



Unannounced Care Inspection Report 3 September 2018



Strangford Court (Oakland Suite)

Type of Service: Nursing Home
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Inspector: James Laverty

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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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 14 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager: Claire Quail
Person in charge at the time of inspection: Claire Quail	Date manager registered: 10 March 2011
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 14

4.0 Inspection summary

An unannounced inspection took place on 3 September 2018 from 14.35 to 18.15 hours.

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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to monitoring the professional registration of staff, staff training, adult safeguarding and fire safety. Further areas of good practice were also noted in regards to the nutritional care of patients, multiprofessional engagement, the culture of the home, which promoted person centred care, and staff management.

Two areas for improvement under regulation were identified in relation to Control of Substances Hazardous to Health (COSHH) compliance and infection, prevention and control (IPC) practices.

Four areas for improvement under the standards were identified in relation to the management of domestic staff records, interior signage, inappropriate storage and wound care delivery.

Patients appeared to be comfortable within the setting and interacted enthusiastically with staff on duty. No concerns were expressed in relation to nursing care or service delivery by patients or relatives during the inspection.

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	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Claire Quail, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 3 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 January 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous medicines management inspection report
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with three patients and three staff. Patients were also observed interacting with staff within small groups.

No patients' relatives were available to speak with during the inspection. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- three patients' care records;
- the matrix for staff supervision and appraisal
- a selection of governance audits including those relating to falls management, care records, infection control and restrictive practice
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 18 September 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. The registered manager also stated that of the 14 registered places available within the home, two are used for the designated purpose of providing periods of respite for approximately 14 to 16 patients and their families. The registered manager confirmed that applications for such respite care are considered in conjunction with the South Eastern Health and Social Care Trust (SEHSCT) to ensure that the individual's assessed care needs can be adequately met and that the setting is suitable for them.

Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 20 August 2018 to 2 September 2018 there were no occasions when planned staffing levels were not fully adhered to due to sickness. Discussion with staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal. Staff who were spoken with confirmed that they felt well supported by the registered manager. One staff member commented "Our manager is unbelievably approachable and the nurses are great."

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. One staff member stated "If there were signs of emotional abuse I would refer it to Clare (registered manager)."

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. All staff who were spoken with demonstrated a good understanding of the procedure to be followed in the event of a potential safeguarding incident occurring within the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. However, it was noted that interior signage for one dining area and one communal toilet area were either missing or in poor repair. In addition, deficits were identified in relation to infection, prevention and control best practice standards, specifically:

- the fabric covering of four chairs were noted to be partially torn
- the wallpaper within a small dining area was ripped
- paint was peeling within one identified toilet area and panelling adjacent to one radiator within the nursing station was in poor repair.

These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made. The environmental shortfalls highlighted during the inspection were discussed with the registered manager who acknowledged that the quality of the internal environment needed to be improved. Following the inspection, the registered manager confirmed that a range of new furniture had been ordered for the home.

Discussion with the registered manager also included an application which had been made to RQIA on 22 August 2018 by the home to make amendments to the existing dining room and dining area for the purpose of improving the experience of patients. It was agreed that the proposed changes would be a positive development for patients within the home. The findings of the inspection were also shared with the RQIA estates team following the inspection.

Observation of the sensory room highlighted that it was being used inappropriately for storage. The registered manager advised that several items were being stored within the sensory room for patients who periodically receive respite care within the home and that new furnishings for this area were being considered. The need to ensure that rooms are only used for their stated purpose was highlighted and an area for improvement under the standards was made.

It was also noted that a book used for patients' relatives and/or visitors to sign upon entering/exiting the home was stained and in poor repair. This was highlighted to the registered manager who agreed to ensure that it was suitably replaced.

Observation of the environment and staff practices highlighted one area in which items had not been stored in compliance with Control of Substances Hazardous to Health (COSHH) regulations. This relates specifically to activity therapy materials and domestic staff products which were noted within a communal lounge. The need to ensure that all such items are stored

securely at all times when not in use by staff was stressed. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff, staff training, adult safeguarding and fire safety.

Areas for improvement

Two areas for improvement under regulation were identified in relation to COSHH compliance and infection, prevention and control practices.

Two areas for improvement under the standards were highlighted in regards to inappropriate storage and interior signage.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. One staff member stated “If there’s any problems I can go to (the nurse in charge).”

