registered manager that there was a schedule in place to have the remaining locks fitted. On observation of the locks it was identified that the height

they were positioned at would not enable a person in a wheelchair to reach. This information was shared with the estates inspector and discussed with the registered manager who provided assurances that the remaining locks would be fitted at a more suitable height.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were adhered to on most occasions. Staff were observed utilising the correct personal protective equipment (PPE). During the inspection identified bedside tables and two bed frames were chipped therefore resulting in them not being able to be effectively cleaned. Several toilet brushes were also identified as no longer fit for purpose. This was discussed with the registered manager who agreed to have the above items repaired or replaced.

The registered manager confirmed that a twice weekly hand hygiene audit is carried out by the senior care assistant to drive quality assurances which was reviewed during the inspection. Audits also included the cleanliness of commodes, wheelchairs, shower chairs and bedside tables. This is discussed further in 6.3.5.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Management and governance of the home

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours were recorded; however it was unclear as to the capacity in which these were worked. The registered manager was asked to clearly differentiate office hours with hours worked as a nurse and to include the full name and job title of all staff. A copy of the amended rota was forwarded to RQIA following the inspection and validated by the inspector. Discussion with the staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the registered manager. The name of the nurse in charge was also highlighted on the rota.

Discussion with the registered 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, hand hygiene, accidents/incidents, IPC practices and care records. A number of governance audits were reviewed which were completed on a monthly basis by the registered manager, nursing sister or senior care assistant. Environmental audits were also reviewed and as previously mentioned in 6.3.4 in relation to IPC the audits did not capture the issues identified during the inspection. This was discussed with the registered manager and an area for improvement under care standards was stated.

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

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives.

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

An area for improvement was identified during the inspection regarding the governance of audits within the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Browne, registered 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 further 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 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 Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4)(b) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that bedroom doors are not propped open to ensure the safety and wellbeing of patients in the home. Ref: 6.2 Response by registered person detailing the actions taken: Fully compliant - Electric hold open device now fitted to bedroom since inspection.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 4 May 2019	The registered person shall ensure that the environmental audits are updated to include the areas identified in 6.3.4 above. Ref: 6.3.4 and 6.3.5. Response by registered person detailing the actions taken: Areas identified during inspection have been added to the Environmental Audit Lists for completion.
Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: 4 May 2019	The registered persons must ensure that risk assessments are completed and reflect the current needs of the patients as prescribed in care plans. Ref: 6.2 Response by registered person detailing the actions taken: Risk Assessments are now completed and reflect the current needs of the patients as prescribed in their individual Care Plan.
Area for improvement 3 Ref: Standard 4 Stated: Second time To be completed by: 4 May 2019	The registered persons must ensure that care records are reviewed in line with agreed intervals, updated and maintained in accordance with best practice. Ref: 6.2 Response by registered person detailing the actions taken: A new format for Care Plan Reviews has commenced from 1 st April 2019 which will see moving forward all patients Care Plans reviewed at least monthly, or more frequently as required, by 25 th of each month. Patients records are transferring from hard copy to new electronic recording system within the next month.

<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the system in place for auditing care records is reviewed, and provides the registered manager with a robust overview of care records.</p> <p>Ref: 6.2</p>
<p>To be completed by: 4 May 2019</p>	<p>Response by registered person detailing the actions taken: The system in place for auditing Care Records has been reviewed and with using a new format it provides a more robust overview of Care Records.</p>

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



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