



Unannounced Inspection Report 2 October 2019



Strangford Court

Type of Service: Nursing Home

**Address: Millar Suite, 26 Strangford Road, Downpatrick,
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Inspector: Helen Daly

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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 which is registered to provide care for up to 22 patients who are living with dementia.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Ms Claire Quail
Person in charge at the time of inspection: Ms Claire Quail 10.20 – 11.00 Ms Emma Clarke, Sister, 11.00 – 14.30	Date manager registered: 10 March 2011
Categories of care: Nursing Homes (NH): DE – dementia	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 2 October 2019 from 10.20 to 14.30.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections 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 the management of medicines, the environment, the activities provided in the home and the dining experience.

No areas for improvement were identified at this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff and other patients.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 Ms Emma Clarke, Sister, 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.

4.2 Action/enforcement taken following the most recent inspection dated 9 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 9 May 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give to patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received by RQIA within the specified timeframe (two weeks).

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- risk assessments, care plans and hospital discharge letters for recently admitted patients
- daily progress notes for patients who had recently been prescribed an antibiotic
- a sample of patients records of care and progress notes
- RQIA registration certificate

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

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 the most recent medicines management inspection

There were no areas for improvement identified as a result of the most recent medicines management inspection on 30 August 2018.

6.2 Review of areas for improvement from the most recent care inspection

Areas for improvement from the most recent care inspection dated 9 May 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.4 Stated: First time	The registered person shall ensure that fire extinguishers can be easily accessed in the event of an emergency.	Met
	Action taken as confirmed during the inspection: We looked at fire extinguishers throughout the home. All could be easily accessed in the event of an emergency. The registered manager advised that this is monitored as part of her daily walkabout.	
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the building is decorated to a standard acceptable for residents in accordance with infection prevention and control best practice.	Met
	Action taken as confirmed during the inspection: All carpet in the corridors had been replaced by vinyl covering. The registered manager advised, via telephone call, that the vinyl flooring in an identified bathroom had been replaced on 25 October 2019 and hence this area for improvement was assessed as met.	

Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall establish a robust system to ensure all wheelchairs and specialised chairs are adequately cleaned in order to adhere to best practice in infection prevention and control management.	Met
	Action taken as confirmed during the inspection: The registered manager advised that wheelchairs and specialised chairs are cleaned each evening. Those examined at the inspection had been effectively cleaned.	
Area for improvement 3 Ref: Standard 11 Stated: First time	The registered person shall ensure that the programme of activities is displayed in a suitable format, in an appropriate location so that residents know what is scheduled.	Met
	Action taken as confirmed during the inspection: An activities programme was clearly displayed in the corridor so that all patients and visitors could see what was scheduled. It was up to date and reflected the activities which took place during the inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staff advised that they felt that there were enough staff to meet the needs of the patients and this was evidenced during the inspection. The three patients we spoke with said that they felt well looked after in the home. The relative we spoke with was complimentary regarding staff and management and did not raise any concerns regarding staffing levels. Patients' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Daily audits on the administration of medicines were completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained. We observed that two recently discontinued medicines were still available in the medicines cupboard. These were removed for disposal during the inspection and assurances were provided that when a medicine was discontinued supplies would be removed from the medicines trolley, medicines cupboard and any recent deliveries. Due to these assurances an area for improvement was not identified.

We reviewed the lunchtime meal experience in the main dining room. Lunch commenced at 12.45. Patients dined at three dining tables or at their preferred dining area i.e. their bedroom or at a separate table. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch and alternatives were also provided on request. Patients who required their meals to be modified were also given a choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. The sister advised that all staff involved in the patient care including kitchen, care and nursing staff are made fully aware of any changes in dietary recommendations. Patients were offered clothing protectors and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Three patients consulted with spoke positively about the food. Records of food and fluid intake were maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients ate a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Of the questionnaires that were issued, none were returned within the specified timeframe (two weeks).

We spoke with three patients during the inspection. All were complimentary regarding the care provided and staff. The following are some of the comments made:

- “I am very happy. The dinner was nice, the food is good. I like it here. I like shopping with the girls.”
- “Everything is ok. I would rather be at home but I love the company. I enjoyed the lunch; I like to eat small amounts.”
- “I like it here. They are very friendly. The food is good.”

We spoke with one relative who was also complimentary regarding the care provided, staff and management. Comments included:

- “It is very good here. X could not be at home and the care provided here enables me to go to work knowing that X is safe. The staff are very approachable and anything that you ask for is done. They keep me up to date with X’s care needs. X had lost a lot of weight so they got the dietician involved.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable. Staff engaged patients in appropriate and caring conversation.

Observation of the care practices evidenced that staff adopted a person centred care approach. Staff communicated with patients in a manner that was sensitive and understanding of their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There had been no medication incidents since the last medicines management inspection. The registered manager and sister advised of the robust auditing processes. They advised that registered nurses knew how to identify and report incidents and that any incidents would be investigated to identify and implement any learning. In relation to the regional safeguarding procedures, staff advised that they were aware that incidents may need to be reported to the safeguarding team.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The registered manager advised that she had attended Level 3 training and that staff had completed Level 2 training via e-learning.

We reviewed recent feedback from four relatives which had been collected by the management team. All scored the home 100% on the quality of care, security, staff team and activities/social life. Comments included:

- “The staff do an excellent job. The family couldn’t be happier with the care X receives. The staff are always very polite and professional. Nothing is too much bother for them.”
- “A very warm, welcoming and friendly home. All staff have helped my father settle in very quickly and have been most helpful to all family with any queries we initially had. With a good staff complement the residents receive a good level of observation and care. All staff are very approachable and helpful at all times.”

We met with four staff who advised that there were good working relationships and that management were supportive, approachable and responsive to any suggestions/concerns. Comments included:

- “I can honestly say that I love this home. I would have no problem with a family member being looked after here. We are one big family which is down to the manager and deputy manager, they are brilliant.”
- “There is good teamwork, at busy times the carers use their initiative, they are very good.”
- “I am happy with the staffing levels, we work as a good team. The manager is great, very approachable.”
- “I like working here, it is a well-managed home. The patients enjoy the activities.”

Two staff advised that although they received training, most was on-line and they would prefer face-to-face training. This was discussed with the sister during feedback.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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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