

Unannounced Care Inspection Report 22 May 2017



Saintfield Lodge

Type of Service: Nursing Home
Address: 4, Old Saintfield Road, Belfast, BT8 8EY
Tel No: 028 9081 4010
Inspector: Lyn Buckley

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Saintfield Lodge took place on 22 May 2017 from 09:40 to 15:40 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies, staff training and development and the environment. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. We were assured that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Two requirements were made in relation to fire safety practices and COSHH; and one recommendation was made regarding the further development of care plans relating to potential smoking risks.

Is care effective?

We also reviewed the management of nutrition and weight loss and the management of falls. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as speech and language therapist (SALT), dieticians, care managers and General Practitioners (GPs).

Supplementary care charts such as repositioning, food and fluid intake records evidenced that records were maintained in accordance with best practice guidance and care standards. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

No areas for improvement were identified during the inspection within this domain.

Is care compassionate?

We arrived in the home at 09:40 hours and were greeted by staff who were helpful and attentive. Patients were either finishing a late breakfast or enjoying a morning cup of tea/coffee in one of the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patient to drink as required.

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. Patients indicated that they enjoyed living in Saintfield Lodge Care Home and could choose how they spent their day. Patients and staff discussed how much they had enjoyed a recent Sports Day. The home also has a vegetable and flower garden overseen by patients with assistance from the deputy manager. Patients confirmed how much they enjoyed the activities provided for them. Patients unable to verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

A recommendation was made regarding the displaying of patient information.

Is the service well led?

The certificate of registration issued by RQIA was displayed in the foyer of the home.

Review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, complaints, the environment and infection prevention and control. The records of audit evidenced that any identified areas for improvement had been addressed and checked for compliance. Audit outcomes informed the monthly quality monitoring process undertaken by the regional manager on behalf of the responsible individual.

A review of accident/incident records and notifications of incidents submitted to RQIA, since the last care inspection, confirmed that these were managed appropriately.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff were very complimentary regarding the leadership of the home and the effective team relationships.

In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3*	2

*The total number of requirement includes one requirement stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Melanie Reyes, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Claire Royston	Registered manager: Melanie Reyes
Person in charge of the home at the time of inspection: Jimmy Houston – deputy manager until 10:00 hours. Melanie Reyes – registered manager from 10:00 hours.	Date manager registered: 29 July 2013
Categories of care: NH-MP	Number of registered places: 51

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients individually and with others in small groups; two registered nurses, six care staff, one domestic and one member of catering staff. Questionnaires were also left in the home to obtain feedback from patients, relatives and staff not on duty during the inspection. Eight patient and 10 questionnaires for staff and relatives were left.

The following information was examined during the inspection:

- duty rota for all staff from 15 to 28 May 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
- one staff recruitment and induction file
- three patient care records
- consultation with patients, relatives and staff
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: First time	The registered provider must ensure that: <ul style="list-style-type: none"> • Infection prevention and control measures are adhered to by staff. • The damaged equipment as detailed in section 4.3 must be repaired or replaced. • Staff must ensure any equipment used by patients is monitored to ensure that it is fit for purpose. 	Partially Met

	<p>Action taken as confirmed during the inspection: Observation evidenced that this requirement had not been met in full and is stated for second time. Details can be found in section 4.3.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 6.14 Stated: First time</p>	<p>The registered provider must ensure that patient's hand hygiene and nail care are well managed.</p> <p>Action taken as confirmed during the inspection: Observation confirmed that this recommendation had been met.</p>	Met

4.3 Is care safe?

The registered and deputy managers 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 from 15 to 28 May 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. 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. We also sought staff opinion on staffing via questionnaires; two were returned following the inspection. Both respondents answered 'yes' to the question, "Are there sufficient staff to meet the needs of the patients?"

Patients spoken with during the inspection commented positively regarding the staff and the care delivered, and that they were satisfied that when they required assistance staff attended and supported them in timely manner. We also sought the patients' opinions on staffing via questionnaires; two were returned indicating that there was sufficient staff to need their needs.

