

Inspection Report

Name of Service: Strangford Court

Provider: Ann's Care Homes Ltd

Date of Inspection: 18 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Claire Quail
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 38 patients. The home is divided into two units; The Oakland Suite provides care to people who have a learning disability and The Millar Suite provides care to people who have a dementia. There are communal dining and lounge areas within both units.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 September 2025 from 9.30am to 4.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led. One area for improvement was identified in relation to the review of patient care records following a period of time away from the home.

There were no areas for improvement to review from the previous care inspection. Full details, including the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "It's very homely and the staff are very nice," and, "The lounge is nice and cosy to sit in". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted during the inspection told us that they were happy with the care provision. They described staff as, 'amazing' and 'very caring' and told us that they were always kept up to date with care and that they were confident, if they needed too, that they could speak with someone if they had a concern.

We received five questionnaire responses from relatives. Respondents indicated that they were very satisfied with the care provision in the home and one commented, "Absolutely amazing; couldn't ask for better". Another commented, "Excellent; the staff are amazing and they go above and beyond".

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Patients spoke fondly on their interactions with staff.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Pressure management risk assessments were completed monthly to monitor risk of skin breakdown.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. Tables had been attractively set and there were menus on tables. Food was only served when the patients were ready to eat their meal. Food served appeared appetising and nutritious. Staff were aware of the actions to take should a patient refuse food. Where patients were enterally fed, care plans were in place to guide staff on the management and care of the jejunostomy tube.

Patients in receipt of one to one care had care plans in place to direct the staff member on the detail of the care required and level of supervision to be provided.

Two activities therapists were employed to oversee activities within each unit. Activities included games, walks, chats, music, sensory engagements and messy time. External entertainers visited the home. Records were kept of each patient's activity engagements.

A recent patient/relatives' survey was completed. The manager confirmed plans to share the results with patients and relatives, and confirm the actions they plan to take as a result of comments made, once the returned information has been collated.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. However, an area for improvement was identified to ensure that when patients returned to the home following a period of time away from the home, for example, in hospital; risk assessments and care plans must be reviewed to ensure that they remain relevant to current needs. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were no malodours in the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Claire Quail has been the Registered Manager of the home since 10 March 2011. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the manager, there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. A register was available to identify who the NIC was and on which dates.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

The number of complaints to the home was low. There was a robust system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Claire Quail, Registered Manager and Lorraine Thompson, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (18 September 2025)</p>	<p>The registered person shall ensure that risk assessments and care plans are reviewed when a patient returns from a period of time away from the home, for example, in hospital.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The registered person will monitor all re-admissions to the home to ensure compliance is met. A return to home audit will be completed within 12 hours of return to the home by either the Home Manager or Nurse in Charge. All nurses have been reminded of the homes policy of re-admission to the home.</p>

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