

Inspection Report

7 September 2021



Strangford Court

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ann's Care Homes Limited Responsible Individual: Ms Charmaine Hamilton	Registered Manager: Ms Claire Quail Date registered: 10 March 2011
Person in charge at the time of inspection: Ms Claire Quail	Number of registered places: 14
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 8
Brief description of the accommodation/how the service operates: <p>This home is a registered Nursing Home which provides nursing care for up to 14 patients in Oakland Suite. Patients have access to the communal lounge, the dining room and an enclosed garden/patio area.</p> <p>There is a Nursing Home which occupies the building and provides dementia care to patients in Millar Suite. The registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 September 2021 from 10.55 am until 5.35 pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to care delivery, governance and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Claire Quail, manager, as part of the inspection process and can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

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 patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with one patient individually, a small group of patients in the lounge and dining area and six staff. Patients indicated that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and they felt supported in their role.

No questionnaires were received by patients, patients' representatives or staff within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"To you all, thank you for the care you always gave ... especially in these last difficult months. You are very special people, doing a very special job."

5.0 The inspection

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

The last inspection to Strangford Court, Oakland Suite, was undertaken on 19 January 2021 by a care inspector; no areas for improvement were identified.

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. Review of records for a new staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received regular training in a range of subjects including dignity and respect, adult safeguarding, control of substances hazardous to health (COSHH), basic life support, infection prevention and control (IPC) and falls prevention awareness.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

Six staff members spoken with said:

"I love it here. The manager is approachable. I don't have any concerns but if I had any worries or concerns I know they would be sorted out quickly. Everyone here is helpful and nice."

"I have no issues. Claire's (manager) good as she will get us anything we need."

"All's good. I enjoy my job and have no issues."

"Claire (manager) is good. I have no concerns but I know that I can discuss any issues with her."

"All is ok. It's a good team and we have good support from Claire (manager)."

"I've no main concerns regarding staffing levels. We are kept busy."

Staff told us that the patient's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner.

5.2.2 Care Delivery and Record Keeping

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. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Care plans and risk assessments in relation to falls, mobility, choking risk and patients' who require a modified diet were reviewed. It was noted that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed. One patient's care plan regarding nutrition evidenced that information held was reflective of current International Dysphagia Diet Standardisation Initiative (IDDSI) recommendations by the speech and language therapist (SALT). However, old terminology regarding SALT recommendations was also observed to be recorded. This was discussed with the manager who amended the care plan immediately.

Two patients' weight records were reviewed from 2 August 2021 to 4 September 2021. It was noted that both patients had gained weight.

Supplementary records reviewed regarding food and fluid intake evidenced that they were well documented.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the dining experience for patients in the dining room and noted that this meal time provided patients with an opportunity to socialise together. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available.

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to patients who needed varying degrees of assistance with eating and drinking. Staff assisted patients in an unhurried manner. Patients said that they enjoyed lunch.

A patient spoken with indicated that they were well looked after and that lunch was nice."

In summary, no concerns were identified regarding care delivery and the patient dining experience.

5.2.3 Management of the Environment and Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Good practice was noted as 'wet floor' caution signs were observed to be in place after floors in the unit had been mopped by staff.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage and photographs.

Information displayed on notice boards in the home was observed to be laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice. However, it was noted that two notices on the dining room window had not been laminated. This was discussed with the manager who removed the notices immediately.

The treatment room, sluice room and kitchen were noted to have key pad locks in place and to be appropriately locked.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The manager told us 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 and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. 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.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

The findings of the inspection provided assurance that there were effective systems in place regarding the management of infection.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

There was a range of activities provided for patients by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities such as ball games and exercises. Staff reported positive benefits to the wellbeing of patients by the use of the sensory room in the unit. Patients were observed being assisted by staff to make colourful pictures that were later displayed in the lounge. Two patients' records regarding activity participation were reviewed and both were found to be well documented.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a robust process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

The manager advised that staff supervision and appraisals had commenced for 2021.

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, Ms Claire Quail was identified as the appointed safeguarding champion for the home.

Staff said they were aware of deprivation of liberty safeguards (DoLS), restrictive practices and of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices, including hand hygiene.

The manager advised no complaints had been raised during 2021 and that systems were in place to ensure that complaints were managed appropriately. Complaints were seen as an opportunity for the team to learn and improve.

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 were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

The manager advised that staff meetings were held on a regular basis. Minutes were available.

Staff commented positively about the manager and described her as approachable, supportive and responsive to any suggestions or concerns raised.

There were systems were in place to monitor the quality of care delivery and service provision within the home; these were used by the management team to help drive improvement in the home.

6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness and were observed to be attentive to patients who were unable to verbally express their needs. The home was clean and comfortably warm with no malodour.

Patients were seen to express their right to make choices throughout the day and staff were observed to ensure patients' dignity and privacy were maintained.

Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding care delivery, governance arrangements and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe, effective and compassionate care to patients and the home is well led by the manager.

Thank you to the patients and staff for their assistance and input during the inspection.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Claire Quail, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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