Unannounced Care Inspection Report
8 April 2019

Strathearn Court

Type of Service: Nursing Home
Address: 229 Belmont Road, Belfast BT4 2AH
Tel no: 02890656665
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.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 55 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Claire Royston	**Registered Manager and date registered:** Mrs Ruth Murphy 1 April 2005
Person in charge at the time of inspection: Ruth Murphy	**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

4.0 Inspection summary

An unannounced inspection took place on 8 April 2019 from 09.05 hours to 16.30 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, teamwork, governance arrangements, care provision and the registered manager's availability to patients, patients' visitors and staff.

Areas requiring improvement were identified in relation to updating daily progress records, infection prevention and control (IPC) measures and storage of equipment.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*3

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

Details of the Quality Improvement Plan (QIP) were discussed with Ruth Murphy, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No further actions were required to be taken following this inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.
A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 14 April 2019

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports (delete as required) from July 2018
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 the most recent inspection dated 1 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 18 July 2018

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**: Regulation 13(1) **Stated:** First time	The registered person shall ensure that the care records for the identified patient are reviewed to ensure that all appropriate actions are taken to minimise risks to the patient and to assure their health and welfare.	**Met**
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been met.	

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 the daily progress records are appropriately updated with total fluid intake and bowel function. Any deviations from the effectiveness of planned care are recognised and referred to the multidisciplinary team as required.	**Partially met**
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been partially met; it has been stated for a second time. See Section 6.5 For details.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 duty rota from 1 to 14 April 2019 evidenced that the planned daily staffing levels were adhered to. The nurse in charge was clearly identified on the duty rota and review of records confirmed staff nurses who undertook the nurse in charge role had completed the necessary competency and capability assessments.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and staff assisted patients appropriately.

Staff spoken with were mostly satisfied there were sufficient staff on duty to meet the needs of the patients. Staff said there was an occasional issue with short notice leave but shifts were generally 'covered'. Staff spoke positively about teamwork and working relationships; one member of staff commented teamwork was: "very good, and it is a very international team".

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with were mostly satisfied there were enough staff on duty to meet their needs; one patient commented, "When you buzz you wait a while for them to come," but acknowledged this was an occasional issue.

Patients' visitors spoken with did not raise any concerns or issues in relation to staffing levels within the home.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires but none were returned within the indicated time period.

Review of three staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home; enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records confirmed they had completed a period of induction.

Staff spoken with commented that they received supervision and a yearly appraisal; review of records confirmed a schedule of supervision and appraisal was maintained.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with the NISCC; this clearly identified the registration status of all staff. Discussion with the registered manager confirmed registration of staff was checked and updated on a monthly basis.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns, and had completed training in this area.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging, and an action plan was devised if necessary.

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients. Where potential restrictive practices, such as bedrails or alarm mats were used, validated risk assessments and care plans were in place and reviewed regularly. There was evidence of discussion and consultation with the patient and/or their next of kin to gain agreement and consent prior to the implementation of a potential restrictive practice.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices, treatment rooms, storage areas and the laundry room. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Bedrooms were nicely decorated and personalised with items that were meaningful to the patients.

The registered manager confirmed that vanity units in three identified bedrooms were due to be replaced, although a date had not yet been finalised for this, and also that there was a rolling replacement scheme for equipment such as shower chairs and commodes. Isolated environmental issues brought to the attention of the registered manager were dealt with on the day of the inspection.

We observed IPC measures to be adhered to within the home. Staff were observed to use personal protective equipment (PPE) and to wash their hands at appropriate times. PPE was readily available and stations were well stocked. However, we observed that flooring in an identified ground floor bathroom was in need of replacement. There were gaps in the flooring where a fixed toilet frame had been removed and also along a join in the flooring; as a result effective cleaning, in line with best practice in IPC measures, could not be maintained. We also observed that the door to an identified first floor toilet was damaged, probably as a result of equipment hitting against it. Again, effective cleaning could not be maintained as a result and

repair or replacement was required. An area for improvement has been identified in relation to these identified repairs/replacement.

We observed inappropriate storage of equipment, for example, wheelchairs, bed tables and commode lids, in the hairdressing room, the ground floor sluice and a first floor shower room. The issue of storage was discussed with the registered manager who commented that storage space was limited and some of the equipment stored in these areas had been identified for disposal. As a result these rooms were cluttered and this was also identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Two areas were identified for improvement in relation to ensuring compliance with best practice in IPC measures could be maintained and appropriate storage and/or disposal of equipment.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with 12 patients during the inspection and discussed the care they received in the home; those spoken with confirmed they felt they got the right care at the right time. Comments from patients included:

- "Staff are very, very, very attentive and good at their job."
- "There are so many things wrong with me it's a challenge to meet my needs but staff manage this."
- "I have no problems here, it's good."

