



Unannounced Care Inspection Report 9 May 2018



Saintfield Lodge

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

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.

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 51 persons.

3.0 Service details

Registered organisation/registered person: Four Seasons Health Care Dr Claire Royston	Registered manager: Melanie Reyes
Person in charge of the home at the time of inspection: Melanie Reyes – registered manager	Date manager registered: 29 July 2013
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia.	Number of registered places: 51

4.0 Inspection summary

An unannounced inspection took place on 9 May 2018 from 10:05 to 14:55 hours.

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

The inspection 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 in relation to staffing arrangements, staff recruitment, the delivery of staff training and the home's environment; listening to and valuing patients' views and opinions; governance and day to day management arrangements; and the culture and ethos of the home which assisted in maintaining good working relationships and effective communication with all stakeholders.

One area requiring improvement was identified in relation to the regular review of care plans and risk assessments.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent inspection dated 8 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 January 2018. 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 returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 30 April to 13 May 2018
- 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
- four patient care records
- a sample of governance audits
- complaints record
- compliments received

- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, from 1 January 2018.

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 8 January 2018

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 22 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: 30 June 2017.	The registered provider must ensure that: <ul style="list-style-type: none"> • Infection prevention and control measures are adhered to by staff. 	Met
	Action taken as confirmed during the inspection: Observations of the environment, review of governance records and discussion with the registered manager evidenced that this area for improvement had been met.	
Requirement 2 Ref: Regulation 27 (4) (a) (b) (c) and (d) (i) Stated: First time To be completed by: Immediate action required.	The registered provider must ensure that staff adhere to fire safety practices; and that fire doors are not wedged or propped open.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that fire doors were not wedged or propped open.	

<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> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment, sluice/domestic store rooms in particular, evidenced that this area for improvement had been met.</p>	Met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<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> <hr/> <p>Action taken as confirmed during the inspection: Review of patient care records evidenced that this area for improvement had been met.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</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> <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that patient information was not displayed publicly.</p>	Met

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 from 30 April to 13 May 2018 evidenced that the planned staffing levels were adhered to and that short notice absence was appropriately managed. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey however no responses were received before issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Saintfield Lodge. We also sought the opinion of patients on staffing via questionnaires. None were returned within the timescale for inclusion in this report.

We sought relatives' opinion on staffing via questionnaires. None were returned within the timescale for inclusion in this report.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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. One member of staff was very complimentary regarding the induction programme and the support provided by the staff in the home, the registered manager and senior manager within the organisation.

A review of records confirmed that a process was 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 from 1 January 2018. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and hand hygiene.

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 the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records from 1 January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised, if required, to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of the proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. A number of areas had been redecorated and developed since the last care inspection in May 2017. For example, patients and staff were organising and had commenced setting up a relax/quiet room on the first floor. Patients and staff spoken with were complimentary in respect of the home's environment. Review of the Regulation 29 quality monitoring reports confirmed that the refurbishment and upkeep of the environment was kept under review by senior managers.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. The manager had an awareness of the importance to monitor the incidents of Health Care Acquired Infections (HCAI's) and/or when antibiotics were prescribed.

Review of patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, induction, the delivery of staff training and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. The layout and organisation of the care records was commended as they were systematically organised and easy to navigate. We reviewed the management of nutrition, patients' weight, management of infections, falls and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been devised which reflected recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician. Care plans were generally reviewed on a monthly basis or when the needs of the patient changed. For example, following a fall or changes in diet or wound care. However, in

one record care plans and risk assessments had not been reviewed since February 2018. Details were provided to the registered manager and an area for improvement under the care standards was made.

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 registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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.

Patients spoken with expressed their confidence in raising concerns with the home’s staff or manager. Patients were aware of who their nurse was and knew the registered manager by her name. One patient was very complimentary regarding three named staff. The patient said all staff were “great – caring and kind” but these three were “excellent”. Details were provided, with permission from the patient, to the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, and communication between patients, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to the regular review of care plans and risk assessments.

	Regulations	Standards
Total number of areas for improvement	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.

We arrived in the home at 10:05 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges 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 and staff were observed assisting patients to enjoy their chosen activity and to eat and 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 and patient confidentiality.

Discussion with patients evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients were involved, with staff, in the developing of a relax/quiet room on the first floor and had contributed to Mental Health Day in October 2017 by designing and making a tapestry which was now displayed in Four Seasons Head Office.

Plans were in place to have another sports day in June 2018 as the previous sports day was very successful and a Hawaiian themed craft fair was also planned for the summer with patients and staff making props and items to sell. Also the garden was going from strength to strength with orders for hanging baskets received well in advance of the summer.

We observed the preparation for and serving of the lunchtime meal on the first floor. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes, to ensure the mealtime was a positive experience.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with patients individually, confirmed that living in Saintfield Lodge was a good experience. Patients who could not or did not wish 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.

Ten patient questionnaires were provided; none were returned within the timescale for inclusion in this report.

Ten patient representative/relative questionnaires were provided; none were returned within the timescale for inclusion in this report.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives/relatives 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 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 taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives/relatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds, and falls/incidents occurring in the home.

Discussion with the registered manager and review of records, from 1 January 2018, evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual and available, on request, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

A number of archived documents/records were observed to be stored above high level cupboards in a first floor activity room. Discussion with staff and the registered manager confirmed that these records were detailed for transport to a secure storage facility and had been 'boxed' up ready for removal in the next few days. We were reassured that both the staff member and the registered manager were aware of record disposal and storage schedules and requirements.

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.

	Regulations	Standards
Total number of areas for improvement	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 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 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.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that care plans and risk assessments are reviewed regularly to ensure they are reflective of the patient's assessed needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Patients' care file audits are being recorded in a matrix which is updated regularly to ensure all care plans and risk assessments are up to date. Meeting and supervisions have been carried out with trained staff regarding responsibilities of named nurse to ensure patients' assessed needs are reviewed, accurate, current and linked from assessments, care plans and evaluation. Compliance will be monitored by the Regional Manager during the monthly Regulation 29 visits.</p>
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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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