

Inspection Report

9 May 2023



Strathearn Court Care Home

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited	Registered Manager: Mr John Cherian
Responsible Individual: Mrs Ruth Burrows (Applicant)	Date registered: 16 October 2020
Person in charge at the time of inspection: Mr John Cherian – Registered 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: 47
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 55 patients. Patients' bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 9 May 2023 from 9.10 am to 4.45 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Strathearn Court Care Home was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Strathearn Court Care Home. 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.

Questionnaires 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "The staff are very good, they couldn't be any better", while another patient said, "The staff treat me very well." A further patient said, "The staff are wonderful and I like it here."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "My relative feels like a celebrity in here." Staff spoken with said that Strathearn Court Care Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

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 28 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure safe systems for the management of warfarin are in place.	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.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber. Records of the receipt of medicines brought into the home by newly admitted patients must be fully and accurately maintained.	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.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that an improvement plan is developed regarding door frames and radiator covers. Required actions should be undertaken taken to ensure that door frames and radiator covers are kept in a good state of repair and repainted or replaced as necessary.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 9 Stated: First time	<p>The registered person shall ensure that an audit is carried out to identify those patients' bedrooms which require personalisation in order to be more 'homely'. Agreed actions should then be taken to personalise identified rooms. Where possible, patients and their relatives should be involved in this process.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 3 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that the identified ground floor bathroom cupboard and first floor bathroom flooring are repaired and/or replaced.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 4 Ref: Standard 30 Stated: First time	<p>The registered person shall review the storage arrangements for medicines to ensure:</p> <ul style="list-style-type: none"> - the identified medicine overstock cupboard locks are suitably repaired/replaced to ensure medicines are stored securely - medicines are stored below 25°C to maintain their efficacy and stability. <p>Action taken as confirmed during the inspection: Examination of the environment and discussion with the manager confirmed this area for improvement was not met. Locks were not fitted to the overflow cupboards or controlled drugs cupboard. The manager confirmed an air conditioning contractor had surveyed the treatment rooms in the home.</p> <p>This area for improvement is not met and is stated for a second time.</p>	Not met

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post.

Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who takes charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Management of wound care was examined. Review of a selection of patient's care records confirmed that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were taken following the fall in keeping with best practice guidance. Review of a selection of patient's care records evidenced that patient's clinical and/or neurological status had not been consistently completed. This was discussed with the manager who agreed to discuss this with registered nursing staff and monitor completion through their audit systems.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

A daily menu was not displayed in the dining room and plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. Some patients spoken with said they would prefer to drink from a glass. This was discussed with the manager who agreed to review the dining experience and address the matters highlighted. This will be reviewed at a future care inspection.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Minor shortfalls in record keeping relating to identified risk assessments and care plans were discussed with staff who arranged for corrective actions to be taken before the end of the inspection.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what was important to them.

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

While supplementary care records were generally well completed, shortfalls were identified in completion of oral care records for at least three identified patients. Staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. This was discussed with the manager who agreed to meet with staff and monitor completion of these records. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were generally well decorated, suitably furnished, clean and tidy. Communal lounges did not have any curtains or blinds erected. This was discussed with the manager who confirmed a contractor was due to visit the home and arrange for these to be replaced.

Inappropriate storage of some patient equipment was noted and a small number of storage cupboards were found to be cluttered. Some moving and handling equipment was not consistently cleaned after use. This was discussed with the manager who agreed to address these matters. He confirmed he would meet with staff to discuss appropriate storage and to monitor the home environment/cleaning of equipment on a daily basis. This will be reviewed at a future care inspection.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 17 May 2022. All actions identified by the fire risk assessor had been addressed by the manager.

Staff members were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not.

Some staff were not familiar with the correct procedure for the donning and doffing of PPE. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music, reading and watching TV, while others enjoyed doing arts and crafts or had a visit from a family member. Patient's spoke positively about a recent coronation party and vintage tea party.

There was evidence that planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included one to one, bowling, religious services, baking, quizzes and family visits. Staff members said they did a variety of one to one and group activities to ensure all residents had some activity engagement. A suggestion box was available for visitors and patients to use of they had new ideas for additional activities.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mr John Cherian has been the manager since 16 October 2020. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

5.2.6 What arrangements are in place to ensure that medicines are stored safely?

It was observed that the locks on medicine overstock cupboards inside the upstairs treatment room were broken and required repairing/replacing. The manager confirmed the temperature recorded in the treatment rooms within the home would exceed 25°C on occasion. Medicines must be stored below 25°C to maintain their efficacy and stability.

The manager confirmed an air conditioning contractor had surveyed the treatment rooms in the home and plans were in place to renovate the overstock cupboards. This was identified as an area for improvement at the previous medicines management inspection and is stated for a second time.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

*The total number of areas for improvement includes one which is stated for a second time and two which are carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Cherian, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: Ongoing from the date of inspection (29 November 2022)	The registered person shall ensure safe systems for the management of warfarin are in place. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Ongoing from the date of inspection (29 November 2022)	The registered person shall review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber. Records of the receipt of medicines brought into the home by newly admitted patients must be fully and accurately maintained. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 5.2.3
	Response by registered person detailing the actions taken: Infection Control training has been repeated for all nursing, care and ancillary staff. Correct donning and doffing guidelines and correct hand hygiene practice for various situations were reinforced during training. Staff compliance is being monitored via daily walkabout audits and during completion of monthly audits. These audits are reviewed and quality assured by the Operations Manager during the regulation 29 visit.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 31 August 2023	The registered person shall review the storage arrangements for medicines to ensure: <ul style="list-style-type: none"> - the identified medicine overstock cupboard locks are suitably repaired/replaced to ensure medicines are stored securely - medicines are stored below 25°C to maintain their efficacy and stability. Ref: 5.2.2
	Response by registered person detailing the actions taken: Daily temperatures are being taken in each of the treatment rooms. One Air conditioner has already been installed in the downstairs treatment room. Costs are currently being sought to install air conditioner unit into the upstairs treatment room and to refurb/replace the identified cupboards.
Area for improvement 2 Ref: Standard 6.14 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that accurate records of oral care delivery are maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: All nursing and care staff have completed supervised practice on good record keeping / supplementary record keeping. The Nursing staff on each shift are spot checking and signing these charts to evidence that these are kept up to date and completed contemporaneously. The registered person will monitor care records to ensure that they are maintained in line with regulatory standards. This will be reviewed monthly via the regulation 29 visit.

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