



Unannounced Follow-up Care Inspection Report 7 March 2019



Strangford Court

Type of Service: Nursing Home (NH)

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Inspector: James Lavery

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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 provider 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 Health Care 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 7 March 2019 from 10.00 to 12.50 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 during and 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 the cleanliness of the environment, the personalisation of patients' bedrooms, the provision of wound care and the management of falls. Further areas of good practice were also noted in regard to the notification of incidents, staff interaction with patients and communication between staff.

One area for improvement under regulation was highlighted in regard to infection prevention and control practices. Two areas for improvement were also noted in relation to the internal environment and communication with patients' relatives/representatives.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients 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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Claire Quail, registered manager, and Gillian Kendall, deputy 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

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2018. Other than those actions detailed in the QIP, no further actions were required to be taken following that 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 may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with one patient individually and other patients who were sitting within group settings; three staff and two visiting professionals. No patients' relatives/representatives were available throughout the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have We Missed You?' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined and/or discussed during 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
- complaints records
- two patients' care records and supplementary head injury records
- notifiable incidents to RQIA
- RQIA registration certificate
- 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 initially to the registered manager and then to the deputy manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that all cleaning/activity therapy chemicals were securely stored in keeping with COSHH legislation to ensure that patients were protected from hazards to their health at all times.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment highlighted partial progress with regard to this area for improvement. This is discussed further in section 6.3.1. Shortfalls in the environment which remain outstanding were discussed with the registered manager and it was agreed that these will be addressed as part of a requested refurbishment plan focusing on improvements to the environment.</p> <p>As such, this area for improvement has been partially met and has been subsumed into a new area for improvement.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that all communal bathrooms and toilet areas had appropriate signage. However, signage was still noted to be absent from the main dining room. This was discussed with the registered manager and it was agreed that this will be addressed as part of a requested refurbishment plan focusing on improvements to the environment.</p> <p>As such, this area for improvement has been partially met and has been subsumed into a new area for improvement.</p>	<p>Partially met</p>

Area for improvement 2 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that the sensory room is safe, well maintained and remains suitable for its stated purpose.</p> <p>Action taken as confirmed during the inspection: Review of the sensory room confirmed that it was clean, tidy and well maintained for patients' use, as required.</p>	Met
Area for improvement 3 Ref: Standard 4 Stated: First time	<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>Action taken as confirmed during the inspection: Review of the care record for one patient confirmed that this area for improvement was met. This is discussed further in section 6.3.2.</p>	
Area for improvement 4 Ref: Standard 35 Stated: First time	<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>Action taken as confirmed during the inspection: Review of governance records confirmed that a housekeeping Thematic Resident Care Audit (TRaCA) is completed by either the registered manager or deputy manager on a monthly basis. The last such audit had been completed on 14 February 2019 and was noted to be satisfactory with 100 per cent compliance achieved. Observation of the environment highlighted no concerns in regard to the cleanliness of the environment.</p>	Met

6.3 Inspection findings

6.3.1. The internal environment.

Upon arrival to the home, it was noted that access and egress to the home was restricted by means of an electronic keypad located at both the reception entrance and inner doorways which provide access to the unit. The home's administrator was present upon arrival and ensured that the inspector was welcomed into the setting in a prompt and polite manner.

Review of the environment highlighted that bedrooms were personalised to suit the tastes and preferences of individual patients. It was also positive to note that there were several pieces of photographic artwork, which featured patients themselves, on display in some patients' bedrooms and along corridor areas. The environment was also noted to be tidy, clean and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction.

However, observation of the environment did highlight that its appearance was tired in places and in need of some refurbishment. For example, some artwork which was located in a corridor area was inadequately used and in poor repair. It was also noted that the decorative condition of one patient's bedroom and both dining areas were in need of further improvement. In addition, some seating within the main dining area was ripped and torn. These shortfalls were discussed with the registered manager who agreed that internal refurbishment for the benefit of patients was required and had been identified by senior management. While a review of records evidenced that monthly monitoring reports were completed in accordance with regulation and had identified the need for environmental improvements, they did not demonstrate that the matter had been effectively progressed in a timely manner. An area for improvement under the standards was made and it was also agreed with the registered manager that a refurbishment plan would be submitted to RQIA clearly outlining proposed actions to be addressed within explicit timescales.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the cleanliness of the environment and the personalisation of patients' bedrooms.

Areas for improvement

One area for improvement was identified in regard to the internal environment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.2. Care delivery.

