



The Regulation and  
Quality Improvement  
Authority

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

Inspector: Sharon McKnight  
Inspection ID: IN021939

Tel: 0289065 6665  
Email: [strathearn.court@fshc.co.uk](mailto:strathearn.court@fshc.co.uk)

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**Unannounced Care Inspection  
of  
Strathearn Court**

**11 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## Summary of Inspection

An unannounced care inspection took place on 11 September 2015 from 11 30 to 16 00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall 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, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of 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 5 November 2014.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

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

## 2. Service Details

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

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

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

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection, the inspector met with 13 patients, two registered nurses, six care staff, a member of housekeeping staff and five patient's visitors/representative.

The following records were examined during the inspection:

- care records of 10 patients
- policies and procedures
- record of complaints and compliments
- staff training records

### 5. The Inspection

#### **5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the home was an unannounced care inspection dated 11 December 2014. 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 Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19(1)(a), schedule 3, 2(k)</p> <p><b>Stated:</b> Second time</p>	<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>Action taken as confirmed during the inspection:</b> Repositioning charts reviewed evidenced that patients were regularly repositioned. The frequency with which patients required to be repositioned was consistently recorded. This requirement has been met.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> 16 (1)</p> <p><b>Stated:</b> First time</p>	<p>It is required that care plans are in place to direct how the patients' needs are to be met.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that care plans were in place to direct how the patients' needs would be met. This requirement has been met.</p>	<b>Met</b>
Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 19.1</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b> Continenence assessments reviewed clearly stated patients' assessed needs. The frequency with which catheters were required to be changed was included in individual patients' care plans.</p>	<b>Met</b>

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy was available on communicating effectively. A copy of the DHSSPS regional guidance on breaking bad news was available in the home.

A sample of training records evidenced that staff had not completed formal training in relation to communicating effectively with patients and their families/representatives. However, discussion with the registered manager, registered nurses and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Staff spoken with were knowledgeable, experienced and confident in communicating with patients and their representatives.

#### Is Care Effective? (Quality of Management)

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered manager and two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff but felt confident that, should a patient or relatives choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so.

#### Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in the home.

Patients and their representatives consulted were complimentary of staff and the care provided. Consultation with relatives is further discussed in section 5.5.1. Good relationships were very evident between staff and the patients and visitors.

Compliment cards and letters are retained by the home. Review of these indicated that relatives were appreciative of the care provided by the home.

#### Areas for Improvement

There were no areas for improvement identified with this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative, end of life care and death and dying were held in the Palliative and End of Life Care Manual which was available in the home in draft form. These documents were currently under review by Four Seasons Health Care to ensure that they are reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A recommendation has been made.

A copy of the GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013 and DHSSPS Living Matters Dying Matters, A Palliative and of Life Care Strategy for Adults in Northern Ireland, March 2010 were available in the home for staff.

A policy and procedure on the management of death and dying was available and reflected best practice guidance. The management of the deceased person's belongings and personal effects was included in the policy and procedure. Staff spoken with were knowledgeable of the procedure and who has responsibility for ensuring the deceased person's belongings were treated with respect.

There were no registered nurses identified as link workers in palliative care. The allocation of link nurses was discussed with the registered manager who confirmed that there were link nurses for areas such as continence within the home. The benefits of link nurses were discussed and the registered manager agreed to identify staff. A recommendation has been made.

Training records evidenced that staff had received training in palliative and end of life care with further dates to be confirmed for October 2015. The registered manager confirmed that registered nurses had received training in the management of syringe drivers and that support to manage these was provided by district nursing and the palliative care nurses within the local health and social care Trust.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, registered nurses and care staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life and the appropriate actions to take. Staff spoke confidently of the care they provide to patients during the last days and hours of their life. Arrangements were in place for timely access to specialist equipment. Discussion with the registered manager and registered nurses confirmed their knowledge of the procedure.

### **Is Care Effective? (Quality of Management)**

A sampling of care records and discussion with the registered manager and registered nurses evidenced that death and dying arrangements were part of the needs assessment completed for each patient. Care records reflected the outcome of discussions with patients and relatives and included any individual needs and wishes regarding the end of life care. These outcomes had been formulated into end of life care plans. Registered nurses explained that, for those patients and/or relatives who did not wish to discuss end of life care at that time, this was recorded in the needs assessment.

Discussion with the registered nurses and four care staff evidenced that environmental factors, which had the potential to impact on patient privacy had been considered. Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

### **Is Care Compassionate? (Quality of Care)**

The religious, spiritual or cultural need of the patients had been identified and there was evidence of consideration of these areas in respect of end of life care. Discussion with patients and staff evidenced that arrangements were in place on a day to day basis to meet patients' religious and spiritual needs.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient who was ill or dying. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, nine staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

"The family of ...wish to thank all staff for the care and attention you gave to her and also all of us in her final days in Strathearn Court."

"I thank you for your care to her in her last few days."

"I would like to thank all the staff who have cared for my mum over the years she spent in Strathearn Court. I was always assured of the devotion and care she received from everyone."

### **Areas for Improvement**

To ensure that staff knowledge and care delivery is reflective of best practice in palliative and end of life care 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.

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 resource within the home to guide, inform and support patients, relatives and staff.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	2
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## 5.5 Additional Areas Examined

### 5.5.1. Consultation with patients, relatives and staff

Discussion took place with 13 patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. One patient spoken with was unhappy with aspects care. The patient confirmed that the registered manager was aware of their issues. This was discussed with the registered manager who confirmed that they were working with the patient to resolve the issues.

Five patients' representatives confirmed that they were happy with the standard of care and communication with staff in the home.

Staff commented positively with regard to staffing and the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences.

Ten questionnaires were issued to nursing, care and ancillary staff. None were returned prior to the issue of this report.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs 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](mailto: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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 23 October 2015	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.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Training is being organised by the training department on the Palliative and end of Life Care Manual to ensure that staff knowledge and care delivery is reflective of best practice. Date for training yet to be confirmed		
<b>Recommendation 2</b>  <b>Ref:</b> Standard  <b>Stated:</b> First time  <b>To be Completed by:</b> 9 October 2015	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.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> S/N J McDowell is now the link nurse for palliative and end of life care. Through enhanced training, she will act as a resource within the home for patients, relatives and staff. The home is also currently involved in work with the Nursing Home Collaborative team which will shortly be introducing a support network in relation to palliative care.		
<b>Registered Manager Completing QIP</b>	R Murphy	<b>Date Completed</b>	23.10.15
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	26.10.15
<b>RQIA Inspector Assessing Response</b>	Sharon McKnight	<b>Date Approved</b>	27-10-15

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**