



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Silver Birch Lodge
RQIA Number:	1294
Date of Inspection:	4 December 2014
Inspector's Name:	Norma Munn
Inspection ID:	IN020526

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Establishment:	Silver Birch Lodge
Address:	54 Crossgar Road Saintfield BT24 7JE
Telephone Number:	(028) 9751 0392
Email Address:	info@silverbirchpnh.co.uk
Registered Organisation/ Registered Provider:	Silver Birch Lodge Dr Martin Ronald Phillips & Mrs Sandra Martha Phillips
Registered Manager:	Mrs Jillian Jayne Gilmore
Person in Charge of the Home at the Time of Inspection:	Ms Bernie Corrigan
Categories of Care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of Registered Places:	33
Number of Patients Accommodated on Day of Inspection:	31
Scale of Charges (per week):	£606 - £616
Date and Type of Previous Inspection:	14 March 2014 Secondary Unannounced
Date and Time of Inspection:	4 December 2014 10:30 – 17:35
Name of Inspector:	Norma Munn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with Mrs Sandra Phillips, registered provider
- Discussion with Mrs Jillian Gilmore, registered manager (via telephone)
- Discussion with Ms Bernie Corrigan, registered nurse in charge
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	14 individually and to others in groups
Staff	7
Relatives	3
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	3	0
Relatives/Representatives	2	1
Staff	9	9

6.0 Inspection Focus

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Silver Birch Lodge is situated on the main Crossgar Road on the outskirts of Saintfield, County Down. It is a purpose built nursing home which commands panoramic views of the surrounding countryside and farmland. The home is surrounded by well-maintained gardens and car parking is provided at the front and to the side of the home.

The nursing home is owned and operated by Dr Martin Ronald Phillips & Mrs Sandra Martha Phillips. The current registered manager is Ms Jillian Gllmore

Accommodation is provided over two floors with bedroom accommodation on both levels. A range of single, many with en-suite facilities are available. Toilet and bathroom facilities are located throughout the home. The first floor is serviced by a passenger lift which has recently been upgraded to a size which can accommodate stretchers.

A bright spacious lounge and dining room are provided on the ground floor of the home. There is a conservatory / sun room and lounge for patients on the ground and first floor. Laundry facilities are available within the home. The home is well maintained and features many home comforts.

The home is currently registered to provide care for a maximum of 33 persons under the following categories of care:

Nursing Care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

8.0 Executive Summary

The unannounced inspection of Silver Birch Lodge was undertaken by Norma Munn on 4 December 2014 between 10:30 and 17:35 hours. The inspection was facilitated by Ms Bernie Corrigan, nurse in charge. Mrs Sandra Phillips, registered provider was present throughout the inspection and verbal feedback of the issues identified during the inspection was given to Mrs Sandra Phillips and Ms Bernie Corrigan.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 14 March 2014.

During the course of the inspection, the inspector met with patients and staff, who commented positively on the care and services provided by the nursing home.

Standard 19: Continence Management

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant.

The inspector reviewed three patients' care records in relation to continence management. Two patients had care plans in place to manage continence care needs. However, one patient who required a catheter to manage continence did not have a care plan in place to meet their assessed needs. A requirement has been made.

Policies and procedures in relation to continence management were in place. However, these policies and procedures need to be reviewed and updated in keeping with current best practice. A recommendation has been made,

Additional areas were also examined including:

- care practices
- patients' views
- staffing and staff views
- environment

Details regarding these areas are contained in section 11 of the report.

The inspector can confirm that at the time of this inspection, the delivery of care to the patients was evidenced to be of a satisfactory standard and patients were observed to be treated by staff with dignity and respect. However, issues were brought to the attention of the inspector by a patient in relation to their needs not being met in a timely manner. The registered provider agreed to address the issues raised and provide RQIA with notification confirming the action taken by management in respect of the complaint received during this inspection. Notification of action taken was received by RQIA following the inspection and this confirmed the matters had been addressed.

A review of the staff duty rosters weeks commencing 1 December 2014 and 8 December 2014 evidenced that staffing levels were not in line with RQIA'S recommended minimum staffing guidelines. A recommendation has been made.

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a very high standard of hygiene.

No requirements or recommendations had been made as a result of the previous inspection on 14 March 2014.

As a result of this inspection, one requirement and two recommendations have been made.

Details can be found under sections ten and eleven in the report and in the quality improvement plan (QIP).

The inspector would like to thank Mrs Phillips, the patients, relatives and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the staff and relatives who completed questionnaires.

