Unannounced Care Inspection Report
1 October 2020

Strathearn Court

Type of Service: Nursing Home
Address: 229 Belmont Road, Belfast, BT4 2AH
Tel No: 028 90 656665
Inspector: Julie Palmer

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 nursing home registered to provide nursing care for up to 55 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual(s):** Dr Maureen Claire Royston	**Registered Manager and date registered:** John Cherian 16 October 2020
Person in charge at the time of inspection: Marites Astorga, Deputy Manager	**Number of registered places:** 55
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 42

4.0 Inspection summary

An unannounced care inspection took place on 1 October 2020 from 09.25 hours to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I am very well looked after.”
- “The staff are very nice.”

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	0	*6

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marites Astorga, 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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 patients and 15 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients/relatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rota from 21 September to 4 October 2020
- staff training records
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- staff supervision schedule
- incident and accident records
- a sample of patients' inventory reconciliation records

- five patients' care records including food and fluid intake records
- a sample of repositioning records
- RQIA registration certificate.

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as 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 areas for improvement from previous inspections

The most recent inspection of the home was an unannounced care inspection undertaken on 11 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that neurological observations are consistently completed for the 24 hour period of time following a fall.	**Met**
	Action taken as confirmed during the inspection: Review of relevant care records evidenced that neurological observations were consistently completed for 24 hours following a fall.	
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that risk assessments and care plans in patients' care records are evaluated on at least a monthly basis.	**Partially met**
	Action taken as confirmed during the inspection: Review of care records evidenced that at least monthly evaluation of risk assessments and care plans had been undertaken in some but not all cases. See section 6.2.5 for further details. This area for improvement will be stated for the second time.	

The most recent finance inspection of the home was undertaken on 13 September 2018

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 14.26 **Stated:** First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of patients' inventory records evidenced that these were reconciled on a monthly basis and appropriately signed by two members of staff.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring and timely manner. Patients and staff spoken with during the inspection did not express any concerns regarding staffing levels in the home. However, following the inspection we received one response to the staff survey in which the respondent indicated that they were unsatisfied with staffing levels; comments made were brought to the attention of the manager.

Staff spoken with told us that teamwork was good and that, whilst working through the COVID-19 pandemic has been challenging and stressful, they were well supported by the management team in the home. Staff told us:

- "Staffing levels are mostly okay."
- "We are always busy; I would like to be able to spend more one to one time with patients."
- "I love it here."
- "Teamwork is really good."
- "I love working here."
- "The carers are awesome."
- "It's really rewarding work, I love it."

The manager told us that staff compliance with mandatory training was monitored and that training was mainly being completed on-line due to current COVID-19 restrictions. Staff told us that they felt adequately trained to carry out their role.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Review of two recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the foyer enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors, including the inspector, had a temperature check recorded on arrival at the home. Patients and staff had a twice daily temperature check recorded.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly.

We observed that staff carried out hand hygiene at appropriate times. However, we noted that one member of staff was wearing a bracelet and another was wearing a watch; we discussed this with the staff members who recognised that this was a barrier to effective hand hygiene and removed the items; an area for improvement was made. We also brought this to the attention of the manager for information and appropriate action. The manager told us that staffs' use of PPE and hand hygiene was monitored through regular observations and audits. Staff confirmed that they had received training and supervision in the use of PPE and hand hygiene.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, ensuites, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively personalised. Lounges and dining rooms were fresh smelling, neat, tidy and well decorated.

A malodour in an identified sluice was brought to the attention of staff; action was taken to resolve this. We observed that some small items were inappropriately stored; this was brought to the attention of the manager for information and action. We observed that the ground floor treatment room door was left unlocked; an area for improvement was made.

The manager told us that planned redecoration in the home had been put on hold due to the COVID-19 pandemic and will be progressed following appropriate risk assessment.

We observed that, in three identified ground floor bedrooms, tubs of prescribed thickening agents had been left sitting out where patients could potentially access them. We brought this to the attention of staff who removed the tubs to appropriate storage areas. An area for improvement was made.

6.2.4 Care delivery

Patients in the home looked well cared for and were content and settled. We observed that staff spoke to patients in a friendly and pleasant manner. Patients spoken with told us that they felt well looked after, staff were friendly and that there were enough staff to help them. Comments included:

- "It's alright here but it's not home."
- "The staff are helpful enough."
- "I love it here."
- "This is a great home."
- "The girls are very good."
- "I have no complaints at all."

Patients who were unable to chat to us appeared to be comfortable both in their surroundings and in their interactions with staff. Patients who were in their rooms had call bells within reach and we observed that staff were responsive when assistance was required.

The activity therapist told us that assisting patients to communicate with their relatives was a very important aspect of her role at the present time. This included helping with telephone calls and arranging and assisting patients and their relatives with planned visits which were being managed in line with the current guidance in this area. Activities, such as arts and crafts, quizzes and movies, were planned with social distancing guidelines being followed. One to one activities were also offered, for example, manicures, hand massage and reminiscence.

We observed the serving of lunch in one of the dining rooms which had been set up to enable social distancing. Staff were seen to be helpful and to provide appropriate assistance to patients. Patients were offered their choice of beverage, condiments were available and staff were knowledgeable regarding individual patient's likes and dislikes. Patients who had changed their mind about their menu choice were offered a suitable alternative. The food on offer smelled appetising and was well presented. We discussed the menu choices and quality of food with patients; comments included:

- "Lunch was lovely."
- "Lunch was beautiful"
- "Lovely potatoes today."
- "I like breakfast in the morning but there is no variety with lunch."
- "Some days I can eat the food, some days I can't eat it."
- "The food is lovely."
- "Not enough variety with food, told to say what I like but when I do I only get it once."
- "The food is terrific, it's lovely."
- "They know how to make food here; I have no problems with it at all."

