



Unannounced Care Inspection Report

10 June 2019



Silverdale

Type of Service: Nursing Home
Address: 29a Castlegore Road, Castlederg, 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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 41 patients.

3.0 Service details

<p>Organisation/Registered Provider: SRB Care Limited</p> <p>Responsible Individual: Sarah Roberta Brownlee</p>	<p>Registered Manager and date registered: Geraldine Browne 10 June 2009</p>
<p>Person in charge at the time of inspection: Geraldine Browne</p>	<p>Number of registered places: 41</p> <p>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.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 40</p>

4.0 Inspection summary

An unannounced focused inspection took place on 7 June 2019 from 09.40 hours to 15.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 in relation to adult safeguarding, infection prevention and control (IPC) practices, falls management, care delivery, record keeping, governance arrangements, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified 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.

It was positive to note that all five areas for improvement from the previous care inspection have been met and there were no areas for improvement identified during this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report. 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Geraldine Browne, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 3 June 2019 to 16 June 2019
- 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
- one staff recruitment and induction files
- three patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly quality monitoring reports for April 2019 and May 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all five were met.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 09.40 hours and were greeted by the manager and staff who were helpful and attentive. Patients were mainly seated in one of the lounges whilst others remained in bed, again in keeping with their personal preference or their assessed needs.

The 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 3 June to 16 June 2019 evidenced that the planned staffing levels were adhered to.

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; "I love it here". "Management very supportive" and "Good staff morale". 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. Three questionnaires were returned from patients. The respondents were very satisfied with the service provision across all four domains.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2019/2020 which were well maintained. 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. Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

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 identified patient equipment where the fabric was torn and therefore not able to be effectively cleaned. The manager stated that they were already aware of some of the equipment that required repair and were progressing with a refurbishment plan for these items. The manager further stated that any equipment that was not able to be repaired would be replaced accordingly.

We observed a number of monitoring devices which had a potential ligature risk due to the length and position of the cord. Following the inspection RQIA received confirmation that the cords had been reviewed on the day of inspection and adjusted to a more suitable length to reduce the risk to patients.

A number of governance audits were reviewed which were completed on a monthly basis to assure the quality of care and services. Audits were completed regarding, hand hygiene, accidents/incidents, infection prevention and control (IPC) practices, the environment and care records. Audits identified areas that required improvement and an action plan with time scales to address any deficits was implemented. This was commended by the inspector.

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

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 care plans were in place to direct the care required and reflected the assessed needs of the patient and there was evidence of regular communication with representatives within the care records. We reviewed the management of nutrition, patients' weight and management of falls. 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. The manager confirmed that all patient records were in the process of being transferred from hard copy onto a new electronic recording system. The 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.

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. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the SALT or the dietician. Care records were well maintained and demonstrated commitment from the nursing team. This is to be commended.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews.

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

6.5 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 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, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you so much for all your help and care"

"Thanks for all the care and compassion"

Consultation with 13 patients individually, and with others in small groups, confirmed that living in Silverdale was a positive experience.

Patient comments:

- "Well looked after"
- "Food is very good"
- "Very happy here"
- "I feel safe here. Staff are looking after me very well"
- "Very happy living here"
- "Not a better kind of staff in the world"

Representative's comments:

- "Staff amazing. I would recommend this home to anyone"
- "Care is normally very good. More attention needed to smaller details"
- "No concerns regarding the care. Could not fault one person"
- "Anything that happens the staff let me know. First class here"
- "No concerns. Relatively good home".

During the inspection we met with two 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. Three questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included; "The care within Silverdale is excellent" and "No concerns". Four questionnaires were returned which did not state if they were from patients or patient representative. The respondents were very satisfied across all four domains.

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.

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.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity coordinator was very knowledgeable about the patients' individual interests and encouraged patients to use their skills/talents where possible. The outdoor garden space and grounds were well maintained with various seating locations and colourful plants. The patients appeared to enjoy the interaction between the staff and each other.

Areas of good practice

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

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

6.6 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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours were recorded and the capacity in which these were worked. Discussion with the staff and patients evidenced that the 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.

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 manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. 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.

Areas of good practice

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

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

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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