



The Regulation and  
Quality Improvement  
Authority

Inspector: Donna Rogan  
Inspection ID: IN022095

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**Unannounced Care Inspection  
of  
Strangford Court (Millar Suite)**

**18 November 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 18 November 2015 from 10.15 to 16.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern. There were no requirements or recommendations made as a result of this inspection.

For the purposes of this report the term 'patients' will be used to describe those living in Strangford Court Care Home (Millar Suite) which provides nursing care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

There were no further actions required to be taken following the last care inspection on 17 February 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Maureen Claire Royston	<b>Registered Manager:</b> Claire Quail
<b>Person in Charge of the Home at the Time of Inspection:</b> Claire Quail	<b>Date Manager Registered:</b> 10 March 2011
<b>Categories of Care:</b> NH-DE	<b>Number of Registered Places:</b> 22
<b>Number of Patients Accommodated on Day of Inspection:</b> 19	<b>Weekly Tariff at Time of Inspection:</b> £616

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 19: Communicating Effectively**

**Standard 20: Death and Dying**

**Standard 32: Palliative and End of Life Care**

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

### 4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection;
- the registration status of the home;
- written and verbal communication received since the previous care inspection;
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year; and
- the previous care inspection report.

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 12 patients both individually and in small groups. Discussion was also undertaken with 3 care staff, two nursing staff. There were no relatives visiting at the time of the inspection.

The following records were examined during the inspection:

- the staff duty rota;
- two patient care records;
- records of accident/notifiable events;
- staff training records;
- staff induction records;
- records of competency and capability of the registered nurse in charge of the home in the absence of the manager; and
- policies for communication, death and dying, and palliative and end of life care.

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the home was an unannounced pharmacy inspection dated 24 April 2015. The completed QIP was returned and approved by the pharmacy inspector.

### **5.2 Review of Requirements and Recommendations from the last care Inspection 17 February 2015**

No requirements or recommendations.

### **5.2 Standard 19 - Communicating Effectively**

#### **Is Care Safe? (Quality of Life)**

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with registered nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

There are two palliative link nurses appointed in the home and both have received formal training from the local Healthcare Trust. This training is cascaded to all registered nursing staff in the home. Two registered nurses spoken with were knowledgeable about the important aspects to consider when communicating sensitively with their patients. The importance of good effective communication was included in all staff inductions to the home. It is also included in the competency and capability assessments of all registered nurses taking charge of the home in the manager's absence.

A review of two care records examined evidenced that consultation patients were conducted in regards to consultation with relatives or their representatives.

#### **Is Care Effective? (Quality of Management)**

The care records examined evidenced that, patients' individual needs and wishes regarding end of life care had been discussed with their General Practitioner (G.P). The care plans included reference to the patient's specific communication needs, including sensory impairment and cognitive ability.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives; options and treatment plans were also discussed, where appropriate. The records evidenced that with patients and/or their representative's consent, information had been shared with the relevant health care professionals.

Two nursing staff consulted with demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by emphasising the need for privacy, have sufficient time and emphasised the importance of good relationships with their patients. Two registered nursing staff consulted demonstrated their ability to communicate sensitively with patients and described to the inspector that when they are breaking bad news that they would sit down by the patient, use a calm voice, speak clearly yet reassuringly, would hold their hands, allow privacy, allow the patient to ask questions, and try to display as much empathy as possible.

There was evidence within two of the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

### **Is Care Compassionate? (Quality of Care)**

Having observed the delivery of care and many staff interactions with patients the inspector can confirm that communication is well maintained and patients are observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional sensitive way. Observations of communication of staff with patients were commendable on this occasion.

The inspection process allowed for consultation with 15 patients. In general patients all indicated that they were very happy with the quality of care delivered and with life in Strangford Court Care Home. They confirmed that staff are polite and courteous.

