



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 18 February 2020



Strangford Court

Type of Service: Nursing Home

**Address: Oakland Suite, 26 Strangford Road, Downpatrick
BT30 6SL**

Tel no: 02844617642

Inspector: Joanne Faulkner

www.rqia.org.uk

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 14 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Claire Quail 10 March 2011
Person in charge at the time of inspection: Claire Quail	Number of registered places: 14
Categories of care: Nursing Home LD- Learning disability, LD(E)- Learning disability- over 65 yrs	Number of patients accommodated in the nursing home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 09.50 hours to 14.40 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Strangfold Court which provides nursing care.

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

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to the delivery of care to patients which took into account personal preferences and needs of patients. Staff demonstrated that they had a clear understanding of the individual needs of the patients and there was evidence that they worked well as a team to deliver the care patients' required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

No areas requiring improvement were identified during this inspection.

A number of patients were unable to voice their opinions; we observed that they were relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from staff during the inspection, are included in the main body of this report.

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	0	0

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

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

4.2 Action/enforcement taken following the most recent inspection dated 22 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 22 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

Questionnaires were provided to give relatives the opportunity to provide us with feedback on their views of the home. No patient/relative's questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could provide feedback via an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 10 to 23 February 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for December 2019 and January 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the area above the sink in the identified bathroom is redecorated in order to adhere to infection prevention and control policies, procedures and best practice guidance. Ref: 6.3	Met
	Action taken as confirmed during the inspection: We confirmed that the area above the sink in the identified bathroom had been redecorated in order to adhere to infection prevention and control policies, procedures and best practice guidance.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements; the home manager was registered in March 2011. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a deputy manager, a unit sister and a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes administrative staff, an activities co-ordinator and housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and a sample of the home's staff rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff stated that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included minimal use of agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that due to the needs of the patients continuity of staff is necessary; they described how it can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff demonstrated that they had a clear understanding of their roles and responsibilities. Discussions with and observations made demonstrated that staff had a very good understanding of the individual assessed needs of patients. We observed staff providing care and support to patients in a kind and compassionate manner. Staff could describe the importance of respecting patients' personal preferences and in supporting them where possible to make choices. It was noted that staff had received training in relation to Deprivation of Liberty Safeguards.

Throughout the inspection patients' needs were observed to have been met in a timely, respectful, calm and caring manner. Interactions between staff and patients were observed to be compassionate and evidenced that patients were offered choice. Staff were observed taking time to interact with patients, support them in participating in activities; care was provided in a manner that promoted privacy, dignity and respect.

A number of patients were unable to verbalise their feelings in respect of their care they received. However, we observed patients to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of the dining rooms, lounge area, and a sample of bedrooms, bathrooms, and storage areas. The manager and staff described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available for visitors relating to infection control, handwashing and making a complaint. A number of the shared areas were noted to be well decorated, clean and uncluttered. There were no malodours detected in the home.

The lounge area was clean, warm and welcoming; drinks were available for patients. Staff were in attendance and supporting patients to participate in an activity.

The sample of patients' bedrooms viewed were clean, warm, well decorated and welcoming and had been personalised to the individual interests, preferences and wishes of patients. A small notice board was provided in each room; the manager stated that this supports them in providing information to relatives.

Bathrooms were clean, fresh and uncluttered; the majority of pull cords were appropriately covered in keeping with best practice with regards to infection prevention and control (IPC). One pull cord we noted to be uncovered was replaced immediately following the inspection.

A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used these appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

The treatment room was observed to be clean and well organised; the sluice room was locked and cleaning chemicals were appropriately stored.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and preferences. The records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included details of patients' life histories, pre-admission assessments, risk assessments, care plans and details of any practice deemed to be restrictive.

Care plans viewed provided details of the care required by individual patients; staff record twice daily the care provided to patients. There was evidence that Best Interest meetings had been completed for any practices deemed to be restrictive. The manager stated that care plans and risk assessments are required to be reviewed at least monthly.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate; care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT) and Tissue Viability Nurses (TVN).