We also spoke with seven patients' visitors to determine if they felt care was effective; comments included:

- "… looks well, he's become more sociable since moving here."
- "Staff can't do enough for you."
- "Staff make an effort to ensure … isn't isolated in his room and you can see the difference this has made."

However, one patient and his visitor spoken with expressed their dissatisfaction with communication between staff in relation to ensuring the patient's needs were met; they commented that: "nurses don't seem to hand over information." During the inspection the patient's visitor spoke to the registered nurse on duty who immediately took action to resolve their concern and apologised for the lack of communication and oversight. The patient and his visitor acknowledged they were satisfied with the action taken but remained upset at the "difficulties in

communication between nurses." We assured them that the registered manager would be made aware of their comments at the conclusion of the inspection.

We observed the serving of lunch in the first floor dining room. Menus were displayed on each table in written format and tables were nicely set with tablecloths; a selection of condiments including salt, pepper and sachets of sauce; napkins; and cutlery. Staff assisted patients to the dining room or delivered trays to them in their rooms. Staff assisted patients appropriately throughout the meal and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, which patients required modified diets, how to modify fluids and how to care for patients during mealtimes. We observed staff asking patients if they wanted salt and pepper and offering a selection of drinks throughout the meal. The food on offer appeared to be nutritious and appetising. The meal was unhurried and there was a pleasant atmosphere throughout. Staff were observed to be very attentive to patients' needs.

Patients spoken with after lunch indicated they had enjoyed the meal and that they were happy with the times meals were served at. One patient commented, "The food is really good," while another said, "The food is improving." However, one patient said she would like more fresh fruit and vegetables and another patient was of the opinion that sometimes the "meat can be a bit tough." These comments were brought to the attention of the registered manager who confirmed the chef prepared a fruit platter daily but she would let him know patients' opinions to try and improve their experience.

Review of three patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, falls, wounds, pressure area care and restrictive practice. 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. Care records reflected that, were necessary, referrals were made to other healthcare professionals and care plans had been reviewed in accordance with any recommendations they made.

Patients' nutritional needs had been identified; patients' weights were monitored on at least a monthly basis, and review of care records confirmed staff took appropriate action if significant weight loss or gain was observed.

An area for improvement identified at the previous care inspection in relation to ensuring that the daily progress records were appropriately updated with total fluid intake and bowel function, and also that deviations from effectiveness of planned care were recognised and acted upon, was reviewed. The daily progress records evidenced that bowel function was recorded but total fluid intake was not. Total fluid intake over the 24 hour period was calculated by night duty staff and a record was kept, but this was separate from the patients' daily progress records; therefore, it would not be immediately apparent to staff if an individual patient's fluid intake was consistently low. There was evidence that the effectiveness of planned care was reviewed and referrals were made to other healthcare professionals if necessary. This area for improvement was partially met and has therefore been stated for a second time specifically in relation to updating daily progress records with the total fluid intake over the 24 hour period.

The care records reviewed contained the appropriate risk assessments and care plans to manage the individual patient's risk of falls and moving and handling needs. This was also the case for the management of pressure area care and use of potential restrictive practice.

We reviewed the management of wound care for two patients; the records confirmed that nursing staff ensured that patients' records were up to date and reflective of patients' nursing care needs.

We observed that, in care records reviewed for patients residing on the first floor of the home, planned monthly evaluation of all care plans had not taken place in March 2019, except where changes in care were directed. Discussion with the registered manager identified that this was as a result of unplanned short staffing levels on occasions during the previous month, and action had been taken to ensure that staff would have protected time throughout April 2019 to review and evaluate all patients' care plans.

Staff spoken with remarked positively about teamwork and morale within the home; each staff member knew their role, function and responsibilities. Staff demonstrated their understanding of how to effectively communicate with patients and other staff; they were aware of the importance of maintaining confidentiality for patients. One patient's visitor spoken with said that they were "kept quite informed." It was evident from observation of staff and the daily routine that they knew how to provide the right care at the right time in order to ensure patients' needs were met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the meal time experience, management of nutrition and wounds and care delivery.

Areas for improvement

No new areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

When we arrived in the home at 09.05 hours we saw that patients were having breakfast in the dining room or their own room as they preferred. Some patients remained in bed in keeping with their own choice or their assessed need. Those patients who were up and about were nicely dressed and well groomed. Staff were assisting patients as necessary; it was clear from the interactions observed that they knew the patients well and treated them with kindness, dignity and respect.