A number of compliment cards were displayed from past family members. All detailed a positive response in relation to their experiences of how staff communicated in a compassionate and thoughtful way throughout the end of life or palliative care process.

Discussion with ancillary staff such as those in the laundry, maintenance and kitchen stated that nursing staff communicated regularly with them where needed regarding patients' needs. All stated that they were kept informed where required if patients' conditions were deteriorating. All staff spoken with felt that communication was exceptional regarding the theme of this inspection.

### **Areas for Improvement**

There were no requirements or recommendations identified in regards to this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

#### **Is Care Safe? (Quality of Life)**

The registered manager Claire Quail and deputy manager Gillian Kendal have been identified as the link nurses in palliative care. Both have had recent up to date training in palliative care provided by the local Healthcare Trust. Guidance documents on the management of palliative and end of life care and death and dying are held together in the palliative care manual. These documents have recently been reviewed. The homes policies and procedures have been updated to reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013. The manual included guidance on the management of deceased person's belongings and personal effects. The registered manager and registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013 and a copy of the Guidelines, were available in the home and all registered nursing staff spoken with were aware of the guidelines and where they were retained in the home.

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, two registered nursing staff, three care staff and a review of two care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

The registered nursing staff confirmed that they are able to source a syringe driver via the community nursing team if required. It was also confirmed that all registered nursing staff are trained in the use of this specialised equipment.

#### **Is Care Effective? (Quality of Management)**

There were no patients considered as being at end of life or requiring palliative care in the home during the inspection. However a review of two care records evidenced that patients' needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration and nutrition, pain management and symptom management. The inspector discussed with registered nurses, the care records of one recently deceased patient who had received end of life care in the home. The registered nursing staff confirmed that discussion between the patient, their representatives and staff in respect of death and dying arrangements were always included. Staff stated that care records included in detail families wishes and involvement and consultation with the patient regarding their wishes and feelings. Registered nursing staff stated that the care records were maintained in a sensitive manner and provided clear information regarding consultations with allied professionals, disciplinary team, relatives and clergy. They also stated that the care plan would always be updated as the patient's needs and wishes changed.

Discussion with the registered manager, two registered nurses and three care staff evidenced that environmental factors had been considered when a patient was at the end of life. Staff informed the inspector that in the past management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been appropriately reported.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of two care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of Do Not Attempt Resuscitation (DNAR) directives as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones.

From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives.

### **Areas for Improvement**

There were no requirements or recommendations made regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Additional Areas Examined

### 5.5.1 Comments by staff, patients and patient representatives

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were positive. Some comments received are detailed below:

#### Staff

Staff spoken with were positive regarding services the home and the management. They raised no concerns in discussion. Six staff members completed questionnaires and all were satisfied with the training and services provided in the home in relation to end of life and palliative care. The following comments were made:

- “I work with a very supportive team and we work and strive to provide the best care possible.”
- “I’m very happy in my job.”
- “I work with a good hard working reliable team.”
- “There is very professional management in our home.”
- “Our manager’s door is always open.”
- “I enjoy my work it is rewarding and positive.”
- “All residents within the home receive a very high standard of care in a respectful and dignified manner”.

#### Patients

Fifteen patients were spoken with and one patient was able to complete the questionnaire. The following comments were detailed in the questionnaire returned and in discussions with patients:

- “Very satisfied that I am treated with dignity and respect.”
- “It is great here.”
- “I am happy.”
- “The food is good.”
- “Ah, the staff are great.”
- “I am very happy here.”

#### Patients’ representatives

There were no relatives or representatives visiting at the time of the inspection. Questionnaires were left in the home for relatives/representatives. However none were returned in time to include in the report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	CLAIRE QUAIL	<b>Date Completed</b>	07/12/15
<b>Registered Person</b>	Dr Claire Royston	<b>Date Approved</b>	09.12.15
<b>RQIA Inspector Assessing Response</b>	Donna Rogan	<b>Date Approved</b>	11/12/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address*