



The Regulation and
Quality Improvement
Authority

Strathearn Court Care Home
RQIA ID: 1297
229 Belmont Road
Belfast
BT4 2AH

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**Unannounced Care Inspection
of
Strathearn Court Care Home**

2 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 2 February 2016 from 12 35 hours to 16 30 hours.

The focus of this inspection was to determine what progress had been made in addressing the recommendations made during the previous care inspection on 11 September 2015.

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; however, one area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 11 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Ruth Murphy, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care	Registered Manager: Ruth Murphy
Person in Charge of the Home at the Time of Inspection: Ruth Murphy	Date Manager Registered: 1 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 55
Number of Patients Accommodated on Day of Inspection: 52	Weekly Tariff at Time of Inspection: £593.00 - £639.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients
- discussion with relatives
- review of records
- observations during a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

We met with seven patients individually, and with the majority of others in groups, three patients' relatives, two registered nurses, three care staff, the personal activity leader (PAL) and the house keeper.

The following records were examined during the inspection:

- three patient care records
- staff training records
- staff duty rosters
- incident and accident records..

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Strathearn Court Care Home was an unannounced care inspection dated 11 September 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 36.2 Stated: First time	It was recommended that when the updated Palliative and end of life care manual is issued by Four Seasons Health Care that staff receive an induction/training on the content to ensure that staff knowledge and care delivery is reflective of best practice in palliative and end of life care.	Met
	Action taken as confirmed during the inspection: Training records evidenced that induction to the Palliative and end of life care manual was included in palliative and end of life care training delivered on 17 November 2015.	
Recommendation 2 Ref: Standard 32 Stated: First time	It was recommended that link nurses, and if appropriate carers, for palliative and end of life care should be identified and provided with enhanced training to act as a resource within the home to guide, inform and support patients, relatives and staff.	Met
	Action taken as confirmed during the inspection: The registered manager provided the name of the registered nurse who has been identified as the link nurse for palliative and end of life care. The identified nurse had attended training provided by the local health and social care trust.	

5.3 Is Care Safe? (Quality of Life)

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing roster for week commencing 1 February 2016 evidenced that the planned staffing levels were adhered to. There were no concerns raised regarding staffing levels during discussion with patients, relatives and staff.

Training opportunities were available via an e learning system, internal face to face training arranged by Four Seasons Health Care and training provided by the local health and social care trust. A review of staff training records evidenced compliance with mandatory training; for example 89% of staff had completed training in safeguarding vulnerable adults, 68% in fire safety and 84% in infection prevention and control. The registered manager had systems in place to monitor staff attendance and compliance with training.

A review of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis to identify any trends or patterns.

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets at random. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was generally fresh smelling, clean and appropriately heated. Odour management in a corridor area was discussed with registered manager who agreed to address the issue.

In the small lounge on the first floor there was inappropriate storage of a range of equipment; for example empty medicine trolleys, weighing scales, wheelchair parts and games for activities. The storage of equipment was discussed with the registered manager who readily agreed to remove the equipment from the lounge and store in a more appropriate location.

The veneer on a number of wooden frames and shelves over the vanity units was worn with the wood exposed. This compromised the ability to clean the surfaces effectively. It was recommended that any wooden frames and shelves which are worn and have the wooden surface exposed are replaced. The worn appearance of the wooden frames and shelves also detracted from the overall appearance of the bedrooms, many of which had been supplied with new furniture.

Is Care Effective? (Quality of Management)

Discussion took place with seven patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, staff response to nurse call bells, meals and life in the home were positive. Patients did not raise any issues or concerns about care delivery in the home.

Three patients' representatives spoken with confirmed that they were happy with the standard of care and communication with staff in the home. One relative commented "the care is exceptional."

Staff commented positively with regard to the delivery of care. Staff were observed to be responding promptly to the needs of patients. The relationships between staff and patients were friendly and relaxed. Staff spoken with confirmed that they were managed and supported appropriately and worked well as a team.

A review of patients care records evidenced that assessments and initial plans of care were in place within 24 hours of patients being admitted to the home; care plans and assessments were subject to regular review.

A review of two patients care records evidenced that pain relief and weight loss were managed appropriately and referrals made to relevant healthcare professionals as required. Staff spoken with were knowledgeable regarding individual patient need.

Is Care Compassionate? (Quality of Care)

A tour of the home was undertaken in the afternoon. There was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Patients spoken with commented positively in regard to the care they received. One patient commented that the staff were "a great lot." Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

There were processes to obtain the opinion of patients and visitors on a daily basis through the "Quality of Life" programme established in the home. The registered manager had systems in place to review responses regularly and to address any suggestions or areas for improvement.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ruth Murphy, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1	It is recommended that any wooden frames and shelves which are worn and have the wooden surface exposed are replaced.
Ref: Standard 44.1	Response by Registered Person(s) Detailing the Actions Taken: 50 mirrors were identified that require to be replaced. A rolling programme of replacement has commenced, with 10 mirrors being replaced per month over a five month period
Stated: First time	
To be Completed by: 29 March 2016	

Registered Manager Completing QIP	Ruth Murphy	Date Completed	15.4.16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	15.04.16
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	20-04-16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address