

Unannounced Care Inspection Report 11 January 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.rgia.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: Ms Claire Quail
Person in charge at the time of inspection: Ms Claire Quail	Date manager registered: 10 March 2011
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 22 comprising NH-DE.

4.0 Inspection summary

An unannounced inspection took place on 11 January 2018 from 09.55 to 16.55.

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 sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. No areas requiring improvement were identified in the previous care inspection.

Evidence of good practice was found in relation to promoting a culture of teamwork within the home; staff awareness relating to adult safeguarding; ensuring effective communication and engagement with relatives and governance processes relating to quality assurance and service delivery.

An area for improvement under regulation was identified in relation to the management of wound care. Areas for improvement under the standards were identified in respect of infection, prevention and control (IPC) practices and care 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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms. 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 3 July 2017.

The most recent inspection of the home was an unannounced care inspection undertaken on 3 July 2017. 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

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 seven patients, seven staff and five patients' relatives. 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.

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

The following records were examined during the inspection:

- duty rota for all staff from 1 to 14 January 2018
- 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 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents/incidents; restraint; wounds
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 3 July 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 July 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 14 (2) (a)(c) Stated: First time	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that all chemicals were stored in keeping with COSHH regulations.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered persons must ensure that patients' neurological observations are observed and appropriately recorded following any suspected or witnessed head injury in accordance with best practice guidance.	Met
	Action taken as confirmed during the inspection: Review of the care records and discussion with nursing staff evidenced that patients' neurological observations were observed and appropriately recorded following a suspected or witnessed head injury in accordance with best practice guidance.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standards 38 and 39 Stated: First time	The registered person shall ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met. Recruitment and selection records should also evidence that all newly appointed staff have commenced/undergone a structured orientation and induction programme.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of selection and recruitment records evidenced that staff were not employed within the home until all legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 had been met. Recruitment and selection records also evidenced that all newly appointed staff had commenced/undergone a structured orientation and induction programme.	

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 regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 1 to 14 January 2018 evidenced that there were no occasions when planned staffing levels were not adhered to. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager further confirmed 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 supervision and appraisal. All staff who were spoken with expressed satisfaction in the level of support they received from the registered manager.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met using an online resource. 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.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home.

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. Fire exits and corridors were observed to be clear of clutter and obstruction. A fire door leading to the nurses' station was observed to have been wedged open. This was highlighted to the registered manager and it was stressed that all staff must adhere to best practice in relation to fire safety at all times. The door was appropriately opened using a magnetic holding mechanism before the conclusion of the inspection. Governance records relating to fire safety will be discussed further in section 6.7.

Patients' bedrooms, dining rooms and lounges were found to be warm, clean, fresh smelling and comfortable. All patients' bedrooms were personalised with photographs, pictures and personal items. A gallery featuring patient's photographs was also on display within the entrance corridor.

Plaster damage on one wall was observed within one patient's bedroom. This was discussed with the registered manager and it was agreed that suitable remedial work should be carried out to address this. This will be reviewed during future care inspections. Observation of the sensory room also identified that a large interactive monitor had not been secured or wall mounted as required. This was highlighted to the registered manager and addressed before the conclusion of the inspection.

Deficits were observed in relation to compliance with best practice in infection, prevention and control. One communal bathroom was found to have several items inappropriately stored within it. Furthermore, the underside of a number of wall mounted hand sanitisers and paper towel dispensers were noted to be stained and ineffectively cleaned. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. This was discussed with the registered manager and identified as an area for improvement under standards. The use of cleaning schedules within the home will be discussed further in section 6.7.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and governance processes relating to staff training and mentoring.

Areas for improvement

An area for improvement under the standards was identified in relation to compliance with infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and 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' condition and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home including comments such as:

"It's good here."

"Everyone gets on well."

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Weaknesses were identified in relation to the nutritional care of patients, specifically the use of food and fluid intake records. Review of the care record for one patient who required such monitoring evidenced that their supplementary food and fluid intake charts had not been completed in accordance with best practice guidance, care standards and legislative requirements. It was noted that, although staff had documented the patient's oral intake and subsequent output on a daily basis, the calculated total amounts were either missing or inaccurate on four occasions. This was discussed with the registered manager and identified as an area for improvement under standards.

Deficits were also identified in regards to the wound care of patients. Although a review of care records for one patient who required regular wound care evidenced that the relevant care plans reflected previous TVN intervention, the care plans were either out of date and/or did not accurately reflect the patient’s skin condition, dressing regimen or information provided within supplementary wound care records. Furthermore, while daily progress sheets within the care records did evidence that nursing staff were adhering to the patient’s wound regimen, it lacked sufficient detail in keeping with best practice guidelines. In addition, a supplementary wound care chart within the care records for one identified wound was incomplete. These shortfalls were discussed with the registered manager and an area for improvement under regulation was made. Two wound care plans for the patient were re-written before completion of the inspection. Governance audits in relation to wound care are discussed further in section 6.7.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home and communication with the multiprofessional team.

