

# Unannounced Care Inspection Report

## 19 January 2021



## Strangford Court

**Type of Service: Nursing Home**

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

**Tel No: 028 4461 2481**

**Inspector: Linda Parkes**

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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.

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 nursing home registered to provide nursing care for up to 14 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Season Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> <b>Registered Manager and date registered:</b> Claire Quail 10 March 2011
<b>Person in charge at the time of inspection:</b> Claire Quail	<b>Number of registered places:</b> 14
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 9

### 4.0 Inspection summary

An unannounced inspection took place on 19 January 2021 from 12.00 to 16.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- The environment/Infection Prevention and Control
- Staffing and care delivery
- Patients' records
- Governance and management.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire Quail, 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.

## 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
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with two patients and four staff. 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 staff. Questionnaires were also 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 on-line. No staff responses were received within the timescale specified. The inspector provided the 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 displayed.

The following records were examined during the inspection:

- duty rotas from 11 January 2021 to 24 January 2021
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- compliments records
- incident and accident records
- two patients' fluid intake charts
- two patients' weight charts
- six patients' care records
- RQIA registration certificate.

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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 18 February 2020. No areas for improvement were identified as a result of the last care inspection.

### 6.2 Inspection findings

#### 6.2.1 The internal environment/Infection Prevention and Control

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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

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, photographs, the provision of clocks and prompts for the date.

Information displayed on notice boards throughout the home was generally observed to be laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice. However, three notices were observed not to be laminated. This was discussed with the manager who addressed the issue immediately. Correspondence from the manager on 20 January 2021 advised that all posters have been laminated in line with IPC.

It was noted that new bins were required in two identified bathrooms and the bin opening mechanism in the personal protective equipment (PPE) donning room was faulty causing the lid not to open. This was discussed with the manager who advised she would address the matter. Correspondence received on 20 January 2021 from Claire Quail, manager, advised that two new bins have been purchased for the two identified bathrooms and the bin mechanism has been fixed in the PPE room.

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

#### 6.2.2 Staffing and care delivery

A review of the staff duty rota from 11 January 2021 to 24 January 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager.

Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

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

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Strangford Court Oakland Suite. We also sought the opinion of patients and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks were received by the home. Some of the comments recorded included:

- "I just want to say thank you to you all for all the work and effort that you have made to make Christmas cheery and bright for the residents. Please pass on my thanks and appreciation to the staff on the unit."

### **6.2.3 Patient records**

Review of six patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls, restrictive practice and weight. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of three patients' records evidenced that care plans and appropriate risk assessments had been completed prior to the use of restrictive practices, for example the use of lap belts, bedrails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to the patients' lack of understanding of the risks, restrictions are carried out sensitively to comply with legislation.

Review of three patients' care records evidenced that care plans regarding weight and falls management 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.

Review of two patients' supplementary charts in relation to fluid intake were observed to be well maintained. It was noted that the daily fluid intake total, for one patient had been recorded accurately in the record chart but it had not been recorded in the daily fluid total section at the back of the chart to enable staff to review and monitor at a glance. This was discussed with the manager who advised she would address the matter with staff.

Correspondence received on 21 January 2021 from Claire Quail, manager, advised that supervision had been undertaken with staff to ensure that supplementary fluid charts are completed with the total accurately recorded. The manager and unit leads are monitoring these daily.

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.

#### **6.2.4 Governance and management**

Since the last inspection there has been no change in management arrangements. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2020 evidenced that staff had attended training regarding adult and children safeguarding, moving and handling, infection prevention and control (IPC) and fire safety.

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 care plans, weight and infection prevention and control (IPC) practices including hand hygiene.

We reviewed accidents/incidents records from 26 May 2020 to 24 September 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of a selection of records from 19 October 2020 to 15 December 2020 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

The manager advised that no recent complaints had been raised and that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between patients, staff and other professionals.

### Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of Personal Protective Equipment. 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 governance arrangements and maintaining good working relationships.

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



## **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.



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