



Unannounced Follow Up Care Inspection Report 11 November 2019



Strathearn Court

Type of Service: Nursing Home
Address: 229 Belmont Road, Belfast BT4 2AH
Tel no: 028 9065 6665
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 Home 2015.

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: Carla Melo Registration pending
Person in charge at the time of inspection: Carla Melo	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 care inspection took place on 11 November 2019 from 09.20 hours to 17.00 hours.

The inspection was undertaken to assess progress with all areas for improvement identified in the home since the last care inspection and in response to information received from the Adult Safeguarding Gateway Team, Belfast Health and Social Care Trust. It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The inspection focused on the following areas:

- record keeping
- quality of meals provided
- communication
- staff attitude/behaviour
- management of complaints

The inspection sought 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 teamwork, infection prevention and control, the home's environment, consultation with patients about the food on offer, communication, dignity and privacy, governance arrangements and management of complaints.

Areas requiring improvement were identified in relation to completion of post fall neurological observations and evaluation of risk assessments and care plans.

Patients described living in the home in positive terms. 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, visiting professionals 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Carla Melo, 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 8 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 care 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 4 to 17 November 2019
- staff training records
- incident and accident records
- three patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- staff supervision schedule
- complaints record
- a sample of monthly monitoring reports from April 2019
- RQIA registration certificate.

Areas for improvement identified at the last 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 previous inspection(s)

Areas for improvement from the last care inspection		
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	<p>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.</p> <p>This refers specifically to updating daily progress records with total fluid intake.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of daily progress records evidenced that the total daily fluid intake was contemporaneously recorded and calculated.</p>	
<p>Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 8 July 2019</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that the identified flooring and door had been replaced.</p>	Met
<p>Area for improvement 3 Ref: Standard 47 Stated: First time To be completed by: 8 June 2019</p>	<p>The registered person shall ensure equipment is stored in appropriate areas within the home and/or disposal is arranged in a timely manner.</p> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that equipment was appropriately stored and the home was uncluttered. The manager confirmed that timely disposal of damaged equipment was arranged.</p>	Met

There were no areas for improvement identified as a result of the last pharmacy inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The 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 4 to 17 November 2019 evidenced that the planned daily staffing levels were adhered to.

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 told us that they were generally satisfied with staffing levels and although there were issues with short notice leave, shifts were generally 'covered'. Staff commented positively about teamwork within the home. Comments received included:

- "Staff upstairs and downstairs work really well together, there is good teamwork."
- "It can be short staffed but I appreciate that efforts are made to get cover."
- "We all do our best, we don't let patient care slip, it is the most important thing."
- "Training new starts and agency staff can be difficult and puts staff under pressure."

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

Comments made by staff were brought to the attention of the manager who confirmed that two new care assistants had been recruited and that, when cover was required, bank or regular agency staff were used as far as possible.

Some patients spoken with felt that there were not enough staff at times, however, the majority expressed satisfaction with staffing levels. Patients' visitors spoken with indicated that they were satisfied with staffing levels. Comments made included:

- "The staff are very good."
- "I work with the staff and have improved since I came in here."
- "Staff are helpful."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.

Staff spoken with confirmed that they received supervision. Review of records confirmed a schedule of supervision was maintained although the manager told us that some supervision dates were overdue and she was focused on arranging timely completion of these.

Discussion with the manager and review of training records confirmed that staff compliance with mandatory training was monitored; adult safeguarding and moving and handling training updates had been arranged during November 2019.

Staff spoken with demonstrated their knowledge and awareness in relation to adult safeguarding. The manager told us that recommendations made by the Adult Safeguarding Gateway Team had been implemented and were manageable.

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. However, we observed that neurological observations were not consistently completed for the 24 hour period following a fall; an area for improvement was made.

Observation of the environment evidenced that the home was warm, clean, well decorated and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Bedrooms were attractively decorated and personalised with items that were meaningful to patients. An identified bathroom door and flooring in another bathroom had been replaced; this area for improvement had been met. We also observed that equipment was appropriately stored throughout the home; this area for improvement had been met.

Staff were seen to adhere to infection prevention and control (IPC) measures and to use personal protective equipment (PPE) at appropriate times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork, infection prevention and control and the home’s environment.

Areas for improvement

An area for improvement was identified in relation to ensuring neurological observations are consistently completed for the 24 hour period following a fall.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met in a timely manner and call bells were answered promptly during the inspection. However, a visiting professional who completed the online survey following the inspection, commented that patients had to ask multiple times to use the bathroom before a member of staff took them. This comment was relayed to the manager for information and action as appropriate.

