

# Unannounced Care Inspection Report 5 October 2017



## Silverdale

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 41 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> SRB Care Limited  <b>Responsible Individual:</b> Mrs Sarah Roberta Brownlee	<b>Registered Manager:</b> Mrs Geraldine Browne
<b>Person in charge at the time of inspection:</b> Geraldine Brown	<b>Date manager registered:</b> 10 June 2009
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 41 comprising: 14 – NH-DE

### 4.0 Inspection summary

An unannounced inspection took place on 5 October 2017 from 10.00 to 16.15 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found across the four domains reviewed. These included but not limited to: staff recruitment, training and development; care planning and care delivery; communication between patients, staff and other key stakeholders. There was also evidence that the service was well-led with good governance and management systems in place.

Areas requiring improvement were identified under the standards in regards to the policy for adult safeguarding and records pertaining to the use of lap belts used to maintain patient's safety.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms.

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
<b>Total number of areas for improvement</b>	0	2

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 dated 9 May 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 May 2017.

There were no further actions required to be taken following the most recent 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
- 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection assessment audit

During the inspection the inspector met with five patients individually and the majority of others were greeted in smaller groups, eight staff, one visiting professional and three patients' visitors/representatives were also consulted. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff from 2 to 8 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files

- three patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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, partially met, or not 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 9 May 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 17 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (3) <b>Stated:</b> Second time	The registered provider must make suitable arrangements to provide a safe system for moving and handling patients. Moving and handling training should be provided for staff with specific focus on the use of the “handling belt.”	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A discussion with staff and a review of information evidenced that staff had been provided with training. Observations made of staff using the handling belt evidenced that the training had been embedded into practice.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that enhanced Access NI checks are received prior to the commencement of employment of any new staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of personnel files for two staff members recently employed confirmed that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that moving and handling training is delivered by a person or agency suitably qualified in keeping with best practice guidance and a record is kept of the qualification of the trainer and the content of the training delivered.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A discussion with the registered manager confirmed that they are responsible for delivering moving and handling training. Following the last care inspection, the registered manager advised that they had completed an update in regards to “train the trainer”. There was written evidence available to confirm this information. Staff spoken with confirmed that the training provided included both theory and practical elements. They advised that it provide them with the necessary information to enable them to fulfil their role and responsibilities.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41 criteria (8)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure staff meetings take place on a regular basis for all staff to attend and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> <li>• The date of all meetings</li> <li>• The names of those attending</li> <li>• Minutes of discussions</li> <li>• Any actions agreed</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of information confirmed that this area for improvement had been met. Refer to section 6.4.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels 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 for week commencing 2 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records reviewed for two staff members were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. An area for improvement identified at the last care inspection was met.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction process, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager also signed induction records to ensure that all areas of the induction process had been satisfactorily completed.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Training was provided via 'face to face' by both internal and external providers. It was noted that the responsible person had also completed training. This is commended. Discussion with staff confirmed that other training was provided to enhance staff knowledge and professional development.

A review of information and discussion with staff evidenced that they received regular supervision and an annual appraisal.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. However a review of the homes policy identified that the policy needed to be reviewed to ensure that it was up to date and reflected the new policy and procedures. This has been identified as an area for improvement under the standards.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review sample of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

During the inspection some information displayed on notice boards included patient's personal details. This matter was discussed with the registered manager in regards to confidentiality. The registered manager understood and acknowledged the importance of same and agreed to address immediately. This will be monitored at subsequent care inspections.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patient's bedrooms were personalised with photographs, pictures and personal items. Since the last inspection, a number of improvements have been made to the home to include; new flooring and furniture in bedrooms. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored. Some specialist chairs observed were damaged and torn however this had been identified during the monthly monitoring quality visit and plans were in place to address same.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

## Areas for improvement

An area for improvement under the standards was identified in relation to the Adult Safeguarding Policy.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Risk assessments and care plans were commenced on the day of admission and completed within five days of admission to the home.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), Dietician, Tissue Viability Nurse (TVN). Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record. A dietician spoken with during the inspection, advised that the staff were very good at following and adhering to any recommendations made. They advised that food and fluid intake records were maintained to a high standard and that staff from the home including catering staff had attended recent training facilitated by the Trust.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Supplementary care charts such as repositioning/food and fluid intake evidenced that records were in the majority maintained in accordance with best practice guidance, care standards and legislation.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the records of one identified patient evidenced that the dressing had been changed according to the care plan. Records were maintained to demonstrate care delivery and the effectiveness of same.

