

Unannounced Care Inspection Report 28 November 2016



Strathearn Court

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Strathearn Court took place on 28 November 2016 from 09.50 to 16.30 hours.

The inspection sought to assess progress with any issues raised 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.

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 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5*

*Refers to a recommendation stated for the second time

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 26 and 31 May 2016.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 and 31 May 2016.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Health Care Dr Claire Royston	Registered manager: Ruth Murphy
Person in charge of the home at the time of inspection: Ruth Murphy	Date manager registered: 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 55

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 10 patients individually, three care staff, three registered nurses and one patient's representative.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable incidents
- quality audits of care records
- records relating to adult safeguarding
- complaints records
- staff, patients' and relatives' meetings
- records of meals served

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 and 31 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection. Refer to section 4.2.

4.2 Review of requirements and recommendations from the last care inspection dated 26 and 31 May 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered provider must ensure that at all times suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are necessary to meet the needs and dependency levels of patients.</p> <p>Action taken as confirmed during the inspection: The review of the staff duty rosters evidenced that the skill mix and number of staff on duty at the time of the inspection was satisfactory. The registered manager stated there is a degree of flexibility regarding staffing levels and when it is considered the dependency levels of patients has increased additional staff may be rostered.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider must ensure that registered nurses are competent in respect of the assessing, planning and evaluating of patient care and do so in accordance with NMC guidelines.</p> <p>Action taken as confirmed during the inspection: The review of the staff training records evidenced that five registered nurses had completed training in respect of the care planning process and six had completed training in wound care management. However, weaknesses were evident in one care record reviewed. This was discussed with the registered manager who agreed to undertake individual supervision with the registered nurse/s.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41 Stated: First time To be completed by: 15 July 2016	The registered provider should ensure that the hours worked by the registered manager in either a nursing or managerial capacity are clearly stated on the staff duty roster.	Met
	Action taken as confirmed during the inspection: The review of the staff duty roster confirmed that the registered manager records both the hours worked in a nursing and a managerial capacity. The registered manager stated that with the appointment of a deputy manager she no longer has to work on the floor in a nursing capacity to the same extent as she had previously done.	
Recommendation 2 Ref: Standard 41.7 Stated: First time To be completed by: 15 July 2016	The registered provider should ensure there is evidence to support that a competent and capable nurse in charge of the home at all times who has the knowledge, skill and experience necessary to care for the patients for which the home is registered.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed and provided evidence that the following competency and capability assessments had been reviewed with all registered nurses; the safe administration of medications and wound care management. The competency assessments for registered nurses in charge of the home in the absence of the registered manager, where applicable, had all been reviewed.	
Recommendation 3 Ref: Standard 4.10 Stated: First time To be completed by: 31 August 2016	The registered provider should there is a robust system regarding the auditing of care records is established until such times as a consistent approach by registered nurses is in evidence.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed and evidenced that 34 care records had been audited from the date of the previous inspection and where a shortfall was identified remedial action had been taken. Weaknesses were evident in one care record reviewed at the inspection. This care record had not been audited by the registered manager. The registered manager agreed to review the identified care record as a matter of priority.	

<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at minimum quarterly. Records of any meeting should be made available for staff in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the minutes of staff meetings evidenced that the frequency of staff meetings had increased.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered provider should the dining experience for patients is reviewed and revised. The revision should ensure that patients who require a specialised/modified diet are afforded a choice at mealtimes and that the day's menu is clearly displayed for patients' information.</p> <p>Ref: Section 4.4</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the chef and a review of the record of meals served on the ground floor of the home evidenced that patients who required a modified diet were offered a choice of meals. However, this could not be confirmed on the first floor of the home. This was discussed with the registered manager who stated all staff would be informed of need to ensure patients on a modified diet are offered a choice of meals. The day's menu was displayed on dining tables.</p>	<p>Partially Met</p>

4.3 Inspection findings

4.3.1 Staffing Arrangements and Deployment

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. Review of the staffing rota for weeks commencing 21 November 2016 and 28 November, evidenced that the planned staffing levels were adhered to. The use of agency staff had reduced and a deputy manager had been appointed. The registered manager stated she has the flexibility to increase the number of staff on duty as and when patient need increases. The registered manager stated staffing levels would be increasing within the next week due to new admissions to the home. An additional care assistant (twilight shift from 16.00 to 22.00 hours) will be rostered. Staff stated they were satisfied with the staffing arrangements on both floors. Discussion with patients evidenced that there were generally no concerns regarding staffing levels. One patient commented "not enough of them (staff)."