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. 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, where necessary, referrals were made to other healthcare professionals. However, in two of the three records reviewed we noted that at least monthly evaluation of risk assessments and care plans had not been maintained; an area for improvement was made.

The manager told us that meetings had recently been held with the cook manager in the home to ensure that the quality of meals provided was of a high standard for patients. Dining surveys had been carried out; menus had been reviewed following feedback from patients and the cook manager was supervising the serving of meals.

We observed the serving of lunch in the ground floor dining room. Staff were helpful and attentive to patients. The food on offer was well presented, appeared nutritious and smelled appetising. A patient who changed their mind and didn't want what was on the menu was offered several other options by staff who demonstrated their knowledge of the individual patient likes and dislikes. The meal was relaxed and unhurried. All patients spoken with expressed their satisfaction with the food on offer in the home; one told us that "the food is lovely, I enjoy it".

The manager assured us that the quality of meals will be monitored on an ongoing basis via her own observations, discussion with patients, regular meetings with the cook manager, a monthly dining audit and dining surveys.

Review of records evidenced that the total fluid intake over the 24 hour period was recorded; this area for improvement had been met. An up to date record of food intake was also maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to consultation with patients about the food on offer.

Areas for improvement

An area for improvement was identified in relation to ensuring risk assessments and care plans are evaluated on at least a monthly basis.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

During the inspection we spoke with 11 patients about their experience of living in Strathearn Court. Patients who were unable to communicate their opinions appeared to be settled and content in their surroundings and in their dealings with the staff. Patients who were able to, commented positively about life in the home, they told us:

- "It's lovely, good food, staff are lovely, so far, so good."
- "No complaints."
- "Very pleased with things."
- "I'm well looked after."
- "It's fine here."
- "I don't like to take part in activities and staff respect that."

We also spoke to patients’ visitors; they expressed their satisfaction with the care and treatment provided:

- “Staff have a bit of banter with patients, in a good way.”
- “We are very pleased with everything, staff are very attentive and ... is well looked after.”
- “I am pleased enough so far.”
- “Staff feel like part of the family but we have noticed some changes lately, some new staff.”

Patients and their visitors were aware of who to speak to if they had a concern. One patient told us that the manager “is very, very nice and attentive to problems”.

Patients and patients’ visitors expressed their satisfaction with communication from staff. During the inspection we observed that staff effectively communicated with patients and with each other to ensure patients’ needs were met.

During the inspection we observed that staff treated patients with dignity and respect; they were seen to maintain patients’ privacy and to be kind and caring towards them. We also observed that staff provided prompt and appropriate treatment for a patient who became unwell during the inspection; they communicated with the General Practitioner, ensured that the patient was not left alone and provided comfort and support.

The date of a relatives meeting planned for later in the week was clearly displayed. The weekly activity planner was also on display; patients told us that they enjoyed the activities, especially bingo and dominoes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication and treating patients with dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 had been a change in management arrangements since the last care inspection and RQIA had been appropriately notified. Staff, patients and visitors were on first name terms with the manager. One staff member spoken with stated that they did not feel that the manager was approachable. Another staff member told us that “staff are getting there with Carla, it has taken them time to get used to the change”. However, the majority of staff spoken with told us that they felt supported in their role and were satisfied that the manager was approachable. Comments made by staff were brought to the attention of the manager for information and action if required.

Discussion with the 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, hand hygiene and restrictive practices.

There was a system in place to manage complaints received; patients’ visitors spoken with told us that they were aware of the complaints procedure.

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

Discussion with the 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. However, we noted that a recent incident had not been reported to RQIA in a timely manner; this was discussed the manager who apologised for the delay and explained that the notification had been submitted as soon as she became aware of the oversight.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and management of complaints.

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 Carla Melo, 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.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that neurological observations are consistently completed for the 24 hour period of time following a fall.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered Person will audit the neurological observations form following each fall which will be attached to Datix investigation report. Management of falls supervisions and completion of neurological observations have been carried out with all Registered Nurses and Registered Person has discussed policies and procedures in relation to management of falls and neurological observations.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that risk assessments and care plans in patients' care records are evaluated on at least a monthly basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Person has implemented a schedule of care plan and risk assessment monthly reviews and this is monitored daily by the Registered Person or Deputy Manager. The Registered Person has reviewed the Primary Nurses allocated to Residents to ensure continuity. Accountability supervisions have also been carried out with the Registered Nurses. Compliance will be monitored through the internal auditing process and via the Regional Manager through completion of the Reg 29 audit.</p>

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



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