

# Inspection Report

20 January 2023



## Strangford Court

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ann's Care Homes Ltd  <b>Responsible Individual:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Ms Claire Quail  <b>Date registered:</b> 10 March 2011
<b>Person in charge at the time of inspection:</b> Ms Claire Quail, Manager	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia LD – Learning disability LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides dementia care for up to 22 patients in Millar Suite and 14 patients who have a learning disability in Oakland Suite. All bedrooms and amenities are located on the ground floor. Patients have access to communal lounges/dining rooms and an enclosed garden/patio area.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 January 2023 from 10.15 am to 5.10 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 training and communication between patients, patients' representatives and staff. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

One area for improvement has been identified regarding the review of staff induction records.

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

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

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

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

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

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

### **3.0 How we inspect**

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

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

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

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

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

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

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

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

During the inspection we spoke with six patients individually, small groups of patients in the lounges and dining room, four patient's relatives and eleven staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

A patient's relative spoken with commented: "I'm very happy with the care and the staff are fantastic. I couldn't fault it."

Following the inspection we received four questionnaires. Three questionnaires were completed by patients' relatives and one returned questionnaire did not indicate if it was completed by a patient or their representative. All questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

A patient spoken with commented: "I like it here. The staff are nice and they look after me well."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"At all times you treated him with dignity, respect and empathy, making the difficult days more bearable. For that we are thankful."

#### 5.0 The inspection

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

Areas for improvement from the last inspection on 24 February 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	The registered person shall ensure that care records, specifically repositioning charts are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of repositioning charts evidenced they are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the patient dining experience evidenced that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member starting work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, records showed that although induction had been completed there was no evidence that it had been meaningfully reviewed, signed and dated to indicate that the necessary requirements had been achieved. This was discussed with the manager and an area for improvement was made.

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

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2022/2023 evidenced that staff had attended training regarding adult safeguarding, the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS), dementia awareness, understanding behaviours that challenge, understanding learning disability and autism spectrum disorder, first aid, infection prevention and control (IPC) and fire safety.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Ms Claire Quail was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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

### 5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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

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

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

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

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

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

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



Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

The cook told us the food is home cooked and that scones and shortbread served to patients from the mid-morning and mid-afternoon tea trolley by staff were freshly baked.

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

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

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as wheelchairs and hoists were seen to be clean and well maintained.

The treatment rooms and sluice rooms were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager confirmed that a Fire Risk Assessment had been completed on 29 July 2022 and that regular fire drills had been undertaken by staff at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

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

Visiting and Care Partner arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

### **5.2.4 Quality of Life for Patients**

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

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board in both units advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as armchair exercises, arts and crafts.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

### **5.2.5 Management and Governance Arrangements**

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Staff supervision and appraisals had commenced for 2022/2023. The manager advised they are ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care plans, the patient dining experience and infection prevention and control (IPC) practices, including hand hygiene.

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

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

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



It was established that systems were in place to ensure that complaints were managed appropriately. The manager advised that no complaints have been raised this year. Patients and their relatives said that they knew who to approach if they had a complaint.

Review of records showed that staff meetings were held on a regular basis. Minutes of meetings were available to view.

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

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (April 2015).

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

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

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that staff orientation and induction records are meaningfully reviewed, signed and dated when this has been achieved.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A review has been undertaken by the home manager of all completed inductions. The Home manager will continue to review all inductions as and when completed in a timely manner. This will be evidenced via the 2 monthly HR audit or sooner if required.</p>

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