

## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Strathearn Court Care Home

**RQIA Number:** 1297

**Date of Inspection:** 5 November 2014

**Inspector's Name:** Sharon McKnight

**Inspection ID:** IN017195

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**1.0 General Information**

<b>Name of Establishment:</b>	Strathearn Court Care Home
<b>Address:</b>	229 Belmont Road Belfast BT4 2AH
<b>Telephone Number:</b>	(028) 9065 6665
<b>Email Address:</b>	strathearn.court@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Jim McCall, Four Seasons Health Care
<b>Registered Manager:</b>	Mrs Ruth Murphy
<b>Person in Charge of the Home at the Time of Inspection:</b>	Deputy Manager, Suzie Curry
<b>Categories of Care:</b>	Nursing care - short and long term physical disability, over and under 65; terminally ill.
<b>Number of Registered Places:</b>	55
<b>Number of Patients Accommodated on Day of Inspection:</b>	49
<b>Date and Type of Previous Inspection:</b>	20 & 21 November 2014 Unannounced Primary Inspection
<b>Date and Time of Inspection:</b>	5 November 2014 9 50am–3 50pm
<b>Name of Inspector:</b>	Sharon McKnight

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## **4.0 Methods/Process**

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

- Discussion with the deputy manager
- discussion with staff
- discussion with patients individually and to others in groups
- consultation with relatives
- review of a sample of staff training records
- review of a sample of care plans
- observation during a tour of the premises
- evaluation and feedback.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	Five patients individually and with the majority of patients generally
Staff	6
Relatives	2
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	0	0
Relatives/Representatives	3	3
Staff	6	5

## 6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion. This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### Standard 19 - Continence Management

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Strathearn Court is located on the Belmont Road in East Belfast. The nursing home is owned and operated by Four Seasons Healthcare. The Registered Manager is Mrs Ruth Murphy.

The nursing home is purpose built and accommodation is provided over two floors with access to the first floor via a passenger lift or stairs.

A number of lounges and dining rooms are located throughout the home. Bedroom accommodation is provided in single rooms and shared rooms. A number of toilets, bathrooms and shower rooms are available in the home ensuring that bathing/showering facilities are available to meet the needs of patients. Catering and laundry services are located on the ground floor.

The home is registered to provide care for a maximum of 55 persons under the following categories of care:

### Nursing care

I	old age not falling into any other category.....if required... to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

## 8.0 Executive Summary

This unannounced inspection of Strathearn Court was undertaken by inspector Sharon McKnight on 5 November 2014 between 9 50am and 3 50pm. The inspection was facilitated by Ms Suzie Curry, Deputy Manager, who was available throughout the inspection and was provided with verbal feedback at the conclusion of the inspection. The registered manager was on planned leave.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection of 20 and 21 November 2013.

As a result of the previous inspection one requirement and six recommendations were issued. These were reviewed during this inspection and the inspector evidenced that the requirement was assessed as moving towards compliance and is stated for a second time. All of the six recommendations have been fully complied with. Details can be viewed in the section immediately following this summary.

The inspector reviewed assessments and care plans in regard to the management of continence in the home. Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken. Areas for improvement were identified with the care records and one requirement and one recommendation have been made.

Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of urinary catheters and the frequency with which the catheters within the home required to be changed. Discussion with staff and review of training records confirmed that there were staff trained and assessed as competent in urinary catheterisation.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected is compliant.

### Additional Areas Examined

Care Practices  
Staffing  
Complaints  
Patient Finance Questionnaire  
NMC Declaration  
Patients and Relatives Comments  
Staff Comments  
Environment

Details regarding the inspection findings for these areas are available in the main body of the report. There were no areas for improvement identified with the additional areas examined.

### Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings.

Those patients who were unable to verbally express their views were also observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

As a result of this inspection one requirement and one recommendation were made. One requirement made following the previous inspection was assessed as moving towards compliance and is stated for a second time.

The inspector would like to thank the patients, relatives, the deputy manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the relative and staff who completed questionnaires.



## 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	19(1)(a), schedule 3, 2(k)	<p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence the care delivered and the frequency for repositioning recorded consistently across all documentation.</p>	Two of the three repositioning charts reviewed evidenced that patients were being repositioned as prescribed in their care plans. This requirement is assessed as moving towards compliance and is stated for a second time.	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	16.2	It is recommended that all induction programmes are reviewed, and where required developed, to ensure that an awareness of the procedures for protecting vulnerable adults are included in the induction programme for all staff.	Completed induction records reviewed contained written evidence that the procedures for protecting vulnerable adults was included in the induction programme for staff. This recommendation is assessed as compliant.	Compliant
2	10.7	It is recommended that lapstraps on chairs are checked on a regular basis to ensure they are in proper working order and safely meet the needs of the patient. Records should be maintained of these checks.	Records reviewed evidenced that lap straps were being regularly checked to ensure they were in proper working order to safely meet the needs of the patients. This recommendation is assessed as compliant.	Compliant

3	5.1	It is recommended that at the time of each patient's admission to the home, a nurse draws up an agreed plan of care to meet the patient's immediate care needs.	Review of care records evidenced that this recommendation has been complied with.	Compliant.
4	5.1	It is recommended that all patients have a baseline pain assessment completed and an on-going pain assessment where indicated.	Review of care records evidenced that this recommendation has been complied with.	Compliant
5	5.3	Repositioning chart should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.	Review of care records evidenced that this recommendation has been complied with.	Compliant

6	5.3	It is recommended that the grade of the pressure ulcer is recorded for all patients.	Review of care records evidenced that this recommendation has been complied with.	Compliant
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**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a 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.

