



The Regulation and  
Quality Improvement  
Authority

Silver Birch Lodge  
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**Unannounced Care Inspection  
of  
Silver Birch Lodge  
  
12 November 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 12 November 2015 from 10.45 to 15.15.

Overall 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 7 May 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. However, concerns have been raised with the registered person and the acting manager at the lack of compliance around staffing in the home specifically regarding the skill mix. The recommendation regarding this will be stated for the third and final time.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

This recommendation had been stated for the second time in the previous care inspection dated 7 May 2015 and is now stated for the third and final time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered person, Sandra Philips, as part of the inspection process. Further information was clarified through a phone call with the acting manager, Bernie Corrigan, on 7 December 2015. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Silver Birch Lodge Sandra Philips	<b>Registered Manager:</b> Bernie Corrigan (acting)
<b>Person in Charge of the Home at the Time of Inspection:</b> Staff Nurse Laura Devenney Registered Person: Sandra Philips	<b>Date Manager Registered:</b> Acting – No Application
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 33
<b>Number of Patients Accommodated on Day of Inspection:</b> 25	<b>Weekly Tariff at Time of Inspection:</b> £618 - £628

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

## 4. Methods/Process

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

- discussion with the responsible person
- discussion with staff
- discussion with patients
- observations during a tour of the premises
- evaluation and feedback

The inspector met with six patients individually and with the majority of others in groups, one registered nurse, two care staff and one ancillary staff member.

Prior to inspection the following records were analysed:

- notifiable events 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 plan (QIP) from the previous care inspection
- the previous care inspection report

The following records were examined during the inspection:

- four patient care records
- staff training records
- staff duty rotas from 9 November to 22 November 2015
- complaints records

## 5. The Inspection

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

The previous inspection of Silver Birch Lodge was an announced estates inspection dated 1 October 2015. This inspection resulted in no requirements or recommendations being made.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 7 May 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time	<p>The registered person must ensure that patients who require a catheter to manage continence have a care plan in place to meet their assessed needs.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            A review of two patient care records, were patients require a catheter to manage their continence needs, evidenced appropriate care plans in place to meet their assessed needs.</p>	<b>Met</b>
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30.1 & 30.2 <b>Stated:</b> Second time	<p>The registered person must ensure that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Discussion with the registered person evidenced the necessity for a second registered nurse required for duty. A review of duty rotas and a discussion with staff confirmed only one registered nurse has been on duty. Evidence was provided into efforts taken by the registered person to achieve the second registered nurse through recruitment processes and agency requests. However, a second registered nurse had not been achieved for the majority of shifts.</p>	<b>Partially Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 36.2 &amp; 36.4</p> <p><b>Stated:</b> First time</p>	<p>All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.</p> <ul style="list-style-type: none"> <li>• A policy on communicating effectively should be developed in line with current best practice, such as DHSSPSNI (2003) <i>Breaking Bad News</i>.</li> <li>• A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines (2013)</i> and should include the out of hours procedure for accessing specialist equipment and medication,</li> <li>• A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) <i>Living Matters: Dying Matters</i> and should include the procedure for dealing with patients' belongings after a death.</li> </ul> <p>The policies and guidance documents listed above, should be made readily available to staff.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The policies listed above were reviewed in May 2015 and make reference to best practice guidance. Work is ongoing to review all of the homes policies to ensure they are subject to the three yearly review as stipulated in the DHSSPSNI Care Standards for Nursing Homes (April 2015). Policies and best practice guidance documents are located at the nurses' station on the ground floor.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p>	<p>Patients who are identified as being in end of life care should have a care plan developed to include the patient's needs and wishes and involvement of patients' representatives. The care plan should follow the recommendation for palliative and end of life care as detailed in current guidance.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two care records evidenced end of life care plans had been completed. The care plans were developed with the involvement of patients' representatives and were person centred taking into regard the patients' individual wishes and needs as directed by best practice guidance.</p>		

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 16.7</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that in managing complaints, a process should be implemented to determine complainant' satisfaction with actions taken. Information should also be provided to complainants with regards to the process to follow should they remain dissatisfied.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A new system for the management of complaints has now been developed and can be located within The Residents Guide, in the terms and conditions for patients in Silver Birch Lodge and in the new employee handbook.</p>		

### 5.3 Additional Areas Examined

#### 5.3.1. Comments of Patients, Patients' Representatives and Staff

As part of the inspection process patients, their representatives and staff were consulted and the comments received are detailed below.

##### Patients

Patients spoken with were very positive about their care, the kindness of the staff and the quality of the food provided. Patients were very well presented.

Comments included:

"It's very comfortable here."

"I enjoy living here."

"I couldn't be happier."

##### Patients' Representatives

Patient representatives were very positive about the care their loved ones were receiving and very complimentary with regards to staff interactions with the patients.

##### Staff

The general view from staff was that they took pride in delivering safe, effective and compassionate care to patients. Patients were observed to be treated with dignity and respect. Staff felt that having the second nurse on duty in the morning would enhance patient care.

### 5.3.2. Staffing

Staffing arrangements were reviewed. Although the total numbers of staff required to meet patient need were in place, the skill mix of registered nurses to care staff was not adequate. This was discussed with the responsible person, who acknowledged the continuing difficulties experienced in recruiting registered nurses. A recommendation has been stated for the third time.

## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered person, Sandra Philips, 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 any 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.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 30.1 &amp; 30.2</p> <p><b>Stated:</b> Third time</p> <p><b>To be Completed by:</b> 31 January 2016</p>	<p>It is recommended that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> <p><b>Ref: Section 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Silver Birch Lodge is advertising in local newspapers, nijobs.com., internet and job market. Nursing Agencies are currently continuing to source permanent nurses on our behalf. Aidmark Agency and Pearls International Recruitment Agency are recruiting on our behalf, as soon as possible. Nurses hourly rate of pay has been increased. Silver Birch Lodge is using Agency Nurses to fulfill the level of skill mix in the interim period.</p>		
<b>Registered Manager Completing QIP</b>	Bernie Corrigan	<b>Date Completed</b>	04/01/16
<b>Registered Person Approving QIP</b>	Sandra Phillips	<b>Date Approved</b>	04/01/16
<b>RQIA Inspector Assessing Response</b>	Dermot Walsh	<b>Date Approved</b>	04/01/16

*\*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\**