We observed that care staff had laundry duties in the afternoon. The number of care staff on duty reduces in the afternoon therefore whilst it may be of help to the ancillary staff, given the number of and needs of patients; it would be of greater benefit to patients if care staff time was solely directed to patient care. This was discussed with the registered manager who agreed to review care staff duties and a recommendation has been made.

Areas for improvement

The deployment of care staff in the afternoon should be reviewed so as the registered manager is satisfied that the duties undertaken by care assistants do not diminish the time available for patient care.

Number of requirements	0	Number of recommendations	1
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4.3.2 Care Practice

The atmosphere within the home was calm and staff did not appear to be rushed in any manner. There were no malodours evident and the environment presented as clean and tidy. Staff spoke compassionately in respect of the patients and had a good knowledge of their patients and their individual circumstances.

Patients commented that they were satisfied with the standard of care afforded to them and some comments received from patients were:

“Staff are very nice.”

“Couldn’t get better staff.”

“Staff are kind and helpful.”

Three patient care records were reviewed. Weaknesses were identified in two of the three care records selected for review. One care record evidenced a substantial amount of ‘overwriting’ and this was brought to the attention of the registered manager. It was concerning that the review of one patient’s care record did not evidence a robust and systematic approach to the assessing, planning and evaluation of care. In particular wound care management recording did not clearly identify the frequency of renewing the dressing or the status of the wound. The patient’s daily progress recording also did not reference the status of the wound and the Braden risk assessment had not been reviewed from September 2016. Repositioning charts did not evidence that staff were monitoring patient’s skin integrity whilst repositioning. It had been recommended at the previous inspection of 26 and 31 May 2016 that the auditing of patient care records should increase. The registered manager had completed 34 audits of care records from the date of the last inspection. A review of the care records audited did not evidence that the two care records where weakness were identified had been audited by the registered manager. However, a recommendation has been made that the areas identified at inspection are discussed with registered nurses and the need for greater diligence and accuracy of recording is reinforced with nursing staff. A recommendation is also made that staff report of the condition of a patient’s skin on repositioning chart and report to nursing staff when or if changes in skin integrity are observed.

Areas for improvement

The need for greater diligence by registered nurses regarding the planning and recording of care should be discussed with the registered nurses with specific reference to the findings of the inspection.

Staff should report on the condition of patients' skin on repositioning charts and report to nursing staff when or if changes in skin integrity are observed.

Number of requirements	0	Number of recommendations	2
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4.3.3 Patients Dining Experience

We observed the serving of the midday meal. Dining tables were attractively set and patients who chose to or were unable to come to the dining room had their meals taken to them on a tray. The meals were covered prior to service and trays had condiments and the patients preferred choice of drink.

The day's menu was displayed on each dining table and included the menu for patients who required a modified diet. The review of the record of meals served evidenced that patients on the ground floor who required a modified diet were provided with a choice at mealtimes. This was not clearly in evidence for patients on the first floor. We observed a staff member asking for a 'pureed' meal without specifying who the meal was for or checking the menu choice record. This was discussed with the registered manager who agreed to discuss the important of ensuring patient choice was afforded and adhered to at all mealtimes. This was a recommendation of the previous inspection of 26 and 31 May 2016 and this recommendation has been stated for a second time.

Areas for improvement

Patients who require a modified diet should be offered a choice of meal at all mealtimes. This recommendation is stated for a second time.

Number of requirements	0	Number of recommendations	1*
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4.4.4 The Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, generally well decorated, fresh smelling and clean throughout. There were a number of shared bedrooms. The positioning of the beds in the shared rooms was unusual with beds being positioned alongside the wall. The positioning of beds in shared bedrooms should enhance the dignity of the patients and afford the maximum amount of privacy. The floors space of the bedrooms was limited and this was discussed with the registered manager. It was stated that due to new wardrobes having been purchased, the footfall in the bedrooms was reduced due to the size of the wardrobes which had been affixed to the wall. The layout and limited floor space in the shared bedrooms has been referred the estates inspector of the home for review and consideration. Patients and staff spoken with were complimentary in respect of the home's environment.