Discussions with staff and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to effectively engage them in a range of activities.

There was evidence that patients weights are reviewed monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. There is evidence of SALT and dietetic input into the assessment and care planning of patients if required.

6.2.4 Dining experience

We noted that mid-morning patients were offered a range of hot and cold beverages and a selection of yogurt and fruit. Staff were observed supporting patients where appropriate, to make a choice of food and drinks. Staff demonstrated that they had a good understanding of the needs and preferences of those patients who were unable to communicate their choices.

We observed the serving of the mid-day meal; the atmosphere the dining rooms was calm and relaxed. Food served was noted to be appetising and well presented. Food was covered when being transferred from the dining rooms to patients who were having their meal served in their in the bedrooms. A small number of patients could indicate that the food was good. Staff had a clear understanding of the nutrition modifications required for individual patients in line with recommendations made by the SALT team or dietician.

The dining rooms were observed to be well presented, clean and table settings were noted to be appropriate, napkins, condiments and cutlery were provided as appropriate. Staff were wearing protective clothing with regards to food hygiene good practice when serving the meal.

It was noted that a number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in encouraging them to eat. We observed staff offering and providing assistance in a discreet and sensitive manner. Where required, patients were provided with appropriate clothing protection during the meal time.

6.2.5 Activities

There is an activities room and a sensory room within the home. There was evidence that a very varied programme of activities is facilitated in the home; they included craft, baking, sensory and themed activities, and storytelling and musical activities. Activities planned are clearly detailed on a notice board that is centrally located within the home.

The home has an activities therapist; they support and encourage patients to be involved in a range of activities. During the inspection we observed the activity therapist supporting patients to participate in a craft/storytelling activity.

The activity therapist maintains a comprehensive record of the activities that each individual patient participates in; they describe how this is available for relatives to access.

6.2.6 Complaints

Discussions with the manager and the review of records indicated that no complaints were received by the home since the previous inspection. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit. The manager stated that patients' relatives are informed of the process for making complaints/raising concerns

The home has received a number of compliments from relatives. Comments included:

- "We appreciate all you have done for **** the last 15 years. For your care and treating her as a family member."
- "Thanks you so much, ***** is very happy and content. She is motivated and well cared for."

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding since the last inspection. Adult safeguarding matters/ referrals are reviewed as part of the monthly quality monitoring process.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. A detailed record is retained for all incidents that occur; it details the actions taken and outcomes. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we met with a number of patients in the dining rooms or lounge areas, and three staff members. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. We observed staff supporting patients to participate in an activity; staff took time to sit and chat to patients. We found staff were friendly and approachable.

Patients' comments:

- "Good, staff good."

Staff comments:

- “I love it here; I try to get them (patients) engaged in activities.”
- “I love it here, I am very happy. I have no issues.”
- “I feel supported in my job.”
- “I am working here 16 years.”
- “This place is well run; I feel supported and have no concerns.”
- “The patients are well cared for.”
- “The manager is approachable.”
- “This is a happy place.”
- “Patients are safe and we support them as best we can to make choices.”

We observed a number of staff supporting patients in the dining rooms and lounge areas; the activities coordinator was encouraging and supporting patients to be involved in an organised activity. Observation of staff interactions with patients indicated that they were respectful of them by engaging them where possible in making choices in relation to food choices. There was a calm, relaxed and welcoming atmosphere in all areas within the home.

Discussion with the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The manager completes a range of audits on a monthly basis in areas such as medication, and infection prevention and control.

There is a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The monitoring visits are completed by the organisation’s regional managers.

We reviewed a sample of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. It was identified that an action plan is generated to address any identified areas for improvement.

Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, health and safety, care records, environmental matters and complaints.

The records indicated engagement/interaction with staff, patients, and where appropriate their representatives. Comments included:

- “Seems like a great team. Any interactions we have had with them have been positive and friendly.”
- “I plan to continue my career here as I feel valued.”
- “I have been properly trained by my seniors to do my job.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care