

# Inspection Report

21 April 2022



## Strathearn Court

Type of service: Nursing Home  
Address: 229 Belmont Road,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Mrs Natasha Southall	<b>Registered Manager:</b> Mr John Cherian  <b>Date registered:</b> 16 October 2020
<b>Person in charge at the time of inspection:</b> Mr John Cherian	<b>Number of registered places:</b> 55
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 55 patients. Patients' bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 21 April 2022 from 9.25 am to 6.20 pm. The inspection was carried out by a care inspector.

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

Patients said they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that they enjoy working in the home and feel they have the skills and training they need to carry out their roles effectively.

Areas requiring improvement were identified regarding personalisation of bedrooms and repairs to identified areas.

RQIA were assured that the delivery of care and service provided in Strathearn Court was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the registered manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients said that they feel well looked after in the home and that staff are helpful. The majority of patients consulted with said they had enough to do, although one patient said that they would like to be able to go outside for a walk more often and two patients commented on the lack of activities on offer. Patients said that they feel staff listen to them and that any concerns or issues they may have are generally sorted out. Comments made by patients included "it would be good to have more to do", "the staff are helpful indeed", "they are alright here, I have no troubles", "this place saved my life", "lovely staff" and "staff are wonderful, I have no worries but if I did I am sure they would be sorted out".

The majority of staff said that teamwork was good, communication was effective and the manager was approachable. All the staff consulted with said that they were satisfied their training needs were met and that they enjoy their job. Staff said “staffing levels are better now”, it’s been a hard couple of years, getting okay, it’s fine, we all pull together” and “it is hard work especially if we are short staffed but we do enjoy it”.

Relatives were satisfied with the care provided and knew how to raise a concern but said that communication varied depending on the staff on duty. One relative said they had recently raised a concern about not being able to visit for an extended period of time due to an outbreak of COVID-19 but this had been resolved to their satisfaction. Another relative said they did not feel that communication had been adequate when the home had to close to visiting due to an outbreak of COVID-19. Relatives commented that “some staff are better than others at communicating”, “lots of changes in staff, it can be hard to speak to staff who know patients”, “the manager runs a tight ship” and “a recent concern about communication was sorted”.

A Care Manager and a Speech and Language Therapist (SALT) who were present during the inspection were consulted with regarding their views on the care provided in the home; they had no concerns. The SALT said that a minor issue which had been pointed out was promptly rectified and that staff were “very responsive to any recommendations made”.

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, staff, relatives and visiting professionals were shared with the manager for information and action if required.

No completed questionnaires or responses to the staff survey were received following the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25/10/2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that wound care records clearly demonstrate the wound care being provided, are contemporaneously recorded and regularly reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Wound care records reviewed were contemporaneously recorded, reflective of the recommendations in care plans and there was	

	evidence of regular review.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that supplemental record books are completed in full and that a contemporaneous record of all supplemental care provision is maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of supplemental record books reviewed showed that the required details were completed contemporaneously and in full.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that an improvement plan is developed regarding door frames and radiator covers. Required actions should be undertaken to ensure that door frames and radiator covers are kept in a good state of repair and repainted or replaced as necessary.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager said that patient dependencies are reviewed on at least a monthly basis to determine required staffing levels and that bank or agency staff were used as necessary to ensure that shifts were covered.

Staff told us that there was enough staff on duty to meet the needs of the patients and that staffing levels seem to be improving lately. Staff confirmed that efforts were also made to cover absences such as short notice sick leave.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory on-line training in a range of topics relevant to their role including adult safeguarding, falls prevention, dementia awareness and infection prevention and control (IPC) training. Practical training was provided for topics such as fire awareness, basic life support and moving and handling. Staff said that they were reminded when mandatory training was due and had sufficient time to complete this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff were seen to respond to requests for assistance promptly in a kind and compassionate manner. Staff said that teamwork and communication was good. Care staff said that they were confident any issues brought to the attention of the nurses would be followed up.

Patients said that they felt well looked after. Patients who were less able to communicate looked content and settled.

Relatives did not raise any concerns about staffing levels in the home and all the relatives spoken with commented positively about the care provided.

Visiting professionals did not raise any concerns about staffing arrangements in the home and were satisfied that patients' care needs were met.

### **5.2.2 Care Delivery and Record Keeping**

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes. Staff were seen to treat the patients with respect and understanding.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans reflected the patients' needs regarding, for example, pressure relieving mattresses and recommended frequency of repositioning. Repositioning records reviewed were reflective of the frequency recommended in patients' care plans.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use where required. Those patients who were at risk from falls had relevant care plans in place. Review of records evidenced that neurological observations were completed when required and relevant care plans and risk assessments were updated in the event of a fall.

Some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. It was established that systems were in place to manage this aspect of care.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Care records for wound care evidenced consultation with the Tissue Viability Nurse (TVN) and reflected the recommendations made by the TVN.

Wound care records reviewed were contemporaneously recorded and regularly signed off by staff as having been reviewed and updated to ensure they continued to meet the patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support they required during the meal time, this ranged from simple encouragement through to full assistance. Menus were on display. The dining experience was seen to be calm, relaxed and unhurried. Patients were offered a choice of meals. The food was attractively presented, smelled appetising and was served in appropriate portion sizes.

