

Unannounced Care Inspection Report 4 March 2021



Strathearn Court

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: John Cherian	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: 44

4.0 Inspection summary

An unannounced inspection took place on 4 March 2021 from 09.15 to 15.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from the most recent care inspection which was carried out on 1 October 2020.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I wouldn’t want to live anywhere else.”
- “I like it here.”

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with John Cherian, manager, as part of the inspection process and can be found in the main body of the report.

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 11 patients, both individually and in small groups, one patient's relative and eight staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, 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 or responses to the on-line survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rota from 22 February to 7 March 2021
- staff training records
- 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
- 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 inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 1 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that risk assessments and care plans in patients' care records are evaluated on at least a monthly basis.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that evaluations were consistently undertaken on at least a monthly basis.	
Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that staff comply with best practice guidelines in hand hygiene.	Met
	Action taken as confirmed during the inspection: Staff were observed to be complying with best practice guidelines in this area and hand hygiene audits were regularly completed.	
Area for improvement 3	The registered person shall ensure that	

<p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>treatment room doors are kept locked to ensure that medicines in the home are safely and securely stored at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We observed that treatment room doors were kept locked at all times when staff were not in the rooms.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that tubs of thickening agents are appropriately stored and not left accessible to any patients in the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Tubs of thickening agents were observed to be appropriately stored and were not left in areas where they would be accessible to patients.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of supplemental care booklets evidenced that these had been completed in full to reflect the care directed and were up to date.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and review of a relevant care record evidenced that the actions taken if a patients fluid intake was reduced below the recommended daily level was recorded. Staff had a system in place to ensure there was effective communication regarding a patient's reduced fluid intake and any actions required as a result.</p>		

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 call bells were answered promptly. However, staff spoken with told us that they felt staffing levels could be improved on occasions, especially during the early morning shift. Staff said that they had made the manager aware of this and felt that he had listened to their opinion. We discussed this with the manager who told us that recent dependency reviews did support the need for an increase in staffing levels and action was being taken to resolve this issue.

Staff told us that teamwork was good, they had adequate training to enable them to effectively carry out their role, they felt well supported and the manager was approachable. Comments included:

- "We are trying to keep things on track, it was a tough year."
- "Mornings can be stressful, we try to get everything done but don't want to rush patients and feel bad when we don't have enough time, John (the manager) is aware of this."
- "I really like it here."
- "The last year has been really tough but we have got through and it's great now that the home has been Covid free for so long."
- "Teamwork is good."
- "We can go to John at any time."
- "It has been tough but we feel supported."

There was a system in place to monitor staff compliance with mandatory training and remind them when training was due.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Nurses who take charge in the home in the absence of the manager complete an annual competency assessment; review of the schedule in place evidenced that the assessments were all up to date. An up to date supervision schedule was in place.

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 have a temperature check recorded on arrival at the home. Patients and staff have 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 staff carrying out hand hygiene at appropriate times and it was positive to note that no staff were seen to be wearing inappropriate jewellery which could be a barrier to effective hand hygiene. 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. This training appeared to have been embedded into practice.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, ensembles, 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 well decorated. The home was warm, clean, tidy and fresh smelling throughout.

We observed that identified bed tables showed signs of wear and tear. This was brought to the attention of the manager who confirmed that a large number of new bed tables were on order and older tables would be disposed of as soon as these were delivered.

In one ensuite bathroom we saw that toiletries were inappropriately stored; the manager took immediate action to resolve this issue.

The manager discussed works that were in progress to refurbish staff changing rooms; appropriate measures had been taken to ensure that there was minimal disruption and that COVID-19 guidelines were being followed. There was also a plan in place to refurbish identified bathrooms in due course.

6.2.4 Care delivery

Patients in the home looked well cared for and enjoyed pleasant interactions with staff. Patients spoken with commented positively about their experience of living in Strathearn Court; they said:

- "Staff are very helpful, I never have any bother with them."
- "The staff help me out."
- "The girls are very good to me."
- "The girls are very good and nothing is too much trouble."
- "The food is very good, I never turn down anything."
- "The food is lovely."
- "I am happy here, they are looking after me well."

One patient expressed their dissatisfaction with staffing levels and lack of activities; this was discussed with the manager for their information and action as required.

We spoke to one relative who was in the home for a pre-booked visit in the designated visiting area in the front porch. The relative told us that it was good to be able to visit in person again, that communication was very good and that in their experience “it is very good here, I have no complaints”. The relative said that unfortunately their visit that day had been interrupted by someone arriving at the front door but they understood that visits had to be held in an accessible area. We brought this to the attention of the manager for information and action as required. The manager told us that every effort was made to ensure that visits were uninterrupted whilst ensuring that they were conducted in a suitable area of the home.

Staff were seen to treat patients with kindness and respect. Patients who were in their rooms had call bells within reach and these were answered promptly.

The home does not currently have an activity therapist although the manager told us that recruitment was well under way for this post. Patients and staff told us that they were missing having an activity therapist; staff said they tried to help out in this area but it wasn't always possible due to their existing workload. We brought these comments to the attention of the manager and will review provision of activities at the next inspection.

We observed the serving of lunch and found this to be a positive and unhurried experience for the patients; staff were helpful and attentive. The manager told us that patients were consulted about menus and these had recently been updated following input from patients. As previously mentioned patients were complimentary about the food on offer. We saw that patients were offered flavoured milkshakes mid-morning and mid-afternoon along with a selection of other drinks and snacks. The manager said that the milkshakes were proving very popular and that two different flavours were offered each morning and afternoon for variety and choice.

6.2.5 Care records

We reviewed three 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. Risk assessments and care plans had been reviewed on a monthly basis or more often if changes had occurred.

Supplemental booklets, containing records of food and fluid intake and repositioning schedules, were up to date and completed in full. Staff explained the system in place to manage changes, for example, if a patient had a reduced fluid intake, and how this was recorded and communicated to the team to ensure appropriate action was taken for individual patients.

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.

6.2.6 Governance and management arrangements

The manager told us that he felt well supported in his role and aimed to ensure that his staff also felt supported and had adequate training to enable them to carry out their roles effectively. Staff were updated regarding any new COVID-19 information during daily handovers and an up to date file of COVID-19 information was also maintained in the home.

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.

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.

We discussed the care partner initiative with the manager who told us that information had been sent to relatives regarding this but, as yet, there were no care partners. The manager assured us that any requests from relatives to be involved in the care partner initiative would be fully assessed on an individual basis following the current guidelines in this area. A care partner policy was in place and risk assessments were available if required.

Areas of good practice

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

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Patients looked well cared for and staff were seen to be helpful and friendly.

The home was clean and tidy, effective IPC measures were in place and staff were seen to use PPE in accordance with the regional guidance.

It was positive to note that all areas for improvement from the previous inspection had been met and no new areas for improvement were identified.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care