Areas for improvement

An area for improvement under regulation was identified in relation to wound care. An area for improvement under the standards was made in regards to supplementary care records.

	Regulations	Standards
Total number of areas for improvement	1	1

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, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients were very 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 manner which promotes the social, emotional, spiritual and psychological wellbeing of patients. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

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

“I like it here.”
 “It’s great here.”

Furthermore, feedback received from patients’ relatives/representative during the inspection included the following comments:

“I love it.”
 “You couldn’t wish for better.”
 “There’s no place like it.”

“... celebrated his ... birthdays here and the staff were very helpful to the whole family even supplying a cake when we hadn't asked for any.”

“We couldn't wish for better treatment for ... It's a pleasure to see the patients and staff so happy and well looked after.”

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

At the time of writing this report, eight questionnaires had been returned and evidenced a high level of satisfaction with the quality of care provided within the home. All respondents' answers confirmed that they were 'very satisfied' when asked if they considered the care to be safe, effective, compassionate and well led. All questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Discussion with staff and the registered manager also highlighted that the home received 'recognition of care and kindness' (ROCK) awards in 2015, 2017 and 2018 following nominations being submitted to Four Seasons Health Care by patients' relatives.

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans.

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.

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.

Interior signage within the home which is used to indicate who the nurse in charge is was inaccurate upon arrival to the home. A 'dementia experience kit' within the sensory room was also observed to be untidy and poorly arranged for ease of use by staff and patients. These weaknesses were discussed with nursing staff and the registered manager and appropriately addressed before completion of the inspection.

Observation of the lunch time meal evidenced that the dining areas being used appeared to be clean, tidy and appropriately spacious for patients and staff. Staff were overheard gently encouraging patients with their meals and offering alternative choices if necessary. Staff also demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. It was also evidenced that meals were returned to kitchen to be kept sufficiently hot until staff were available to provide patients with necessary assistance. The delivery of such person centred care is commended. All patients appeared content and relaxed during the provision of the lunch time meal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of person centred care which promoted the dignity and well-being of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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. Staff were able to describe their roles and responsibilities. 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 and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff comments in relation to working within the home are discussed in section 6.6.

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

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Discussion with the registered manager and review of the home's complaints records evidenced that no complaints had been received since the previous care inspection.

Patients' relatives spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

Review of management 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. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. For example, audits were completed by the registered manager in accordance with best practice guidance in relation to the environment; the administration of medications; hoists/slings; care records and the use of restraint. Review of the wound care audit did highlight a shortfall with regards to the classification and description of one patient's wound. This was discussed with both the nursing sister and the registered manager and it was agreed that ongoing wound care audits would contain further detail to ensure that the audit remained a robust tool for quality assuring care delivery within the home.

A review of cleaning schedules relating to patient areas highlighted that such records were being used and stored by domestic staff in an inconsistent manner. This was discussed with both domestic staff and the registered manager. It was stressed that such records should be used and monitored in a consistent, accurate and timely manner so as to ensure the cleanliness of the home at all times. This will be reviewed during future care inspections. The general cleanliness of the home is referenced further in section 6.4.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place. Review of the accompanying action plan did highlight that written entries confirming which outstanding deficits had been addressed were not signed. This was discussed with the registered manager and it was agreed that all such written entries should be signed and dated.

Governance records also confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

A review of records further demonstrated that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months. Records evidencing the servicing of such equipment were also available. It was also noted that LOLER and servicing records had been reviewed on a monthly basis by the registered manager.

Discussion with the registered manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance systems and processes focusing on the environment of the home and care delivery.

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 Ms. 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: First 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: <ol style="list-style-type: none"> (1) accurately reflect the current status of the identified wound; (2) 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); (3) concur with relevant supplementary wound care records; (4) are clearly referenced within all daily progress sheets. • that all supplementary wound care records are fully completed. <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: The registered manager will ensure that all plans of care will reflect current practice. In the event of multiple wounds each site will have an individual care plan in place which will be updated accordingly. All supplementary wound charts will be fully completed in a timely manner.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 9 February 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: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: This was addressed immediately and registered manager monitors this on a daily basis via the Daily Walkaround Audit and if any linked actions occur, these are addressed</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12 (27)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that supplementary care records, specifically, oral intake and output charts are completed accurately.</p> <p>Ref: Section 6.5.</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager will ensure that all supplementary care records are completed accurately. The registered manager will monitor by care tracas and any linked actions will be addressed. The regional manager will monitor compliance during Reg 29 visits to the home</p>
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Please ensure this document is completed in full and returned via Web Portal



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