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who required a modified diet were noted to have been completed comprehensively and accurately. It was also positive to note that the patient’s specific dietary needs had been communicated promptly and accurately to kitchen staff as well.

The care records for one patient who was assessed as being at a risk of falling were reviewed. Both the patient’s risk assessments and care plans had been thoroughly completed and were subject to regular review by nursing staff. Records also confirmed that nursing staff had carried out appropriate neurological observations of the patient following any unwitnessed fall. However, it

was noted that one neurological chart was not dated upon completion by staff. The need to ensure that such documents are timed and dated in a contemporaneous manner was stressed.

Shortfalls with regards to wound care delivery were noted. Review of care records for one patient who required regular wound care in addition to discussions with nursing staff provided assurance that the patient's wound was regularly and appropriately attended to. However, it was found that two of the patient's care plans inconsistently referenced the dressing regimen for a specific wound. It was also noted that while supplementary wound care records had been comprehensively completed by nursing staff, the patient's daily progress sheets, which are used by nursing staff to record daily care delivery, inconsistently referenced the provision of such wound care. These weaknesses were highlighted to the registered manager and an area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of patients' assessed dietary needs and multiprofessional engagement.

Areas for improvement

One area for improvement under the standards was made in regards to wound care.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be timely, compassionate and caring. All patients were observed engaging with staff in a relaxed, enthusiastic and spontaneous manner. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned following the inspection within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. However, it was noted that one wall display which was erected to periodically inform relatives/visitors of such feedback in addition to subsequent actions taken by staff, was not in use. This was highlighted to the registered manager who agreed that the display should be used more appropriately to further improve engagement with patients' relatives/visitors. Review of governance records confirmed that the most recent patients' and relatives' meeting occurred on 2 May 2018 although no relatives attended.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture of the home which promoted person centred care and staff communication.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

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

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. The most recent general staff meeting was conducted on 18 July 2018.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls management, care records, infection control and restrictive practice, complaints records.

It was noted that cleaning schedules, which were located within patients' bedrooms and communal living areas, were either out of date or partially completed by domestic staff. This was highlighted to the registered manager who stated that such records should be completed daily by staff. However, while the registered manager confirmed that a monthly environmental audit was carried out, there was no provision for regularly and robustly auditing domestic staff cleaning schedules. Although there were no concerns in regards to the cleanliness of the environment, the need to ensure that domestic staff records are appropriately maintained and audited in order to quality assure ongoing service delivery was highlighted. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff selection and recruitment; staff meetings and monthly monitoring visits.

Areas for improvement

One area for improvement under the standards was made in regards to domestic staff records.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Quail, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all cleaning/activity therapy chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager has met with all staff to ensure that they are fully aware of COSHH legislation to ensure patients have a safe environment. Cleaning products are being stored appropriately in designated areas which are locked at all times.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This is being addressed on an ongoing basis. The Registered Manager is checking that the infection prevention and control issues identified during inspection are being managed during daily walkabout around the Home. Any issues identified are being rectified immediately in order to minimise the risk and spread of infection.</p>

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 43</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2018</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and comfort of patients, specifically those areas identified on inspection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All signage in the unit is being laminated prior to distribution within the units. The Registered Manager has met with all staff to ensure that all equipment is maintained to a high standard of cleanliness which reflects infection control measures.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2018</p>	<p>The registered person shall ensure that the sensory room is safe, well maintained and remains suitable for its stated purpose.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager is closely monitoring the use of the sensory room to ensure that it is suitable for patients to use. The storing of unused items has ceased.</p>
<p>Area for improvement 3</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 the following in regards to the management of patients who require wound care:</p> <ul style="list-style-type: none"> • comprehensive, accurate and person centred care planning shall be in place which is reflective of multiprofessional recommendations (as appropriate) and clearly and consistently outlines the required wound care regimen • daily nursing entries relating to wound care will evidence meaningful evaluation of all ongoing wound care in an accurate manner at all times <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all wound care records reflect current recommendations that have been made by MDT. Each wound will be identified individually via ongoing assessments and plan of care.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2018</p>	<p>The registered person shall ensure that a robust governance process is in place which regularly and effectively audits the completion of domestic staff records for the purpose of promoting ongoing quality assurance.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager will closely monitor the completion of housekeeping records and ensure that the records reflect an accurate and robust cleaning schedule. This will be accompanied by staff training and ongoing supervision of the housekeeping team.</p>

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



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