Since the previous inspection on 20 and 21 November 2013, RQIA have been notified by the registered manager of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

Following discussion with the registered manager RQIA were satisfied that SOVA issues were dealt with in the appropriate manner and in accordance with regional guidelines and legislative requirements.

## 10.0 Inspection Findings

### STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support

<b>Criterion Assessed:</b> 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> <p>Review of five patients' care records evidenced that bladder and bowel continence assessments were undertaken for patients. However these assessments did not always clearly identify what the patient's continence needs were. For example one assessment indicated that the patient was continent. However there was a care plan in place detailing the type of continence aids used. One nursing intervention in the care plan stated the patient was continent yet in another intervention it stated that the patient was incontinent. In two other continence assessments there was no reference that the patients' had a urinary catheter. It is recommended that continence assessments and relevant care records are reviewed to ensure that the patients assessed needs are clearly and consistently recorded. There were patient needs recorded in the needs assessment and continence assessment. However there were no care plans in place to prescribe the required care. A requirement has been made.</p> <p>The type of continence products that patients' required, was incorporated into the patients' care plans on continence care. Care records also made reference to the Bristol Stool Chart and the patients' normal stool type. This is good practice.</p> <p>There was evidence in three patients care records that continence assessments and care plans were reviewed regularly. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>The management of urinary catheters was reviewed. The frequency with which catheters were required to be changed was not always recorded in the care plan. A recommendation has been made. Care records evidenced that catheters were changed regularly and in accordance with the recommended frequency.</p> <p>Review of patient's care records evidenced that patients and/or their representatives were informed of changes to</p>	Substantially compliant

<p>patient need and/or condition and the action taken.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	
<p><b>Criterion Assessed:</b></p> <p>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Policies and procedures were in place to guide staff regarding the promotion of bladder and bowel continence and management of incontinence.</p> <p>The inspector can also confirm that the following guideline documents were in place:</p> <ul style="list-style-type: none"> <li>• RCN Continence Care in Care Homes</li> <li>• RCN Catheter Care</li> <li>• NICE guidelines on the management of faecal incontinence</li> </ul> <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	Compliant

<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Not applicable.	Not applicable
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Discussion with the deputy manager, a registered nurse and review of training records confirmed that there were staff trained and assessed as competent in urinary catheterisation. The deputy manager informed the inspector that training opportunities, such as digital rectal examination, rectal administration of medicines and catheterisation are provided by the local health and social care trust.	Compliant
<b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b>	<b>Compliant</b>



## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff. Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly.

Review of bed side charts evidenced that those patients who were being nursed in bed, and unable to summon help, were attended by staff on a regular basis.

### **11.2 Complaints**

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

### **11.3 Patient Finance Questionnaire**

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

### **11.4 NMC Declaration**

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC and that the registration status of all nursing staff was checked at the time of expiry.

### **11.5 Patients and relatives views.**

During the inspection the inspector spoke with five patients individually and with the majority of others in smaller groups. Patient spoken with confirmed that patients were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home.

Two relative spoken with commented positively regarding the attitude of staff and the care their loved ones received. They confirmed that the staff in the home kept them informed of any changes to their relatives' condition and consulted with relevant healthcare professionals in a timely way.

Three completed questionnaire was received by the inspector following the inspection. One respondent indicated that, in their opinion there was insufficient car parking.

There were no issues or concerns raised with the inspector during this inspection.

## **11.6 Questionnaire Findings/Staff Comments**

During the inspection the inspector spoke with six staff and received five completed questionnaires following the inspection. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. One staff member indicated in their returned questionnaire that they were dissatisfied with the time they had to listen and talk to the patients stating that they were “very busy.”

No issues or concerns were raised by staff during this inspection.

## **11.7 Environment**

The inspector undertook an inspection of the premises and viewed the majority of the patients’ bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a good standard of hygiene.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Suzie Curry, deputy manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Sharon McKnight**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Strathearn Court Care Home

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with deputy manager Ms Susie Curry either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19(1)(a), schedule 3, 2(k)	<p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence the care delivered and the frequency for repositioning recorded consistently across all documentation.</p> <p><b>Ref section 9</b></p>	Two	Care plans and repositioning charts are being monitored for compliance by Home Manager and by the Regional Manager on the Regulation 29 Report and further supervision is being carried out with staff in regard to the completion of patient records and related charts.	Ongoing from the date of inspection
2	16(1)	<p>It is required that care plans are in place to direct how the patients' needs are to be met.</p> <p><b>Ref section 10, criterion 1.</b></p>	One	The care plans are now in place in accordance with the patients' assessed needs.	Ongoing from the date of inspection

**Recommendations**

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• continence assessments and relevant care records are reviewed to ensure that the patients assessed needs are clearly and consistently recorded</li> <li>• the frequency with which catheters are required to be changed should be recorded in the care plan.</li> </ul> <p>Ref section 10, criterion 19.1</p>	One	<p>All continence assessments are currently being reviewed to ensure that identified needs are clearly and consistently recorded.</p> <p>All residents with catheters now have the frequency of catheter change recorded in the care plan.</p>	From the date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Ruth Murphy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

*Carol Cousins*

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>SHARON MCKENIGATE</i>	<i>4-3-15</i>
Further information requested from provider			