



Unannounced Care Inspection Report 23 February 2021



Strangford Court – Millar Suite

Type of Service: Nursing Home (NH)
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Tel No: 028 4461 2481
Inspector: Linda Parkes

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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 22 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Claire Quail – 10 March 2011
Person in charge at the time of inspection: Claire Quail	Number of registered places: 22
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 19

4.0 Inspection summary

An unannounced inspection took place on 23 February 2021 from 11.25 to 15.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the environment/Infection Prevention and Control
- staffing and care delivery
- patients' records
- governance and management.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire Quail, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of 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
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with one patient individually, small groups of patients in the lounge and dining area and seven staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received within the timescale specified.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 15 February 2021 to 28 February 2021
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- compliments records
- incident and accident records
- two patients' reposition charts
- four patients' supplementary charts regarding daily care
- three patients' care records
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 October 2019. No areas for improvement were identified as a result of this inspection.

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge/dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

The doors to the treatment room, nurses' station, electric store, sluice room, linen store and kitchen were observed to have key pad locks in place and were locked appropriately in order to keep patients safe from potential harm.

Pull cords in bathrooms throughout the home were covered by a sleeve that could be easily cleaned in order to adhere to infection prevention and control (IPC) best practice. The manager advised that refurbishment of two bathrooms has been planned and the work is due to commence within the next few weeks.

Equipment such as patients' wheelchairs, walking aids and shower chairs were noted to be clean.

Information displayed in the home was observed to be laminated and could be wiped clean in order to adhere to IPC best practice.

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

6.2.2 Staffing and care delivery

A review of the staff duty rota from 15 February 2021 to 28 February 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

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. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

Discussion with the manager and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity planner was displayed in the home advising patients of planned activities. Before lunch, staff were observed to facilitate a music therapy session for patients via zoom link in the lounge, while adhering to government guidelines regarding social distancing during the pandemic.

We observed the serving of the lunchtime meal in the dining area. The food appeared nutritious and appetising and was covered on transfer whilst being taken to patients' rooms. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff deployed throughout the home were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day offering patients a choice of meal was displayed in a suitable format.

A patient commented: "I enjoyed lunch. It was lovely."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Strangford Court Millar Suite. We also sought the opinion of patients and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

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. The manager advised that she has 'flash meetings' in order to update staff on current information.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks had been received by the home. Some of the comments recorded included:

“A huge thank you to all the staff at Strangford Court Nursing Home. ... was so happy with you all and you were so good to him.”

“Many thanks for the excellent care and attention ... received.”

6.2.3 Patient records

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

We reviewed the management of falls, the use of pressure relieving mattresses and patient moving and handling. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed to direct the care required and reflect the assessed needs of the patient. Pressure relieving mattress settings for two patients were checked. Both were set in accordance with the patients' weight. It was noted in one patient's record that the risk assessment and care plan regarding the recommended sling size for the patient while using the hoist for transfer was not consistent. This was discussed with the manager who amended the record immediately.

Review of two patients' reposition charts evidenced that the patients' assessed reposition regimes had been adhered to and were well documented.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Review of four patients' supplementary charts from 1 February 2021 to 23 February 2021 in relation to daily care were observed to be well maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the tissue viability nurse (TVN), SALT or the dietician.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care for which the home was registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the 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. 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. Review of staff training records for 2020 evidenced that staff had attended training regarding adult and children's safeguarding, moving and handling, infection prevention and control (IPC) and fire safety.

Discussion with the 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 alarm mats, care plans, patients' weight, choking risk and infection prevention and control (IPC) practices, including hand hygiene. The manager advised that a staff member in the home has been identified as the IPC champion.

We reviewed accidents/incidents records from 4 October 2020 to 31 December 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Central Nervous System (CNS) observations had been conducted and monitored for twenty-four hours following a head injury or an unwitnessed fall. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of a selection of records from 19 October 2020 to 11 February 2021 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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

Two staff members commented:

“I couldn’t ask for a better team. All’s good and I have no concerns. Claire (manager) has been great and she is supportive.”

“I love it here. The staff are good and we are a close team. I enjoy looking after the patients and treat them like family.”

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), the cleanliness of the environment and the personalisation of the patients’ bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home, in maintaining the dignity and privacy of patients and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep patients, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding governance arrangements and maintaining good working relationships.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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