Patients and patients' visitors spoken with indicated that they were involved in care planning and decision making with regard to their care needs and that staff supported them by explaining things well and offering advice.

One patient's visitor said that the activity coordinator had got to know her mum really well and made sure she had the opportunity to be included in activities she would enjoy. This particular visitor was also impressed by the different services available within the home for patients, for example, podiatry, hairdressing and eye tests; she commented on how convenient and helpful this was.

There was a suitable range of activities on offer for patients and one to one activities available for those patients who preferred not to, or were unable to, join in. The current week's activity plan was clearly displayed on a notice board on both floors along with photos of patients enjoying recent activities in the home. One patient who was nursed in bed said she thoroughly enjoyed having hand massages and manicures.

Patients and patients' visitors spoken with indicated that they felt their opinions and views were taken on board by staff and that they felt listened to. Patients and patients' visitors spoken with knew who to report a concern to and said staff were approachable. Staff also knew who to report concerns to and said there was an open door culture in the home.

We reviewed compliments received and recorded in the home. Thank you cards received were displayed where staff could see them and comments included:

- "Don't know what we would have done without your help."
- "Thank you for your kindness and compassion."
- "You will never know how much you helped me."

Patients who were unable to express their opinions appeared to be content and settled in Strathearn Court. Patients spoken with during the inspection commented:

- "I am quite happy here."
- "Not the same as home but I am getting used to it."
- "Most staff are lovely."

A student nurse on placement in the home said she was "enjoying the experience."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the entrance hall of the home. Discussion with staff and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded. Discussion with staff, patients and visitors confirmed that the registered manager was very approachable and her working patterns allowed them plenty of opportunities to speak with her. Staff demonstrated they were able to identify the person in charge of the home in the absence of the registered manager.

Staff spoken with were aware of their own roles and responsibilities within the team and commented positively about working in the home; comments included:

- "I really like it here."
- "We work well as a team."

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls and record keeping.

We reviewed the management of complaints received in the home and found that a record was kept and appropriate action was taken in the event of a complaint.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were reported to RQIA and/or other relevant bodies appropriately.

We reviewed a sample of reports of monthly monitoring visits by the registered provider; these were comprehensive and included actions required, by whom and a completion date for resolution.

Discussion with staff evidenced that there was a daily allocation of tasks so everyone knew what they should be doing and when. The allocation sheet also included a useful prompt to remind staff to encourage patients to meet their daily fluid intake target. Observation of the daily routine showed it to be geared towards meeting patients' needs in a caring, appropriate and flexible manner; the atmosphere throughout the home was calm and caring.

We made the registered manager aware of the concerns expressed regarding communication between nurses by one patient's visitor. We confirmed that the issue had been satisfactorily resolved but the patient's visitor remained concerned about communication. The registered manager assured us staff would be reminded of the importance of effective communication to ensure the needs of patients were effectively met.

Patients and patients' visitors spoken with confirmed they knew who the manager was and referred to her by her first name; one visitor commented, "Ruth is exceptionally good and staff are good."

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, maintaining good working relationships and provision of a well led service for patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth Murphy, registered 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.

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:** 22 April 2019	The registered person shall ensure that the daily progress records are appropriately updated with total fluid intake and bowel function. Any deviations from the effectiveness of planned care are recognised and referred to the multidisciplinary team as required. This refers specifically to updating daily progress records with total fluid intake. Ref: 6.2 and 6.5
	Response by registered person detailing the actions taken: The registered person shall ensure that the daily progress records are appropriately updated with total fluid intake and bowel function by monitoring this as part of the daily walkround Quality of Life audit. The registered person shall check that where a patient's recommended fluid target has not been met, that referrals are made to the multidisciplinary team as required.
Area for improvement 2 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 8 July 2019	The registered person shall ensure flooring is replaced in the identified ground floor bathroom, and the door is repaired or replaced in the identified first floor toilet. This is to ensure effective cleaning can be carried out in order to comply with best practice in IPC measures. Ref: 6.4
	Response by registered person detailing the actions taken: Replacement flooring has been costed and approved for the ground floor bathroom and awaits fitting. A new door has been fitted in the first floor bathroom.
Area for improvement 3 **Ref**: Standard 47 **Stated:** First time **To be completed by:** 8 June 2019	The registered person shall ensure equipment is stored in appropriate areas within the home and/or disposal is arranged in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: A skip has been arranged to dispose of unwanted equipment. The Registered Manager and Estates Manager are reviewing areas within the Home which would be suitable for the storage of equipment.

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

The Regulation and Quality Improvement Authority

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