9.0 Follow-Up on Previous Issues

There were no requirements or recommendations made at the previous inspection on 14 March 2014.

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in 14 March 2014, RQIA have been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. The relevant health care trust safeguarding team are managing the SOVA issues under the regional adult protection policy and procedures.

RQIA is satisfied that the registered manager has dealt with SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

Multi agency investigations are currently ongoing, involving the Police Service for Northern Ireland (PSNI) and the trust. RQIA are not part of the investigatory process. However, RQIA have been kept informed at all stages of the investigations by the trust. RQIA and the relevant health care trusts maintain regular liaison about the home.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: Review of three patients’ care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients’ care plans on continence care. There was evidence in two patients’ care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. However, one patient who required a catheter to manage continence did not have a care plan in place to meet their assessed needs. A requirement has been made to ensure that care plans have been written for patients who require catheter care. The promotion of continence, skin care, fluid requirements and patients’ dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Review of three patients’ care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. . Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care <p>However, these policies and procedures should be reviewed and updated in keeping with best practice guidance. recommendation was made in relation to this.</p> <p>The inspector can also confirm that the following guideline documents were in place:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	<p align="center">Substantially compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not applicable</p>	
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the staff confirmed that they were trained and assessed as competent in continence care. Discussion with the nurse in charge revealed that identified nurses in the home were deemed competent in catheterisation and the management of stoma appliances. The nurse in charge informed the inspector that the continence link nurse in the Trust is available for guidance and support if needed. The nurse in charge confirmed that regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.</p>	<p align="center">Compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Substantially compliant</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Patients' Views

During the inspection the inspector spoke to 14 patients individually and to others in groups. One patient discussed concerns in relation to their needs not being met in a timely manner. These issues were discussed with Ms Phillips, registered provider who requested the inspector discuss the issues further with Ms Jillian Gilmore, registered manager. Ms Gilmore was not on duty on the day of the inspection so the inspector contacted Ms Gilmore on the telephone during the inspection. Ms Gilmore and Ms Phillips agreed to address the issues raised and provide RQIA with notification confirming the action taken by management in respect of the complaint received during this inspection. Notification of action taken was received by RQIA following the inspection and this confirmed the matter had been addressed.

Other patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"It couldn't be better, the food is good"

"I am well looked after"

"Very nice here"

"Staff are very caring"

11.3 Questionnaire Findings/Staff Comments

During the inspection the inspector spoke with seven staff which included the registered nurse in charge, care staff and ancillary staff. The inspector was able to speak to a number of these staff individually and in private. Nine staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Examples of staff comments were as follows;

“I love it here; the home is run very well”

“The staff take a lot of time with the residents”

“The patients and residents are well cared for”

“We work well as a team”

“Everyone comments on the cleanliness of the home and the friendly staff”

“An excellent home to work in, the patients are nursed to a very high standard”

11.4 Staffing Levels

A review of the staff duty rosters weeks commencing 1 December 2014 and 8 December 2014 evidenced that overall staffing was not in keeping with RQIA's minimum staffing guidance. This was discussed with the registered provider and an assurance was provided that the staffing numbers were appropriate to meet the needs of the patients.

The registered provider informed that inspector that, at the time of inspection, there were registered nurse vacancies within the home and that the current vacant shifts were being filled by nurses supplied from a recruitment agency. The registered provider informed the inspector that staff were booked on a long term basis to provide continuity of care. However, despite the use of agency nurses the skill mix of registered nurses on duty during the day was below the minimum recommended ratio.

A recommendation has been made to ensure that the registered provider keeps staffing levels under review 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.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sandra Phillips, registered provider and Ms Bernie Corrigan, registered nurse in charge as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Silver Birch Lodge

4 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Sandra Phillips, registered provider and Ms Bernie Corrigan, nurse in charge either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16	<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> <p>Ref: Section 10.0 standard 19.1</p>	One	Care Plan insitu before end of Inspection	By 1 January 2015

Recommendation					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.2 26.2	The registered person must ensure that policies and procedures in relation to continence management are reviewed to ensure they are evidenced based and in accordance with current best practice. Ref: Section 10.0 standard 19.2	One	Continence Management Policy reviewed using evidence base and current best practice.	By 1 February 2015
2	30.1 30.2	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. Ref: Section 11.4	One	Reviewed weekly accordingly to resident dependency and staffing levels adjusted accordingly	By 1 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jillian Gilmore
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sandra Phillips

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Norma Munn	30 January 2015
Further information requested from provider			