Some issues arose regarding the environment, these were:

- The wooden hatch between the kitchen and the ground floor dining room evidenced significant wear and tear and were a potential infection prevention and control risk. The doors require to be repaired and/or replaced.
- The sideboard in the ground floor dining room should be cleared so as staff can store supplementary care records safely and securely. Records were not being stored appropriately at the time of the inspection as there was not room in the sideboard.

The smoking lounge on the first floor is no longer being used as a designated smoking area and is being used by registered nurses for administrative duties and storage of some equipment. An application for a minor variation to the registration of the home must be submitted to RQIA regarding this and a requirement has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

RQIA must be informed of the change of use of any room in the home and an application of minor variation of registration must be submitted to RQIA.

Environmental issues identified including the serving hatch in the dining room on the ground floor and sideboard used for storage in the ground floor dining room should be addressed.

Number of requirements	1	Number of recommendations	2
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 6 Stated: First time To be completed by: 9 January 2017	<p>The registered provider must inform RQIA of the change of use of any room in the home; an application of minor variation must be submitted.</p> <p>Ref: section 4.3.4</p> <p>Response by registered provider detailing the actions taken: An application for minor variation has been submitted to RQIA with a view to changing a room on the first floor into a nurses' office</p>
Recommendations	
Recommendation 1 Ref: Standard 12 Stated: Second time To be completed by: 9 January 2017	<p>The registered provider should the dining experience for patients is reviewed and revised. The revision should ensure that patients who require a specialised/modified diet are afforded a choice at mealtimes and that the day's menu is clearly displayed for patients' information.</p> <p>Ref: section 4.2</p> <p>Response by registered provider detailing the actions taken: The menu choice sheet now stipulates the two choices for those residents on specialised/modified diets. The menu choices are clearly displayed in the dining areas for both normal diets and modified diets. Discussions have taken place with residents and relatives, where possible to determine their food preferences so that choices are made in their best interests</p>
Recommendation 2 Ref: Standard 41.1 and 41.6 Stated: First time To be completed by: 9 January 2017	<p>The registered provider should ensure that the deployment of care staff in the afternoon should be reviewed so as the registered manager is satisfied that the duties undertaken by care assistants do not diminish the time available for patient care.</p> <p>Ref: section 4.3.1</p> <p>Response by registered provider detailing the actions taken: The deployment of care assistants in the afternoon is being reviewed at present to ensure that the duties undertaken do not diminish the time available for patient care. Laundry staff will assist where possible with laundry duties due to rota system</p>

<p>Recommendation 3</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2017</p>	<p>The registered provider should ensure that greater diligence is afforded by registered nurses regarding the planning and recording of care, with specific reference to the findings of the inspection.</p> <p>Ref: section 4.3.2</p> <hr/> <p>Response by registered provider detailing the actions taken: : Further training and supervision is planned for nursing staff in regard to care planning and wound care documentation. The training will be provided by the Resident Experience Team. A date has been set for training on 14/02/17</p>
<p>Recommendation 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 2 January 2017</p>	<p>The registered provider should ensure staff should report on the condition of patients' skin on repositioning charts and report to nursing staff when or if changes in skin integrity are observed.</p> <p>Ref: section 4.3.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Discussions are taking place with Belfast Trust with a view to introducing the Skin bundle scheme to the home. New documentation is being considered for accurate recording of skin status. Supervision with staff and monitoring of repositioning charts is ongoing</p>
<p>Recommendation 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2017</p>	<p>The registered provider should ensure that the environmental issues identified, including the serving hatch in the dining room on the ground floor and sideboard used for storage in the ground floor dining room are be addressed.</p> <p>Ref: section 4.3.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The serving hatch in the dining room of the ground floor has been repaired and the sideboard has been cleared of unnecessary items. The daily charts are now securely stored in the sideboard</p>

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