



Unannounced Care Inspection Report 3 September 2018



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 Laverty

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 22 persons.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 3 September 2018 from 09.40 to 14.35 hours and 17.45 hours to 18.15 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 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 management, adult safeguarding and the reporting of incidents to RQIA. Further areas of good practice were noted in regards to the timely review of care records, falls management and the delivery of person centred and compassionate care.

Two areas for improvement under regulation were identified in regards to infection, prevention and control standards, and fire safety practices. An area for improvement under regulation was stated for a second time in relation to wound care.

One area for improvement under the standards was identified in relation to domestic staff records.

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
Total number of areas for improvement	*3	1

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with 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 August 2018

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

During the inspection the inspector met with five patients and three staff. No patients' relatives were available to speak with during the inspection. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly. The inspector also requested that the person in charge place a 'Have we missed you' card in a prominent position in the day centre to allow patients, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

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

The following records were examined/discussed during and/or following the inspection:

- 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 2018/19
- incident and accident records
- one staff recruitment and induction file
- three patients' care records;
- one patient's food/fluid balance supplementary care records
- the matrix for staff supervision and appraisal
- a selection of governance audits including those relating to falls management, care records, infection control and restrictive practice
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- 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.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 August 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 11 January 2017

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 12 (1) (a)(b), 16 (2) (b) Stated: First time	<p>The registered person shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> that all wound care plans: <ol style="list-style-type: none"> accurately reflect the current status of the identified wound; accurately describe the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team (or refer to such records if available); concur with relevant supplementary wound care records; are clearly referenced within all daily progress sheets; that all supplementary wound care records are fully completed. 	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection: Discussion with nursing staff in addition to a review of the care record for one patient requiring ongoing wound care, evidenced that while the majority of actions outlined in this area for improvement had been met, some had not. This is discussed further in section 6.5.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Observation of the environment confirmed that the environmental deficits noted in the previous care inspection had been satisfactorily addressed. However, other IPC deficits were noted and are discussed further in section 6.4.</p>	
<p>Area for improvement 2 Ref: Standard 12 (27) Stated: First time</p>	<p>The registered person shall ensure that supplementary care records, specifically, oral intake and output charts are completed accurately.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Review of supplementary oral intake/output records for one patient confirmed that staff had completed these accurately.</p>	

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 a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 20 August 2018 to 2 September 2018 there were no occasions when planned staffing levels were not fully adhered to due to sickness. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced 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 a process of both bi-annual supervision and annual appraisal. Staff who were spoken with confirmed that they felt well supported by the registered manager. One staff member stated that staff were “very well supported by the manager.” Another staff member commented “I love it here.”

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

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Three staff who were spoken with demonstrated a good understanding of the process to be followed in the event of a suspected safeguarding incident occurring.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

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). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. 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. Observation of one communal lounge highlighted that a wall mounted sensory screen was not working. This was discussed with the registered manager who confirmed that it was broken although had been rarely used by patients due to a lack of interest. The registered manager stated that the device would be removed. During a review of the surrounding grounds it was further noted that three fence panels situated parallel to the building were in disrepair. This exposed a gap which led to a significant drop into the neighbouring property. While the registered manager provided assurance that no patients in the home would ever use the exterior area highlighted, the need to ensure that such hazards are addressed in a timely manner was stressed. The condition of the fence was shared with colleagues within the RQIA estates team following the inspection for ongoing action, as appropriate. Prior to the completion of this report, the registered manager confirmed that the identified fence panels had been repaired.

An enclosed garden is also located within the premises. Observation of this area highlighted that two upright lights used to illuminate a pathway were loose. The registered manager was informed of this and agreed to liaise with maintenance staff accordingly.

While the majority of fire exits and corridors were observed to be clear of clutter and obstruction, it was noted that one internal fire door and one external fire door had been inappropriately wedged open by staff. This was highlighted to the registered manager who stated that the identified internal fire door, which provided access to the nursing station, was wedged open by staff because they had difficulty reaching the automatic closing device at the top of the door. Following the inspection, the registered manager confirmed that a wireless fire door retainer had been put in place pending the automatic closing device being lowered for staff. During the inspection it was emphasised that safe fire practices and fire training should be consistently embedded into practice. An area for improvement under regulation was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one shower chair was stained and ineffectively cleaned following use, the base of a portable bath had been inadequately cleaned and the presence of unlaminated signage on display was noted in several areas. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made.

The environmental shortfalls highlighted during the inspection were discussed with the registered manager who acknowledged that the quality of the internal environment needed to be improved. Following the inspection, the registered manager confirmed that a range of new furniture had been ordered for the home. Discussion with the registered manager also included an application which had been made to RQIA on 22 August 2018 by the home to amend the internal layout of the home for the purpose of improving the experience of patients. It was agreed that the proposed changes would be a positive development for patients. The findings of the inspection were also shared with the RQIA estates team following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management, adult safeguarding and the reporting of incidents to RQIA.

