

Inspection Report

14 August 2024



Strangford Court

Type of service: Nursing Home
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Telephone number: 02844612481

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Ann's Care Homes Responsible Individual: Ms Charmaine Hamilton	Registered Manager: Ms Claire Quail Date registered: 10 March 2011
Person in charge at the time of inspection: Ms Claire Quail	Number of registered places: 38
Categories of care: Nursing Home (NH) DE – Dementia. LD – Learning Disability LD(E) – Learning Disability	Number of patients accommodated in the nursing home on the day of this inspection: 33

2.0 Inspection summary

An announced inspection took place on 14 August 2024 from 9.30am to 11.30am by an estates and care inspector. This was in association with the works contained in variation VA012042 to increase the number of beds to accommodate patients who have a learning disability from 14 to 16 beds.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (April 2015).

During the inspection it was observed building improvement works had commenced and that three unregistered rooms were in use by patients without prior approval from RQIA. As a result, a meeting was held in RQIA offices with the responsible individual (RI) for the intention to serve a Failure to Comply notice. The RI acknowledged the breaches and provided an action plan to demonstrate how they intended coming back into compliance. Given the assurances provided at this meeting, the notice was not served. A separate variation for the further works was received by RQIA and will be reviewed on completion.

The estates inspector reviewed the building services maintenance records, test certificates and associated documents, and completed a review of the building fabric & finishes. It was confirmed from a care perspective that, following completion of the action plan, the additional rooms were appropriately prepared for registration with RQIA.

No new areas for improvement were identified and the variation application was approved for patient use.

3.0 How we inspect

RQIA's inspections form part of our assessment of the quality of services. Our reports reflect the performance 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.

The inspection consisted of a review of estates related documents held in the home and submitted by the provider prior to the inspection. A visual inspection of the internal and external accommodation was completed and any issues identified during the inspection were discussed with the registered manager at the conclusion of the inspection.

As part of the inspection, we also considered and/or reviewed the following range of information:

- The statement of purpose
- The service user guide
- Planned staffing levels and skill mix
- Governance

4.0 The inspection

4.1 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 25 January 2024		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 47.3 Stated: First time	The registered person shall ensure that catering staff wear an appropriate head covering during the preparation and serving of all meals.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

4.2 Inspection findings

4.2.1 Estates

The additional accommodation was found to have been constructed, decorated and presented to a high standard, and suitably furnished throughout. The bedrooms, en-suites and all communal spaces were found to exceed the current Department of Health (DoH) Care Standards with regards to area and critical dimensions.

A range of documents relating to the commissioning and maintenance of the premises mechanical & electrical engineering installations, were presented for review. This documentation included various inspection and test reports, including for the fire detection system, emergency lighting installation, and portable fire-fighting equipment.

The current fire risk assessment, undertaken by a suitably accredited fire risk assessor, rated current fire safety within the premises as 'Tolerable'. Fire safety maintenance and test records verified that the premises physical fire safety installations had been suitably commissioned and were being appropriately maintained.

A current legionella risk assessment was in place, and this had been revised to include the additional accommodation. Suitable control measures have been implemented and are currently being maintained by the provider. All seldom used water outlets are flushed in accordance with the water safety risk assessment by staff within the home.

A number of outstanding issues were discussed regarding the new accommodation and an action plan was submitted by the provider on 14 August 2024, subsequent to the inspection. This action plan has now been fully implemented and all actions signed-off by 31 August 2024.

4.2.2 Care

The planned works had been completed to a high standard and enhanced the lives of patients in the home. The newly refurbished dayroom and new lounge area provided additional space for patients to relax in these rooms. The newly refurbished bathroom provided extra space for care delivery. Staff could avail of a new larger nurses' station and treatment room.

The manager confirmed that staffing arrangements would be reviewed regularly in line with the dependency levels of patients, including any pending admissions.

A planned schedule of audits was in place to ensure the governance and monitoring of the quality of care and other services provided in the home.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits are available for review by patients, their representatives, the Trust and RQIA.

4.2.3 Statement of purpose and patient guide

The statement of purpose and patients' guide were submitted to the RQIA prior to the pre-registration visit. The documents were found to be reflective of the care and service provision within the home.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Charmaine Hamilton, Responsible Individual, Ms Claire Quail, Registered Manager and the management team as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 47.3 Stated: First time	The registered person shall ensure that catering staff wear an appropriate head covering during the preparation and serving of all meals. Ref: 4.1
To be completed by: With immediate effect	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.



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