

Unannounced Care Inspection Report

18 September 2017



Strangford Court (Oakland Suite)

Type of Service: Nursing Home

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

Tel No: 028 4461 2481

Inspector: James Lavery

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.

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 comprising: NH-LD, NH-LD(E)

4.0 Inspection summary

An unannounced inspection took place on 19 September 2017 from 10.10 to 15.00 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 sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. No areas requiring improvement were identified in the previous care inspection.

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding and governance arrangements for quality assurance and service delivery.

No areas for improvement were identified during this 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	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 25 August 2016

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 August 2016. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following this 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 returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit
- the previous medicines management inspection

During the inspection the inspector met with three patients and five staff. No patients' visitors/representatives were available during the inspection. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff from 19 June to 2 July 2017
- 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 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate

- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 25 August 2016

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

6.2 Review of areas for improvement from the last care inspection dated 30 September 2016

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 regular review to ensure that the assessed needs of the patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 19 June to 2 July 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Throughout the duration of the inspection patients were observed to appear comfortable and at ease within their environment. Patient interaction with staff was also observed to be spontaneous and enthusiastic.

Discussion with the registered manager and staff confirmed 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 one to one supervision, competency and capability assessments and annual appraisals.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Discussion with the registered manager confirmed that staff compliance with mandatory training is closely monitored, for instance:

- Moving and handling: 98% staff compliance
- Fire safety: 96% staff compliance
- Safeguarding vulnerable adults: 93% staff compliance

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

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. Fire exits and corridors were observed to be clear of clutter and obstruction. One fire exit was observed to be left open temporarily and unattended. This was discussed with the registered manager who stated that domestic staff had recently used the exit. It was agreed that staff should not leave any fire exits open and unattended in order to ensure and promote patient safety at all times.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. All patients' bedrooms were personalised with photographs, pictures and personal items. It was also observed that some bedrooms displayed photographic guidance for staff with respect to delivering personal care in a holistic and personalised manner. This good practice is to be commended.

Panelling which covered piping adjacent to one radiator in a communal bathroom was observed to be slightly damaged. This was brought to the attention of the registered manager and remedial action was taken during the inspection to ensure that best practice standards relating to infection prevention and control (IPC) were adhered to. It was further identified that two chairs within the main dining area and the front of one radiator were noted to be stained. The importance of ensuring that this area was cleaned effectively was highlighted to the registered manager. Furthermore, a ceiling light within a smaller dining area was noted to be faulty. This was also highlighted to the registered manager who immediately ensured that maintenance staff on duty attended to the fault.

Observation of the environment confirmed that all substances were maintained in compliance with Control of Substances Harmful to Health (COSHH) regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to culture and ethos of the home which promoted person-centred care; safeguarding awareness and staff training.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and 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' condition and they were encouraged to contribute to the handover meeting.

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, for instance:

- a 'General staff' meeting was conducted on 11 September 2017
- a 'Health and Safety' meeting was conducted on 11 September 2017

A review of records highlighted that there had not been any recent patient and/or relatives meetings held regularly. This was discussed with the registered manager who stated that she and the nursing staff maintain a high level of regular contact with patients and their families and that this is routinely recorded in patients' care records. The registered manager also stated that she seeks feedback from patient's relatives/representatives in relation to satisfaction with care delivery on a weekly basis using the home's 'TRaCA' system.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All staff spoken with talked enthusiastically about working within the unit.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, physiotherapists and speech and language therapists (SALT).

Supplementary care charts, such as repositioning and food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, as appropriate. Regular communication with representatives within the daily care records was also found. Care records further demonstrated that a range of validated risk assessments were used and informed the care planning process with care plans being written in a patient centred and timely manner.

Care records for one patient who required the use of a pressure mat due to being at risk of falling evidenced a holistic assessment of the intervention which ensured that this form of restraint was confirmed as both necessary and proportionate. It was noted that while the patient's 'Consent and Best interests' assessment had been completed by staff on 20 August 2016, the consenting signature of the next of kin was still required. It was also observed that the pro forma itself was partially illegible. These observations were discussed with the registered manager and the following was agreed:

- All 'Consent and Best interests' assessments which are in place for patients should be completed thoroughly including any required signatures from patients' relatives/representatives,
- Staff should ensure that when using any pro forma for inclusion in a patients' nursing records, all parts should be legible and easily read.

The implementation of these approaches will be reviewed during future inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely provision of patient care plans; the holistic assessment of patients' needs and multidisciplinary collaboration.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Discussion with the registered manager and staff confirmed that communication with patients required a patient and focused approach due to patients' varying care needs.

Staff were observed throughout the inspection communicating with patients in such a manner either in small groups or on a 'one to one' basis. It was also observed that 'Makaton' symbols were on display within the large dining room and used as an aid to communication with patients by staff. Patients were spoken with by the inspector both individually and in small groups and all patients appeared content within their environment and engaged enthusiastically with staff on duty.

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

A small table within the entrance of the unit was observed to have several files including:

- Resident feedback file
- Professional's feedback file
- Annual quality report

However, the majority of this information was found to be either out of date or incomplete. This was discussed with the registered manager who agreed that the information was not effective in relation to encouraging feedback or keeping visitors informed. This information was removed during the inspection by the registered manager who stated that such feedback is routinely sought using other governance processes. Such governance processes are discussed further in section 6.7.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff who were not on duty to complete and 10 for relatives. No returned questionnaires were received with the specified timescale for completion.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area being used appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Staff were overheard encouraging patients to eat and drink and offered alternative meals if necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communicating with patients and taking account of their views; awareness of and adherence to the dietary requirements and preferences of patients.

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 who were spoken with were able to describe their roles and responsibilities.

Discussions with staff provided evidence that they considered the registered manager to be very supportive and approachable.

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.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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

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:

- wounds analysis,
- infection, prevention and control,
- health and safety

Quality of life (QOL) audits were also completed daily by the registered manager. These quality assurance processes evidenced that the registered manager engaged in daily, weekly and monthly quality assurance tasks which focused upon service delivery and patient care. As part of this process the registered manager stated that she also engages with patient's relatives/representatives and/or visiting professionals within the unit. The registered manager confirmed that such feedback is sought in relation to patients who are cared for within the unit on either a permanent or respite basis.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the registered manager and 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.

The complaints procedure was clearly displayed. A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that no complaints were received during August 2017.

Staff recruitment information was available for inspection and records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. The selection and recruitment records for one member of staff evidenced that two references had been received. However, the date on which these were received by the home was not recorded. This was discussed with the registered manager who agreed to record the date of receipt when receiving recruitment references for potential employees.

Areas of good practice

There were examples of good practice found throughout the inspection with regards to governance processes relating to quality assurance; management of complaints and monthly monitoring.

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter [@RQIANews](https://twitter.com/RQIANews)