



Unannounced Care Inspection Report 24 September 2018



Silver Birch Lodge

Type of Service: Nursing Home
Address: 54 Crossgar Road, Saintfield, BT24 7JE
Tel no: 028 9751 0392
Inspector: Dermot Walsh

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 33 persons.

3.0 Service details

Organisation/Registered Provider: Silver Birch Lodge Responsible Individual(s): Martin Ronald Phillips & Sandra Martha Phillips	Registered Manager: Jillian Jayne Gilmore
Person in charge at the time of inspection: Jillian Jayne Gilmore	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 33

4.0 Inspection summary

An unannounced inspection took place on 24 September 2018 from 09.20 to 17.50 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 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 staff training and development, monitoring of staff registration, the environment, risk assessment and care planning. Further good practice was found in relation to compassionate care delivery and maintaining good working relations.

Areas requiring improvement were identified under regulation in relation to accident management and wound care. Areas for improvement were identified under standards in relation to complaints, one infection control issue and recording of repositioning and food and fluid intake.

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. Some patients' comments can be found in section 6.6.

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	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Jillian Gilmore, Registered Manager and Sandra Phillips, Responsible Individual, 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 30 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 April 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report. 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
- the registration status of the home
- 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 the inspector and lay assessor met with 11 patients and four patients' representatives. In addition, the inspector met with six staff. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 24 September 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 April 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 15 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that COSHH regulations are adhered too at all times.	Met
	Action taken as confirmed during the inspection: Chemicals were not observed accessible to patients during a review of the environment.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 45 Stated: Second time	The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.	Met
	Action taken as confirmed during the inspection: A random check on three pressure mattresses in use in the home evidenced that there was a system to ensure that these had been set correctly in accordance with the patients' weights.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall review the practice of routine administration of medications during mealtimes.	Met
	Action taken as confirmed during the inspection: Medications were not observed to be administered during mealtimes.	

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. Staff rotas confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. One staff consulted was of the opinion that the staffing arrangements, particularly on the ground floor during the morning shift, were not sufficient to meet the needs of patients. Two staff within online responses indicated that they were unsatisfied that the staffing arrangements were sufficient to meet patients' needs. The staff's concerns were passed to the registered manager for their review and action as appropriate. 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.

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 the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training compliance. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff also confirmed that the majority of training was conducted face to face. 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.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and had attended training pertinent to the role. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home.

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

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing

Homes Regulations (Northern Ireland) 2005. Notifications were not submitted to RQIA in accordance with regulation following two patients' accidents where an injury was sustained. Both accidents resulted in either a head injury or had the potential of a head injury. Neurological observations had not been monitored appropriately. One patient's falls risk assessment and care plan had not been updated following the fall. This was discussed with the registered manager and identified as an area for improvement under 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. 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling, well decorated and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Compliance with best practice in infection prevention and control had been well maintained. However, toilet rolls were observed to be exposed within communal toilets. This was discussed with the registered manager and identified as an area for improvement.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, staff training and development, monitoring registration status of staff and the home's general environment.

Areas for improvement

An area for improvement was identified under regulation in relation to accident management.

An area for improvement was identified under standards in relation to exposed toilet rolls in communal toilets.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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. All grades of staff consulted

demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, “Very good” and “All the staff here work really well together”. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Two patient representatives spoken with expressed concerns in raising concerns with the home’s management. The patient representatives’ concerns were passed to the home’s management for their review and action as appropriate.

Electronic record keeping was maintained in the home. As previously stated, appropriate risk assessments had been conducted on admission; reviewed as required and had informed care plans. We reviewed three patient care records for the management of nutrition, patients’ weights, wound care and restrictive practice.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language therapists and dieticians. However, one patient’s wound care records did not have an appropriate initial wound assessment or an appropriate wound dressing regime. This was discussed with the registered manager and identified as an area for improvement under regulation.

A review of a second patient’s pressure management records indicated within two care plans the requirement for three hourly pressure relief. However, a repositioning chart had not been maintained electronically or in written format to evidence the pressure relief given. This was discussed with the registered manager and identified as an area for improvement.

A patient’s food and fluid intake records were reviewed. The patient had been reviewed by a dietician and monitored on a monthly basis. Where the intake records identified if the patient consumed all, half or quarter of their meal; it did not indicate the actual food consumed or the amount of food the patient was initially given. This was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, handover and teamwork.