No relatives were consulted during the inspection. However, we sought relatives' opinion on staffing and other matters and left 10 questionnaires with the registered manager for distribution; none were returned.

Staff recruitment information was available for inspection and records 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; and that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that the registered manager had a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records were maintained in accordance with Standard 39 of The Care Standards for Nursing Homes 2015. Mandatory training compliance was monitored by the registered manager and also reviewed by senior management as part of the monthly quality monitoring process. Additional training was also available to ensure staff were able to meet the assessed needs of patients. The registered manager confirmed that two care staff had achieved a National Vocational Qualification (NVQ) level 2 and three staff had achieved NVQ level 3. Three more staff had enrolled to completed NVQ level 2 and one at level 3. Also one care assistant was awaiting confirmation to commence their registered nurse training through the Open University. The registered manager said she was proud of the achievements of her staff and commended the support provided by Four Seasons Healthcare through their nurse academy and their nursing journal.

Observation of the delivery of care evidenced that training, such as moving and handling training, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager, confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedures into practice. A safeguarding champion had been identified and training was arranged.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

Review of accidents/incidents records and notifications forwarded to RQIA, since 1 January 2017, confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm and clean throughout. A requirement had been made during the previous care inspection regarding infection prevention and control (IPC) measures/practices. This requirement was partially met. Observations evidenced that improvements had been made in relation to the management of equipment but staff did not always adhere to good practice in relation to storage in bathrooms, where there was a toilet. For example, items such as wipes, wheelchair cushions and rolators were stored in bathrooms/toilets. In addition a sluice room on the first floor used as a domestic store contained a variety of items that should not be stored in a sluice room. Concerns were also discussed with the registered manager regarding flooring in bathrooms and the damage to wood work observed throughout the home.

The registered manager confirmed that these issues would be addressed in the home's refurbishment plan which had been recently discussed with the regional manager. Review of the quality monitoring report for May 2017 confirmed this and RQIA will review the planned refurbishment of the home during subsequent inspections. However, the requirement partially met was stated for a second time.

In relation to control of substances hazardous to health (COSHH) we observed that the sluice room on the first floor, was unlocked and it contained a variety of chemicals which were accessible to patients. This was brought to the attention of a senior staff member who did lock the door. However, a requirement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, a number of bedroom doors, designated as fire doors, were observed to be wedged or propped open with various items such as chairs, commodes and chest of drawers. This was discussed with the registered manager who confirmed that she had requested 'hold open devices' for the doors. However, while we acknowledged that the registered manager was addressing this risk to fire safety; a requirement was made and the information shared with the estates team in RQIA.

Staff spoken with were aware of the need to monitor fire safety particularly in relation to smoking. We reviewed one patient's care record in relation to the management of smoking risks. Following discussion with the registered manager it was agreed that the care plan would include the action to be taken by staff if and/or when specific circumstances arose increasing the risk of potential harm. A recommendation was made.

Areas for improvement

A requirement was made in relation to the COSHH and the safe storage of chemicals.

A requirement was made in relation to the wedging and propping open of fire doors.

A recommendation was made in relation to potential fire safety risks associated with smoking.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

Review of three patient care records evidenced that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patient changed. Nursing staff also demonstrated awareness of the need to review and update care plans when recommendations were made by other healthcare professionals such as, the speech and language therapist (SALT) or the tissue viability nurse (TVN) were changed.

In addition to the care planning/management of potential smoking risks, as detailed in section 4.3; we also reviewed the management of nutrition and weight loss and the management of falls. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as SALT, dieticians, care managers and General Practitioners (GPs).

Supplementary care charts such as food and fluid intake records evidenced that records were maintained in accordance with best practice guidance and care standards. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

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 spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed.

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 the nurse in charge, the registered manager or the regional manager.