Patients were provided with the choice of where to eat their meal, either in their bedroom, the lounge or the dining room as they preferred. Staff were observed to be prompt in recognising patients' needs, for example, a particular patient was quite drowsy at lunch time so staff ensured they had their meal at a later time once they were more alert.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. Staff were observed to follow SALT recommendations, for example, using a teaspoon when feeding a particular patient and ensuring the patient was properly seated and alert.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. The monthly weights' audit included evidence of referral to the dietician if required. Staff asked patients if they had enjoyed their meal and records were kept of what patients had to eat and drink daily.

Patients said they enjoyed the food on offer in the home and that they were provided with an alternative choice if they didn't like what was on the menu. One patient said that they were a very picky eater and didn't generally like the food on the menu but staff accommodated their preference for very plain food.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients care records were held confidentially.

Care records were detailed and regularly signed off by staff as having been reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records, for example, preference for a shower in the morning, preferred clothes to wear and preferred time to go to bed.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Some gaps were observed in the recording of oral hygiene for patients. This was brought to the attention of the manager for information and action. Following the inspection the manager confirmed that staff had been provided with a supervision session to reinforce the importance of record keeping in this area.



Patients said they felt well looked after and relatives said they were satisfied with the care provided. One relative said that “the food is very good, drinks are left and extra cups of tea whenever she wants”.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was observed to be warm, clean, tidy and fresh smelling. Communal lounges and dining rooms were attractively decorated and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction. The enclosed courtyard garden was in the process of being ‘spruced up’ to ensure patients had a welcoming and attractive outside area to spend time in.

Patients’ bedrooms were clean and tidy, however, a number were observed to lack personalisation and a ‘homely’ feel. An area for improvement was identified. Personalisation of bedrooms was discussed with the manager who will complete an audit to identify rooms which would benefit from more personalisation and will then take appropriate action, such as encouraging relatives to bring in cherished and meaningful items, in order to make rooms more ‘homely’ for patients. Other bedrooms were nicely personalised with items that were important to patients, such as, family photographs, ornaments, books and pictures.

Identified equipment was inappropriately stored in a lounge and a bathroom. This was brought to the attention of the manager who explained that there had been a delay in the Trust collecting equipment that was no longer required. Action was taken to move the equipment to a more appropriate area for storage and the Trust was contacted to confirm a date for collection. The manager also confirmed that dates had been arranged to move items from the external storage areas in the home to an alternative site and this would ensure that the home has sufficient storage space for items, such as, faulty equipment or equipment awaiting collection, going forward.

An improvement plan had been developed to ensure that door frames and radiator covers are kept in a good state of repair and repainted or replaced as necessary. The required improvements were underway; progress with this will be reviewed at the next care inspection.

In a ground floor bathroom a wall mounted storage cupboard was noted to be in poor condition internally and the flooring in a first floor bathroom required repair or replacement. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients and relatives did not express any concerns about the environment and said that the home was kept clean and tidy.



### 5.2.4 Quality of Life for Patients

Discussion with patients and observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, what clothes they wanted to wear, whereabouts they wanted to spend their time and where they preferred to take their meals. Patients looked well presented and attention had obviously been paid to all aspects of their personal care needs.

Some patients said they had enough to keep them occupied as they liked to spend their time in their room watching TV or reading and had no wish to join in with any planned activities. However, other patients said they would like to have more choice of planned activities. Patients were aware that recruitment was underway for an activity co-ordinator. Staff said that they had limited time to dedicate to activities but did paint patients' nails, have a chat or put on a movie for patients to enjoy.

The manager confirmed that two activity co-ordinator posts have recently been filled with start dates to be confirmed. Once the new staff are in post they will develop a suitable 'magic moments' programme in consultation with patients. Progress in this area will be reviewed at the next care inspection.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. A system was in place for relatives to book visits on-line or to ring and book directly with the staff. A comment made by a relative regarding poor communication about the home closing due to a COVID-19 outbreak was discussed with the manager. The manager said that staff recognised the importance of maintaining good communication with families especially if visiting was disrupted.

It was determined that there was a system in place to promptly communicate any changes in the visiting status of the home via a telephone call to the designated relative for each patient. The manager recognised that there was a reliance on the designated relatives then updating other family members, therefore, staff also made efforts to inform relatives who had visits booked on the day of any changes.

Patients said that they felt listened to and that any concerns they had were generally sorted out.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr John Cherian has been the registered manager in this home since 16 October 2020.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There was evidence of regular staff meetings and a supervision and appraisal schedule was in place.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy.

The manager was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Relatives said that they knew how to report any concerns and that these were generally sorted out to their satisfaction. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that the outcome of complaints was used as an opportunity to for the team to learn and improve.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits included an action plan for identified improvements with a timeframe for completion.

## 6.0 Conclusion

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with John Cherian, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection	The registered person shall ensure that an improvement plan is developed regarding door frames and radiator covers. Required actions should be undertaken to ensure that door frames and radiator covers are kept in a good state of repair and repainted or replaced as necessary.  Ref: 5.1 & 5.2.3
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2022	The registered person shall ensure that an audit is carried out to identify those patients' bedrooms which require personalisation in order to be more 'homely'. Agreed actions should then be taken to personalise identified rooms. Where possible, patients and their relatives, should be involved in this process.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2022	The registered person shall ensure that the identified ground floor bathroom cupboard and first floor bathroom flooring are repaired and/or replaced.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b>

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



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