Areas for improvement

An area for improvement was identified under regulation in relation to wound management.

Areas for improvement were identified under standards in relation to the recording of repositioning and food and fluid intake.

	Regulations	Standards
Total number of areas for improvement	1	2

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 09.20 hours and were greeted by staff who were helpful and attentive. Patients were enjoying 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. 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.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room on the first floor. Lunch commenced at 12:00 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Cold desserts were delivered to the dining room when patients had finished/about to finish their hot meal. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

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

"Thank you for all the love and devotion and exemplary care shown to ... which has been very much appreciated by the entire family."

"While mum was even iller than we realised, everyone did all they could to make her more comfortable and support us through her illness."

"Thank you for taking such good care of dad the past year. Your kindness, your patience, your tolerance, humour and all the activities contributed to giving him a lovely home."

Consultation with 11 patients individually, and with others in smaller groups, confirmed that living in Silver Birch was a positive experience. Ten patient questionnaires were left for completion. One was returned within the timeframe.

Patient comments:

- “Kitchen staff are excellent. Very alert when patients have colds; get them honey and lemon drinks.”
- “Silver Birch was recommended years ago. It is wonderful.”
- “Staff are my wee angels. Give them a yell and they come running. I like it here.”
- “I like to join in with the activities.”
- “The staff are very good.”

Four patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Four were returned. Respondents indicated that they were satisfied or very satisfied with the service provision in Silver Birch. Some patient representatives’ comments were as follows:

- “Would be good to have a suggestion box and residents’ meetings in the home. No formal way of achieving opinion of relatives, especially of compliments.”
- “Very happy.”
- “Very well managed.”
- “Mum is very happy here. Loves all the staff. We are welcomed here any time during the day.”
- “Would like to see a bigger tv in dayroom and maybe subtitles. Staff and food are excellent.”

Six staff were consulted during the inspection. Staff were asked to complete an online survey; we had two responses within the timescale specified. The respondents indicated that they were not satisfied that the home was delivering safe care or well led and were either undecided or satisfied that the home was delivering effective or compassionate care. Comments from staff consulted and within the online responses included:

- “I really enjoy working here. All the girls are great.”
- “It is busy but I really enjoy it.”
- “I really like it. It is a very calm home.”
- “I like it. Staff are very good.”
- “I’m loving it here.”
- “No wipes, not enough staff per day for residents needs to be met.”
- “It’s very good. All the staff work well together.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses 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 in maintaining the dignity and privacy of patients and valuing patients and their representatives.

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 the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

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 and discussion with the registered manager evidenced that not all complaints received were recorded in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. An area for improvement was made under the standards.

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, care records, wound care and infection prevention and control practices.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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

Areas of good practice

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

Areas for improvement

An area for improvement was identified under standards in relation to the recording of complaints.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jillian Gilmore, Registered Manager and Sandra Phillips, Responsible

Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patient falls in the home are managed in accordance with best practice guidance and professional standards, for example; post falls management guidance. Ref: 6.4 Response by registered person detailing the actions taken: All resident falls in the home are managed in accordance with best practice guidance and professional standards. All staff reminded of policy & procedures.
Area for improvement 2 Ref: Regulation 12 (1) (a)(b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. Ref: 6.5 Response by registered person detailing the actions taken: Nursing staff reminded of required record keeping in relation to wound management and maintained appropriately in accordance with legislative requirements, minimum standards & professional guidance.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 24 October 2018	The registered person shall ensure that toilet rolls are not exposed within communal toileting facilities in the home. Ref: 6.4 Response by registered person detailing the actions taken: Toilet roll dispensers obtained for communal toileting facilities.

<p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 8 October 2018</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning for pressure relief, a repositioning chart will be maintained to contemporaneously record and evidence the repositioning.</p> <p>Ref: 6.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2018</p>	<p>Response by registered person detailing the actions taken: All residents requiring repositioning for pressure relief have a repositioning chart commenced and care plan drafted. All care staff reminded of detail required to complete same.</p> <p>The registered person shall ensure the accurate completion of food and fluid intake.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All residents dietary and fluid intake is recorded on Epic Nursing Care system. After discussion with RQIA inspector, Epic Solutions are to add Icons for Meat, Vegetables & Potatoes.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 16 Criteria (11)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all complaints received are recorded in compliance with DHSSPS guidance on complaints.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All complaints are recorded in compliance with DHSSPS guidance on complaints.</p>

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



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