The provision of wound care to patients was reviewed. The care record for one patient who required ongoing wound care evidenced that there had been effective collaboration with the multi-professional team, namely the patient's Tissue Viability Nurse (TVN) and G.P. It was further noted that a comprehensive and person centred care plan was in place to direct nursing staff with regard to wound care which complimented the recommendations of the attending TVN. The relevant care plan also featured detailed and contemporaneous updates by the nursing Sister in response to changes in the patient's condition and/or advice from the multi-

professional team. This practice is commended. A review of supplementary wound care records provided assurance that nursing staff were closely adhering to the prescribed wound care regimen.

The care of patients who are at risk of falling was also considered. The care records for two such patients contained relevant and comprehensive care plans which highlighted the assessed risk of falling and appropriately outlined how this should be managed by staff. In addition, feedback from nursing staff along with a review of daily and supplementary care records for one of these patients, including their neurological records, evidenced that staff routinely liaised with the patient's G.P. following an actual or suspected head injury. Whenever such an incident had occurred, the patient's neurological observations were closely monitored in compliance with instructions given by the patient's G.P. This practice is commended.

Two visiting professionals who were spoken with during the inspection made the following comments:

- "Staff are diligent with making referrals."
- "Staff are approachable and so is the deputy manager and (registered) manager."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of wound care and the management of falls.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3. Infection prevention and control (IPC).

Observation of the environment and staff practices highlighted an inconsistent approach to ensuring that IPC best practice standards were maintained at all times. For example, staff who were observed assisting patients with food and drink from the mid-morning tea trolley, employed poor hand washing techniques. In addition, one staff member was observed preparing a patient's drink without adhering to effective IPC standards. All three staff who were spoken with did confirm that they had undertaken mandatory IPC training as part of their role. However, two of these staff members were unfamiliar with key principles of effective hand washing. Following the inspection and at the inspector's request, the registered manager confirmed that 97 per cent of all staff had attended mandatory IPC training. The need to ensure that IPC training is effectively embedded into practice was highlighted. An area for improvement was made.

A review of records prior to and during the inspection did evidence that all notifiable incidents, including those related to the potential outbreak of infections within the home, had been reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the notification of incidents.

Areas for improvement

One area for improvement under regulation was highlighted in relation to infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.4. Patient, relative and staff engagement.

Following arrival to the home, the majority of patients were observed sitting in a communal area and enjoying watching The Wizard of Oz on a wall mounted television. Staff interactions with patients were noted to be timely, compassionate and friendly throughout the inspection. All patients appeared to be very relaxed in their environment and responded to staff in a spontaneous and enthusiastic manner.

One patient who was spoken with, proudly showed off her bedroom, including some wall mounted photographs. The patient stated “I like it” when asked about living in the home.

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. Staff feedback also highlighted a consistent sense of teamwork and confidence that they could raise any concerns with senior nursing staff or the registered manager. One staff member stated “I love it here” when asked how they felt about working within the home. All three staff who were spoken with stated that they felt the internal environment of the home required some refurbishment; this is addressed further in section 6.3.1.

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. The registered manager confirmed that patients’ families are regularly engaged with by staff in a formal and informal manner. However, it was noted that while a ‘You said/We did’ wall mounted display was located at the entrance to the unit, this contained no information for patients’ relatives/representatives. The need to effectively communicate with patients’ relatives/representatives in regard to quality improvement actions arising from engagement with them was highlighted. An area for improvement was made.

At the time of writing this report, three patients’ relatives’ questionnaires have been returned within the specified timescales. All respondents expressed a high level of satisfaction with the delivery of care. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and communication between staff.

Areas for improvement

One area for improvement under the standards was highlighted in relation to communication with patients' relatives/representatives.

	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, and Gillian Kendall, deputy 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 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 DHSSPS 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control training is effectively embedded into practice. This relates specifically to staff adhering to effective hand washing at all times, as appropriate.</p> <p>Ref: 6.3.3.</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that infection control training is delivered to all staff through e-learning and ongoing supervision. Hand hygiene audits are being carried out on a regular basis and the Registered Manager is observing practice during her daily walkabouts around the Home. This will ensure that the training is embedded into practice.</p>
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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: 2 May 2019</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with the completed QIP.</p> <p>Ref: 6.3.1.</p> <p>Response by registered person detailing the actions taken: The unit is awaiting arrival of new furniture and flooring that has been ordered. Date of arrival is estimated for 31st May 2019. Areas of redecorating have been highlighted and have been prioritised. A detailed action plan has been forwarded with this report.</p>
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Area for improvement 2 Ref: Standard 8 Stated: First time To be completed by: 18 April 2019	The registered person shall ensure that any quality improvement findings/actions arising from engagement with patients' relatives/representatives is effectively communicated to all relevant stakeholders. This includes the appropriate of any signage within the home. Ref: 6.3.4.
	Response by registered person detailing the actions taken: The Registered Manager will ensure effective communication is maintained and actioned if necessary. All appropriate signage is now in place.

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



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