



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Saintfield Lodge**

**2 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 2 November 2015 from 10.00 to 16:30.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the last care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 8 January 2015

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

The 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.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Season Health Care Claire Royston	<b>Registered Manager:</b> Melanie Reyes
<b>Person in Charge of the Home at the Time of Inspection:</b> Melanie Reyes	<b>Date Manager Registered:</b> 29 July 2013
<b>Categories of Care:</b> NH-MP	<b>Number of Registered Places:</b> 51
<b>Number of Patients Accommodated on Day of Inspection:</b> 50	<b>Weekly Tariff at Time of Inspection:</b> £596 - £616 per week

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned Quality Improvement Plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 10 patients, four care staff, three registered nurses staff and ancillary staff. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- six patients' care records
- staff training records
- staff induction records
- competency and capability assessments of the registered nurse in charge of the home in the absence of the manager
- policies for communication, death and dying and palliative and end of life care

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 8 January 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time	It is recommended continence care plans detail the type of continence product to be used and the details of the patient's toileting programme.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of nursing care records did not evidence a consistent and accurate approach to the assessment, care planning and evaluation of patients' continence needs.  Care plans for the management of incontinence were present in two patients care records. The corresponding continence assessment for the patients stated that the patients were continent.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended care plans accurately reflect patients' needs. Care interventions detailed in care plans should be current and not historical, for example if a care intervention within a care plan is no longer applicable the care plan should be amended at the time of the monthly evaluation, or before.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of nursing care records did not evidence a consistent and accurate approach to the assessment, care planning and evaluation of patients' continence needs.</p> <p>The monthly evaluation of a continence management care plan stated the patient was not incontinent. Care documentation should have reflected the change and the care plan modified.</p>		

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

#### Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs

A review of care records evidenced that the breaking of bad news was discussed with patients, care and treatment plans were also discussed, where appropriate.

There was evidence within care records reviewed that patients were involved in the assessment, planning and evaluation of care to meet their assessed needs. Care plans reflected the statement that the plan of care had been discussed with the individual. Discussion took place with the manager as to whether this was sufficient evidence regarding consultation with patients. The manager agreed to review the current arrangement.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised, care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication

aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

### **Is Care Compassionate? (Quality of Care)**

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from admission to the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

### **Areas for Improvement**

Nursing staff should review how they evidence care plans have been developed in consultation with the patient.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A review of training records evidenced the following:  
22 out of 26 staff had completed a training workbook on palliative/end of life care  
12 recently attended external training regarding palliative/end of life care  
51% of staff had completed palliative/end of life training via e learning

Discussion with staff nursing confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with staff confirmed their knowledge of the protocol.

There was no specialist equipment, for example, syringe drivers, in use at the time of the inspection.

A palliative care link nurse has been identified and has completed training.

### **Is Care Effective? (Quality of Management)**

At the time of the inspection there were no patients in receipt of palliative or end of life care. However, a review of six care records evidenced that patients' care needs were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient and staff in respect of death and dying arrangements had occurred in the majority of care records reviewed.

A key worker/named nurse was identified for each patient.

Discussion with the manager and staff evidenced that environmental factors had been considered. It was felt the home would make reasonable arrangements for relatives/representatives to be with patients who were ill or dying.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of six care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding their care.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they would be given an opportunity to pay their respects after a patient's death.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included bereavement support; staff meeting, or counselling.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Questionnaires

As part of the inspection process, we issued questionnaires to staff and patients. We observed care practice and spoke to patients on an individual and/or small group basis.

#### Staff Views

All comments on the two returned staff questionnaires were positive. Staff confirmed patients were afforded privacy dignity and respect at all times.

Comments included:

“Staff are very caring in regards to their work and the compassion they show to their patients.”

#### Patients' Views

Seven patients' questionnaires were completed and returned. Patients confirmed

Comments received from patients included:

“I like it here and I like my room.”

“I am happy.”

“Staff are good to me.”

“Staff are helpful.”

### 5.5.2. Meals and Mealtimes

The serving of the midday meal was observed in both dining rooms. Following this a number of areas were discussed with the manager, and were:

- the day's menu was not displayed in a format suitable for patients to view. The rotational menu was displayed on the corridor wall outside the dining room on the ground floor. However, the meal which was served did not correspond to the meal which was stated on the rotational menu. Attention should be given to providing the information, in a suitable format for patients at each mealtime.
- On the first floor, meals are served to patients at the serving hatch. Patients come to the serving hatch and their meal is given to them. This arrangement should be reviewed to ensure this is the most dignified approach to mealtimes and that the mealtime arrangements have been agreed with patients.

The manager agreed to review the current mealtime arrangements and will discuss mealtimes with patients and staff. Recommendations have been made.

### 5.5.3. The Environment

The home was in the process of being refurbished. A new heating system had been installed and all areas of the home had either been upgraded or are scheduled to be in the future. Refurbishment included new flooring of corridors and dining rooms. The corridors on both floors are to be redecorated as are lounge areas and all bedrooms. The investment in the fabric and furnishings of the home is commendable.

## 6. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 19.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 4 January 2016</p>	<p>It is recommended continence care plans detail the type of continence product to be used and the details of the patient's toileting programme.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Addressed. Resident's care plans re-audited using the new TRACA system which specifically evaluates the quality of care plans including the continence care plans ensuring the details of toileting regime is stipulated.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 4 January 2016</p>	<p>It is recommended care plans accurately reflect patients' needs. Care interventions detailed in care plans should be current and not historical, for example if a care intervention within a care plan is no longer applicable the care plan should be amended at the time of the monthly evaluation, or before.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Addressed. Regular Care Plan auditing being carried out to ensure accurate recording of patient's needs and any shortfalls being addressed in the action plan</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 11 January 2016</p>	<p>Nursing staff should review how they evidence care plans have been developed in consultation with the patient.</p> <p><b>Ref: Section 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Addressed. Discussion of the Patient's Rights, Consents and capacity Needs and how to ensure accurate documentation of resident's/relative's agreeing to care planning is evidenced are included in Supervision of the trained staff.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 11 January 2016</p>	<p>The daily menu is displayed in a suitable format and in an appropriate location, informing patients what is available at each mealtime.</p> <p><b>Ref: Section 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Addressed. Daily menu provided in each unit after it was reviewed and passed.</p>

<b>Recommendation 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be Completed by:</b> 11 January 2016	Mealtime arrangements, including the serving of meals, should be reviewed and agreed with patients. <b>Ref: Section 5.5.2</b>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Addressed. Meeting held with staff and residents in the Bogues Unit to review mealtime arrangements. Fine dining experience to be reinstated.		
<b>Registered Manager Completing QIP</b>	Melanie Reyes	<b>Date Completed</b>	14 Dec 2015
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	06.01.15
<b>RQIA Inspector Assessing Response</b>	Heather Sleator	<b>Date Approved</b>	20/01/16

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**