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

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

We arrived in the home at 09:40 hours and were greeted by staff who were helpful and attentive. Patients were either finishing a late breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patient to drink as required.

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.

Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. However, patient names and medical information were displayed on whiteboards at the nurses' stations. Feedback was provided to nursing staff and the registered manager and a recommendation was made regarding the displaying of patients' information.

Patients indicated that they enjoyed living in Saintfield Lodge Care Home and could choose how they spent their day. Patients and staff discussed how much they had enjoyed recent a Sports Day. Patients competed with other patients from a sister home for medals in each event and a BBQ was held to finish off the day. Pictures were available to view which showed patients and staff enjoying the day and the BBQ. The home also has a vegetable and flower garden overseen by patients with assistance from the deputy manager. Patients confirmed how much they enjoyed the activities provided for them. Patients unable to verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home.

Eight patient questionnaires were issued; two were returned. One patient indicated that they were satisfied with the care provided to them across the four domains. One patient completed the questionnaire in part and indicated that they were satisfied with care being compassionate. However, they did record some comments which included that they “liked the building” and that “I can come and go as I please...” and “I am well looked after.”

Ten relative questionnaires were issued; none were returned prior to the issue of this report.

Ten questionnaires were issued to staff; two were returned prior to the issue of this report. Staff members were either very satisfied or satisfied with the care provided across the four domains.

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

Areas for improvement

A recommendation was made in relation to the management of patient information.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home’s certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the registered manager’s hours, and other staff hours included the capacity in which the hours were worked and were clearly recorded. Discussion with patients and staff evidenced that the registered manager’s working patterns provided opportunity to allow them to have contact with her as required.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, complaints, the environment and infection prevention and control. The records of audit evidenced that any identified areas for improvement had been addressed and checked for compliance. Audit outcomes informed the monthly quality monitoring process undertaken by the regional manager on behalf of the responsible individual.

Review of records for March, April and May 2017 evidenced that quality monitoring visits were completed on a monthly basis. Recommendations were made within the report to address any areas for improvement. Information relating to a planned refurbishment programme were included in the May 2017 report, as discussed with the registered manager.

A review of accident/incident records and notifications of incidents submitted to RQIA, since the last care inspection, confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff were very complimentary regarding the leadership of the home and the effective team relationships.

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion, patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Melanie Reyes, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2017.</p>	<p>The registered provider must ensure that:</p> <ul style="list-style-type: none"> • Infection prevention and control measures are adhered to by staff. <p>Ref; Section 4.2 and 4.3</p> <p>Response by registered provider detailing the actions taken: Staff have been provided with supervision in relation to Infection control practice. Unnecessary equipment and materials have been removed from bathroom. Compliance will be monitored through the internal auditing system and during the Regional Managers Reg 29.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (4) (a) (b) (c) and (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered provider must ensure that staff adhere to fire safety practices; and that fire doors are not wedged or propped open.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Additional six door retaining units have been requested and installation to be commenced. Staff have received supervision with regards to fire safety. This will be monitored through the internal auditing process</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2) (a) (b) and (c).</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered provider must ensure that chemicals are managed in accordance with COSHH regulations</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Additional supervision provided to staff regarding COSHH regulations and compliance to regulation monitored regularly through spot checks by the Registered Manager.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered provider should ensure that when a patient requires a specific plan to manage the potential risks of smoking that the care plan is explicit in relation to the action to be taken and recorded by staff.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A patient-centered care plan pertaining to potential risks of smoking has been drawn up for patients which details specific actions to be taken and recorded by staff.</p>

<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered provider should ensure that patient information is maintained in a confidential manner to ensure the privacy and dignity of patients is upheld.</p> <p>Ref: Section 4.5</p>
<p>To be completed by: 30 June 2017</p>	<p>Response by registered provider detailing the actions taken: The identified notice board found in Gardner Unit was taken down and staff has been given supervision on Information Governance.</p>

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



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