We discussed the comments made about a lack of variety of food with the manager who informed us that a new menu had been introduced that week and hopefully patients would enjoy the new choices available; dining surveys were undertaken to seek patients' opinions on the new menus.

We spoke to a relative, who was in the home for a pre-arranged visit, about their opinion of the care provided. The relative told us that "it is excellent here, I couldn't say a bad word, the staff are terrific". The relative also told us that staff had been very helpful with communication and facilitated a phone call to their loved one every night.

6.2.5 Care records

We reviewed five patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. However, review of care records evidenced that at least monthly evaluation of risk assessments and care plans had been undertaken in some but not all cases; this area for improvement had been partially met and will be stated for the second time.

There was evidence of referral to and recommendations from other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary. Patients' weights were recorded on at least a monthly basis. Wound care records reviewed were up to date and reflective of the care directed in the relevant care plans. In the event of a fall we observed that staff carried out neurological observations and updated the relevant risk assessments and care plans appropriately.

Food and fluid intake and repositioning records reviewed were up to date. However, we noted that in the records reviewed, the front pages of individual patient's booklets were not always completed in full to reflect required details such as the recommended level of food and fluids, repositioning schedule or mattress setting. An area for improvement was made.

We observed that patients' total daily fluid intake was calculated and recorded. However, on occasions when total fluid intake fell below the recommended daily amount the care plans did not detail what action should be taken in this event. We discussed this with staff who demonstrated their knowledge of how to manage reduced fluid intake depending on the individual patient but acknowledged that this was not consistently recorded in care plans or daily records. An area for improvement was made.

6.2.6 Governance and management arrangements

Management arrangements had changed since the last inspection and RQIA had been appropriately informed.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home; the audits reviewed contained clear action plans where deficits had been identified.

The manager told us that updated information regarding COVID-19 was disseminated to staff verbally during daily handovers and an up to date file of COVID-19 information was also maintained in the home.

Monthly quality monitoring reports reviewed were comprehensive, contained relevant information, included the views of patients and staff and had an action plan with a timeframe for completion.

The supervision schedule in place needed to be updated, however, a record of staff supervisions was maintained and staff confirmed that they received supervision.

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, use and availability of PPE, treating patients with kindness, care provided, management of falls and wounds, activities, communication and management arrangements.

Areas for improvement

Areas for improvement were identified regarding adherence with hand hygiene best practice guidelines, ensuring the treatment room door was locked, storage of thickening agents, completion of required details on supplemental care booklets and reviewing care plans for hydration.

	Regulations	Standards
Total number of areas for improvement	0	5

6.3 Conclusion

Patients looked well cared for and spoke positively about living in the home. Staff helped patients to maintain good communication links with their relatives.

We recognised that the home had been significantly affected by COVID-19 and the efforts of staff in dealing with this challenge were commended.

Following the inspection the manager confirmed that immediate action had been taken to ensure identified items were removed to appropriate storage areas. The manager also informed us that staff had received supervision in the storage of medicines and adhering to hand hygiene best practice guidelines.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marites Astorga, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** 1 November 2020	The registered person shall ensure that risk assessments and care plans in patients' care records are evaluated on at least a monthly basis. Ref: 6.1& 6.2.5 **Response by registered person detailing the actions taken:** A monthly planner has been put in place to assist with the oversight of evaluations. This will be spot checked by the Home Manager on a regular basis for compliance. Registered nurses have had supervision regarding this.
Area for improvement 2 **Ref:** Standard 46.2 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that staff comply with best practice guidelines in hand hygiene. Ref: 6.2.2 **Response by registered person detailing the actions taken:** Supervisions have been completed in relation to this and it is monitored through hand hygiene audits.
Area for improvement 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that treatment room doors are kept locked to ensure that medicines in the home are safely and securely stored at all times. Ref: 6.2.3 **Response by registered person detailing the actions taken:** Staff have had supervision in relation to this and this will be spot checked by the Home Manager for compliance.
Area for improvement 4 **Ref**: Standard 30 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that tubs of thickening agents are appropriately stored and not left accessible to any patients in the home. Ref: 6.2.3 **Response by registered person detailing the actions taken:** Thickening agents have been removed from residents bedrooms. Staff have had supervision in relation to this and this will be spot checked by the Home Manager for compliance.

Area for improvement 5 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that supplemental care booklets are completed in full to reflect the care directed from individual patient's care plans with regard to, for example, level of food and fluid required, repositioning schedule and mattress setting. Ref: 6.2.5
	Response by registered person detailing the actions taken: Charts have been reviewed and staff have been provided with additional training. This will be monitored for compliance as part of the Home Managers checks.
Area for improvement 6 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that care plans for hydration are reviewed to include actions to be taken if fluid intake is reduced below the recommended daily level and that any actions taken in this event are recorded in the patient's daily records. Ref: 6.2.5
	Response by registered person detailing the actions taken: Care plans have been reviewed to ensure these include the appropriate action to take if a target is not met. Staff have been advised to reflect the actions in the progess notes. This will be spot checked by the Home Manager.

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

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