Areas for improvement

Two areas for improvement under regulation were identified in relation to infection, prevention and control standards, and fire safety practices.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/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' conditions and that they were encouraged to contribute to the handover meeting. Two staff who were spoken with expressed frustration over the volume of paperwork which they were required to complete while on duty. One staff member stated "there's so much paperwork ... I want to spend more time with the residents." However, all staff who were spoken with recognised the importance of accurate and contemporaneous record keeping as an integral part of care delivery within the home.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who was assessed as being at risk of falling had been completed in a timely manner and showed evidence of regular and meaningful review by nursing staff.

The care records for one patient who required ongoing urinary catheter care were also reviewed. Discussion with nursing staff and the patient's care records confirmed that the patient's catheter had been changed on a regular basis and in compliance with the relevant care plan and multiprofessional advice. It was noted however that one continence risk assessment for the patient was incomplete. The need to ensure that such assessments are thoroughly completed was stressed.

The management of wound care was also examined. Care records for one patient who required ongoing wound care for several wounds evidenced that relevant care plans were consistent with supplementary wound care records. It was further noted that supplementary care records had been comprehensively and accurately completed by nursing staff and that wound care delivery had been meaningfully referenced within daily nursing records. However, while discussion with nursing staff provided assurance that the patient was receiving regular wound care as required, one care plan was noted to be inaccurate and not reflective of current TVN advice. It was also highlighted that one care plan had been expanded upon by nursing staff (to include reference to a second wound) in a manner which was not consistent with best practice standards. An area for improvement was stated for a second time.

While it was positive to note that nursing staff photographed the patient's wounds in order to assist with ongoing assessment, the photographs were not referenced in a manner which would allow nursing staff to confirm the patient's identity in a confidential and effective manner. The registered manager agreed to ensure that all such photographs would be appropriately signed by staff for ongoing and accurate reference.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely review of care records and falls management.

Areas for improvement

One area for improvement was stated for a second time in relation to wound care.

	Regulations	Standards
Total number of areas for improvement	0	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 and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"It's very good in here ... I like it."

"The staff are just lovely."

"I wouldn't like it anywhere else."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned following the inspection within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary. Five patient questionnaires completed and returned during the inspection included the following comment:

"Pleasant surroundings ... staff welcoming..."

All five respondents indicated a high level of satisfaction with the delivery of care within the home.

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.

During the inspection, staff were observed playing a range of soothing music for patients within a communal lounge using an iPad while employing the use of soft lighting which was projected throughout the room. Patients who were spoken with spoke positively about this aspect of diversional therapy.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

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.

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 and tidy for patients and staff. Discussion with the registered manager confirmed that alterations are planned for the dining area and that these should improve the dining experience of patients. This is discussed further in section 6.4. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. Staff communication with patients was also observed to be timely, respectful and compassionate. It was observed that two patients who required assistance with eating lunch were not offered a drink until they had finished their main course. This was highlighted to the registered manager and it was agreed that staff should regularly offer fluids to patients throughout such meals, in keeping with their assessed needs and preferences.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of person centred and compassionate care.

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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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.

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

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A 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.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

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 registered manager confirmed that the equality data collected was managed in line with best practice guidance.

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. The most recent general staff meeting was conducted on 18 July 2018.

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 falls management, care records, infection control and restrictive practice, complaints records.

It was noted that cleaning schedules, which were located within patients' bedrooms and communal living areas, were either out of date or partially completed by domestic staff. This was highlighted to the registered manager who stated that such records should be completed daily by staff. However, while the registered manager confirmed that a monthly environmental audit was carried out, there was no provision for regularly and robustly auditing domestic staff cleaning schedules. Although there were no concerns in regards to the cleanliness of the environment, the need to ensure that domestic staff records are appropriately maintained and audited in order to quality assure service delivery was highlighted. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff selection and recruitment; staff meetings and monthly monitoring visits.

Areas for improvement

One area for improvement under the standards was made in regards to domestic staff records.

	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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a)(b), 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • that all wound care plans accurately reflect the current status of the identified wound; • that all wound care plans accurately describe the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team (or refer to such records if available). <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager is checking that all wound care records reflect current recommendations that have been made by MDT. Each wound is being identified individually via ongoing assessments and plans of care.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A replacement shower chair has been sought. All signage in the unit is being laminated prior to distribution within the units. The Registered Manager is checking that all equipment is maintained to a high standard of cleanliness which reflects infection control measures.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The wedging of fire doors has ceased. This is being monitored closely by the Registered Manager and all on site fire wardens.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2018</p>	<p>The registered person shall ensure that a robust governance process is in place which regularly and effectively audits the completion of domestic staff records for the purpose of promoting ongoing quality assurance.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager is closely monitoring the completion of records and ensure that the records reflect an accurate and robust cleaning schedule. This will be accompanied by staff training and ongoing supervision of the domestic team.</p>

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



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