

# Unannounced Care Inspection Report 3 July 2017



## Strangford Court (Millar Suite)

**Type of Service: Nursing Home**

**Address: Millar Suite, 26 Strangford Road, Downpatrick, BT30 6SL**

**Tel No: 028 4461 2481**

**Inspector: James Lavery**

[www.rgia.org.uk](http://www.rgia.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 22 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Claire Quail
<b>Person in charge at the time of inspection:</b> Ms Claire Quail	<b>Date manager registered:</b> 10 March 2011
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of registered places:</b> 22

### 4.0 Inspection summary

An unannounced inspection took place on 3 June 2017 from 10.00 to 17.00 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 sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. No areas requiring improvement were identified in the previous care inspection.

Evidence of good practice was found in relation to practices relating to fire safety; staff awareness relating to adult safeguarding; governance arrangements for quality assurance and service delivery and the ethos and culture of the home which focused on patient outcomes.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations and the management of accidents and incidents. Areas for improvement under standards included governance arrangements for the selection and recruitment of staff.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms. Claire Quail, 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 30 September 2016**

The most recent inspection of the home was an unannounced care inspection undertaken on 30 September 2016. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following this 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
- 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
- pre-inspection audit
- the previous medicines management inspection

During the inspection the inspector met with six patients, eight staff, two patients' visitors/representatives and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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 from 19 June to 2 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- three patient care records

- the matrix for staff supervision and appraisal
- a selection of governance audits
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 September 2016

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 30 September 2016

There were no areas for improvement identified as a result of the last care inspection.

## 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 that the assessed needs of the patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 19 June to 2 July 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals. The matter of records relating to staff induction is discussed further in section 6.7.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Panelling which covered two separate radiators were observed to be slightly damaged. This was brought to the attention of the registered manager and remedial action was taken during the inspection to ensure that best practice standards relating to infection prevention and control (IPC) were adhered to. It was further identified that a shelving area adjacent to the serving hatch within the dining area was noted to have been poorly cleaned. The importance of ensuring that this area was cleaned effectively was highlighted to the registered manager. Furthermore, a nurse call pull cord in a communal toilet area was observed to have been partially tied around the light pull cord consequently placing it out of reach for patients. This was highlighted to the registered manager who immediately ensured that the nurse call pull cord was within patient reach.

During a review of the environment the inspector identified one area where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified in order to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered too. The area identified on inspection was addressed on the day of inspection.

The external garden and patio area was observed to be secure and well maintained with pathways noted to be tidy and free from any obstructions.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding; fire safety practices; promoting a culture of teamwork within the home and the reporting of notification of incidents to appropriate bodies.

## Areas for improvement

An area for improvement under regulation was identified in relation to compliance with COSHH regulations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, physiotherapists and speech and language therapists (SALT).

Supplementary care charts, such as repositioning and food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, if appropriate. Regular communication with representatives within the daily care records was also found. Care records further demonstrated that a range of validated risk assessments were used and informed the care planning process with care plans being written in a patient centred and timely manner.



Weaknesses were identified in relation to the management of accidents and incidents, specifically in relation to head injuries. The care records for one patient who had suffered a head injury on three occasions evidenced that nursing staff failed to carry out neurological observations on two of those occasions although it was noted that medical attention had been sought. Discussion with nursing staff and the registered manager also highlighted that nursing staff had no available neurological charts on which to document neurological observations. An area for improvement under regulation was therefore identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' care needs; the timely provision of patient care plans; communication between residents, staff and family members.

### Areas for improvement

Areas for improvement under regulation were identified in relation to the management of accidents and incidents, specifically concerning the management of head injuries.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 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.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"I'm well looked after."

"They're good to me."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the registered manager to be very supportive and approachable.



In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff who were not on duty to complete, 10 for relatives and eight for patients. At the time of writing this report, four relatives and 10 staff had returned their questionnaires. All the relatives who responded indicated that they were 'Very satisfied' with the care being provided while all of the staff who responded indicated that there were either 'Very satisfied' or 'Satisfied' with the care being provided. Feedback received within the returned relatives' questionnaires included the following comments:

"We always get a report from the manager or nurse in charge ..."

"I feel that my ... is very well looked after ... treated with respect and dignity."

"We find that ... is very well looked after and we are delighted with the care ... receives."

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. One staff member was observed to assist a seated patient with eating and drinking during the provision of lunch from a standing position. This was discussed with the registered manager and it was stressed that staff should ensure that they promote the dignity of patients at all times and ensure that a patient centred approach is maintained.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients; awareness of and adherence to the dietary requirements and preferences of patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff who were spoken with were able to describe their roles and responsibilities.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

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 and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to health and safety; wounds analysis; infection prevention and control; environment, restraint and housekeeping. Quality of life (QOL) audits were also completed daily by the registered manager. These quality assurance processes evidenced that the registered manager engaged in daily, weekly and monthly quality assurance tasks which focused upon service delivery and patient care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed 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.

Patients' relatives who were spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.

Staff recruitment information was available for inspection and records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Shortfalls were evidenced following a review of recruitment records for one member of staff in which it was noted that there was an incomplete working history recorded. The staff member's records also evidenced a lack of any induction record which was available on the day of the inspection. Discussion with staff did indicate that newly appointed staff were expected to complete a structured orientation and induction programme at the commencement of their employment. An area of improvement under regulation was therefore identified.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints; quality improvement and maintaining good working relationships.

## Areas for improvement

Areas for improvement under standards were identified in relation to governance arrangements for the selection and recruitment of staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Ms. Claire Quail, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The concerns identified were discussed with staff under supervision. The registered manager/designated person will continue to monitor this via daily walkarounds and immediate action taken if non compliance is observed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that patients' neurological observations are observed and appropriately recorded following any suspected or witnessed head injury in accordance with best practice guidance.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The issue identified has been discussed with the nursing staff under supervision. The registered manager/designated person will continue to monitor all falls to ensure post fall management and documentation is completed effectively.</p>

### Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standards 38 and 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met. Recruitment and selection records should also evidence that all newly appointed staff have commenced/undergone a structured orientation and induction programme.</p> <p><b>Ref: Section 6.7</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that no staff will be employed within the home until all legislative requirements have been met as stated in Regulation 21 specifically in relation to gaps in working history. The registered manager will ensure that all newly appointed staff have commenced a structured orientation and induction programme, and will also ensure that induction programmes remain within the home. The regional manager will monitor compliance of above during the Regulation 29 visits to the home.</p>

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



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