



Unannounced Care Inspection Report 9 May 2019



Strangford Court

Type of Service: Nursing Home
**Address: Millar Suite, 26 Strangford Road, Downpatrick,
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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 registered nursing home which provides care for up to 22 patients.

3.0 Service details

Organisation/Registered Provider: Four Season 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: 21

4.0 Inspection summary

An unannounced inspection took place on 9 May 2019 from 09.55 hours to 16.50 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Strangford Court, Millar Suite which provides nursing care.

The inspection assessed progress with areas 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.

Evidence of good practice was found throughout the inspection in relation to staffing, staff supervision, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. 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 valuing patients and their representatives, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure that fire extinguishers can be easily accessed in the event of an emergency, that the building is decorated to a standard acceptable for residents in accordance with infection prevention and control best practice, that a robust system is in place to ensure all wheelchairs and specialised chairs are adequately cleaned in order to adhere to best practice in infection prevention and control management, and that the programme of activities is displayed in a suitable format, in an appropriate location so that residents know what is scheduled.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them, professionals 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	1	3

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.

4.2 Action/enforcement taken following the most recent inspection dated 3 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

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 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 29 April to 12 May 2019
- incident and accident records
- four patient care records
- two patient wound care charts
- two staff supervision records
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 11 March to 11 April 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

There were no areas for improvement identified as a result of the last medicines management 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.

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 29 April to 12 May 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

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

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

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.

Two staff supervision records were reviewed. Both were well documented showing completion dates and the name of the supervisor.

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

We reviewed accidents/incidents records from 15 February to 29 March 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On commencement of inspection it was noted that there was a large stain on the carpet in the corridor. In an identified doorway the carpet was noted to be in disrepair and could be a possible trip hazard. In an identified bathroom the vinyl flooring was observed to be secured with tape. The carpet and vinyl flooring is required to be replaced as this does not adhere to infection prevention and control best practice. This was discussed with the registered manager who advised deep cleaning of the area was ineffective. An area for improvement was identified.

Observation of patient equipment including wheelchairs and specialised chairs throughout the home evidenced that they were not effectively cleaned. This was discussed with the registered manager. An area for improvement was identified.

An identified fire exit on the ground floor had a specialised chair and three alarm mats stored on the floor obstructing access to fire extinguishers, the break glass and fire extinguisher signs. This was discussed with the registered manager. An area for improvement under regulation was identified.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff supervision, adult safeguarding, risk management and the home's environment.

Areas for improvement

Three areas for improvement were identified to ensure that fire extinguishers can be easily accessed in the event of an emergency, that the building is decorated to a standard acceptable for residents in order to adhere to infection prevention and control best practice and that a robust system is in place to ensure all wheelchairs and specialised chairs are adequately cleaned in order to adhere to best practice in infection prevention and control management.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

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

Review of four 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 and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. Care plans were in place for the management of bedrails and alarm mats. 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.

Two patients' wound records were reviewed. Assessed care was noted to be delivered as planned and both records were found to be well documented.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), 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), the speech and language therapist (SALT) or the dietician changed.

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.

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 registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A visiting Trust dietician said, “the staff are very helpful and friendly. I have no concerns at present. We complete a monthly, virtual ward round in order to monitor patients’ weight, make recommendations if required and give advice on diet.”

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The menu for the day was displayed on the wall of the dining room and a pictorial menu was provided at each table offering patients a choice of food. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and flowers. Patients able to communicate indicated that they enjoyed their meal. A patient was observed in the dining room thanking the cook for a lovely 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.

Two patients commented:

“The food’s very tempting. I’m enjoying the apple crumble and custard.”

“Lunch was very nice.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

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.

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

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

“... and we were made to feel comfortable from the onset, and the warmth and compassion was maintained right up to the end. It was of considerable comfort to us to know that she was in such good hands throughout.”

During the inspection the inspector met with four patients, small groups of patients in the dining room and lounge, two patients’ relatives and five staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Strangford Court. 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. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. No questionnaires were returned within the timescale specified.

Patient comments:

“I don’t like to bother anyone as I don’t need much. The girls are great here. They look after me well.”

“The girls are nice and treat me well. I’m happy here.”

Patient representative comments:

“The manager’s brilliant. It’s a great place. Everything’s good. I’ve no concerns at all”
“It’s well run. I don’t have any concerns but if I had I would speak to the manager or deputy manager. The care’s very good.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from three staff consulted during the inspection included:

“We have a good team here. I’ve no concerns. The manager’s proactive and knows the patients well as she sometimes works on the floor.”

“I enjoy working at Strangford Court. The manager’s very good and approachable.”

“Good training is provided. I’ve no concerns.”

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The Patient Activity Leader (PAL) was observed in the dining room, enthusiastically, facilitating a musical event. Patients were responsive and appeared to be enjoying the gathering. We discussed the availability of an activity planner to be displayed in the home as it is required that a suitable format is provided to view in an appropriate location so that residents know what is scheduled. An area for improvement was identified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

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

Areas for improvement

An area for improvement was identified to ensure that the programme of activities is displayed in a suitable format, in an appropriate location so that residents know what is scheduled.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

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.

Since the last inspection there has been no change in management arrangements. 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, patients and their representatives evidenced that the registered 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 registered manager.

Discussion with the registered 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 accidents/incidents, wounds, bedrails, lapbelts, alarm mats, domestic cleaning schedules and infection prevention and control practices.

Discussion with the registered manager and review of records from 11 March to 11 April 2019 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.

Discussion with the registered manager and 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.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, 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

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 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 27.4</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that fire extinguishers can be easily accessed in the event of an emergency.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure all fire extinguishers will be easily accessible and this will be monitored through daily walkabouts.</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 44</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2019</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Flooring has been replaced throughout the corridors in the unit. Replacement flooring for the bathroom has been authorised and awaiting date for same to be replaced.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager continues to monitor cleanliness of wheelchairs and specialised chairs to ensure that best practice in infection prevention and control.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: An activities programme is now in place and will be updated as necessary to reflect current activities scheduled.</p>

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



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