

# Inspection Report

25 January 2024



## Strangford Court – Millar Suite

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ann's Care Homes Ltd  <b>Responsible Individual:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Ms Claire Quail  <b>Date registered:</b> 10 March 2011
<b>Person in charge at the time of inspection:</b> Ms Claire Quail, Manager	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia LD – Learning disability LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 34
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides dementia care for up to 22 patients in Millar Suite and 14 patients who have a learning disability in Oakland Suite. All bedrooms and amenities are located on the ground floor. Patients have access to communal lounges/dining rooms and an enclosed garden/patio area.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 January 2024 from 10.05 am to 5.20 pm by a care inspector.

The inspection assessed progress with the area for improvement identified in the home 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. The inspection also sought to assess a variation application submitted to RQIA regarding catering arrangements for the main meals service in Strangford Court.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training and communication between patients, patients' representatives, staff and other professionals. 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 maintaining good working relationships.

One area for improvement has been identified regarding safe and healthy working practices.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime and teatime meals were served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the area for improvement will further enhance the quality of care and service in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Claire Quail, Manager, at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients, patients' relatives and staff spoken with provided positive feedback about Strangford Court. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff told us that the manager was approachable and that they felt well supported in their role.

Patients' relatives told us they were very satisfied with the care provided by staff and the management. They confirmed that they had no issues or concerns with the staff or staffing levels and were confident any issues raised would be addressed.

Three patients' relatives spoken with commented:

"We are delighted with the care and have no issues at all. Dad is always well presented."

"Dad's well cared for and there are enough staff to provide the care."

"We go home and can sleep at night knowing she is safe and well cared for. The staff are great and communication is excellent. We are kept informed of any changes."

Following the inspection no completed questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 April 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	The registered person shall ensure that staff orientation and induction records are meaningfully reviewed, signed and dated when this has been achieved.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Staff spoken with told us that a structured orientation and induction programme was undertaken at the commencement of their employment. Review of records evidenced that staff orientation and induction had been reviewed, signed and dated by the manager to indicate that the necessary requirements had been achieved.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

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 2023/2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, dementia awareness, dysphagia awareness, epilepsy awareness, food safety, infection prevention and control (IPC) and fire safety.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager, Ms Lorraine Thompson was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

### 5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding patients at risk of falls and weight were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that observations were recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We discussed the new catering arrangements at Strangford Court. The manager confirmed that the kitchen is staffed and fully operational throughout the day for the preparation of breakfast, snacks and supper. The lunchtime and teatime meals are now prepared in the kitchen of Lecale Lodge, situated on the same site; meals are delivered and served by the catering staff from Lecale Lodge.

We observed the serving of the lunchtime and teatime meals in the dining room. The daily menu including a pictorial menu was displayed showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals.

A robust system was in place to ensure that each patient received the correct diet choice or dietary modification. 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. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. RQIA are satisfied that the manager is closely monitoring the new catering arrangements and addressing any issues or concerns as they arise.

The member of catering staff was observed to wear an appropriate head covering during the serving of the lunchtime meal, however, they were observed not wearing a head covering at commencement of the teatime meal service. This was discussed with the staff member who immediately donned the appropriate personal protective equipment (PPE). An area for improvement was identified.

Patients able to communicate indicated that they enjoyed their meal.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

On arrival to the home it was noted that refurbishment of the foyer was underway with contractors laying new flooring.

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

In an identified bathroom, products used for personal care such as shampoo that had the potential to be shared communally, were observed to be stored in a drawer. It was noted that two bathrooms had no waste bins in place. This was discussed with the nurse in charge of the unit who addressed the issues immediately and confirmed that the bins had been taken out of the bathrooms to be cleaned.

Equipment used by patients such as hoists, shower chairs, walking aids and wheelchairs were noted to be effectively cleaned.

The kitchen, treatment room, sluice room and the cleaning store were observed to be appropriately locked.

Review of the kitchen cleaning schedule from 1- 24 January 24 evidenced that daily tasks had been completed and signed.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times.



#### 5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as karaoke, guess the movie, quizzes, arts and crafts. Patients were observed to enjoy playing bingo in the lounge with staff.

Review of patients' activity records evidenced that a record is kept of the activities that take place and comments recorded showed that patients enjoyed the activities they attended.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

#### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Ms Claire Quail has managed the home since 10 March 2011. Discussion with staff and patients' representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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 registered.

A review of records and discussion with the manager 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).

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

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 care records, wounds, falls, complaints, meal time matters, kitchen hygiene, food safety and IPC practices including hand hygiene.



The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

It was established that systems were in place to ensure that complaints were managed appropriately. Patients' relatives said that they knew who to approach if they had a complaint.

Records reviewed evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available.

The manager confirmed that a recent review of the quality of nursing and other service provision had been undertaken. A selection of questionnaires completed by patients' representatives were noted to have positive responses.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Claire Quail, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 47.3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that catering staff wear an appropriate head covering during the preparation and serving of all meals.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          Supervisions have been completed with catering staff with regards wearing appropriate head covering when preparing and serving of food. The registered manager will monitor this to ensure compliance is met.</p>

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