The use of restraint and/or restrictive practice was reviewed in three care records with specific focus on the use of a "lap-strap" for specialist seating. A policy on the use of restraint was available to guide and direct staff. Care plans were in place and outlined the parameters for the use of same. Written evidence was available to confirm that the patient's representatives had been involved and participated in the process. However, a record was not maintained to evidence when the "lap belt" was being used or not. This was discussed with the registered manager who advised that these had been maintained previously but acknowledged that this was not happening at present. This has been identified as an area for improvement under the standards.

Records were also reviewed in relation to the management of catheterisation. Continence assessments accurately reflected the identified need and a care plan in place included the details in regards to the management of the indwelling catheter. A review of intake and output charts evidenced that on occasions the patients output was significantly greater than their intake. Whilst some recorded entries referred to same this was not consistent. The importance of monitoring this information and taking appropriate action was discussed with the registered manager who gave assurances that this would be addressed accordingly.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift and confirmed that it provided them with adequate information to meet patients care needs.

Discussion with the registered manager and a review of information confirmed that staff meetings were held on a regular basis and records were maintained. There was evidence that staff meetings were held across all teams. In addition to these, other meetings were held to highlight any issues and improve the running of the home. These included: Continuous Improvement and Health and Safety committee meetings. Records were maintained accordingly. It was also noted that the responsible individual attended all meetings held. This is good practice.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager, the registered manager and/or the responsible individual.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were also held on a regular basis. Minutes were available.

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

### **Areas for improvement**

An area for improvement under the standards was identified in relation to the management of restraint and/or restrictive practices.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. At the time of the inspection a religious ceremony was being held and members of the clergy were observed visiting patients in their own bedrooms who were unable to join in the ceremony held.

A dedicated member of staff was employed to organise and deliver activities. At the time of this inspection the staff member was on leave. The registered manager advised that during periods of leave, care staff were allocated to deliver activities. A review of the duty rota and observations made confirmed the accuracy of this information. Staff were observed carrying out activities; these included singing and reminiscence. It was evident from the patients' engagement that they enjoyed same.

The serving of the lunch was observed in the nursing dementia unit. The food appeared nutritious and appetising. The mealtime was well supervised and a discussion with staff demonstrated that they were knowledgeable of patient's dietary needs. Staff were observed to encourage patients with their meals and assist patients in an unhurried manner. A person centred approach was evident, for example; some patients had their own 'special china cup and saucer'.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. An annual quality report completed for 2016/17 gave a detailed operational account of the home.

Consultation with five patients individually, and with others in smaller groups, confirmed that living in Silverdale was a positive experience and that staff were caring and attentive.

Comments included:

"Very content at present."

"Very happy with the care, the food is excellent, I am well cared for."

A number of letters and cards received by the home from relatives were displayed, who all expressed their kindness and appreciation to the staff for the care they delivered. Three relatives spoken with at the time of the inspection commended the owner, manager and staff for the care and compassion shown to them and their relative.

Comments included:

“Every single one of them deserves a medal.”  
 “Very helpful, good home kept well informed.”

As previously discussed questionnaires were issued to patients, relatives and staff. Three relatives, seven patients and seven staff had returned their questionnaires within the timeframe for inclusion in this report. All responses received from patients and their representatives indicated that they were either ‘very satisfied or satisfied’ with the care provided. Responses received from all staff indicated that they were ‘very satisfied ‘across all domains. No concerns were raised.

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observations made evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. A discussion with staff, patients and relatives and a review of information confirmed that the registered manager has a very “hands on approach” to the running of the home and the responsible individual is also very involved.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

A copy of the complaints procedure was displayed in various locations throughout the home. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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 nursing 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13 Criteria 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2017</p>	<p>The registered person shall ensure that the policy for adult safeguarding is reviewed and updated to reflect the new regional operational safeguarding policy and procedures.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Home's Policy for Adult Safeguarding has been reviewed and updated to reflect the new Regional Operational Safeguarding Policy and Procedures.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2017</p>	<p>The registered person shall ensure that a record is maintained to evidence when the "lap strap" on specialist seating is being used or released.</p> <p><b>Ref: Section 6.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A record is maintained daily to evidence when the lap strap on specialist seating for a patient is being used and/or when it has been released.</p>

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



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