

# Inspection Report

## 12 October 2021



## City View Court

Type of service: Nursing Home  
Address: 2a Hopewell Avenue, Carlisle Circus, Belfast, BT13 1DR  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Kathryn Homes Ltd</p> <p><b>Responsible Individual</b> Mrs Andrea Feeney (Applicant)</p>	<p><b>Registered Manager:</b> Mr Tiago Moreira</p> <p>Acting no application required</p>
<p><b>Person in charge at the time of inspection:</b> Mr Tiago Moreira</p>	<p><b>Number of registered places:</b> 100</p> <p>A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 100 patients. The home is divided into three units; the Benn Unit provides care for people with dementia and the Donegal and Toby Hurst Units which provide general nursing care. Patients have access to communal lounges, dining rooms and garden areas.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 12 October 2021 between 10.00 am and 6.00pm. This inspection was conducted by two care inspectors.

An anonymous concern was received by RQIA on 11 October 2021 in regard to staffing arrangements particularly at night, one to one staffing provision and the management of an outbreak of infection in the home.

Whilst the concerns raised were not fully substantiated, serious concerns were identified in relation to the lack of sustained improvement with regard to some areas for improvement identified on the previous quality improvement plan. These related to control of substances hazardous to health (COSHH), recording of repositioning and the auditing processes.

On the day of inspection the manager told us that they were in the process of changing the provider of the electronic record system in the home and that there had been no access to previous care records since 30 September 2021. The manager provided evidence that this had been escalated to the senior management team. On review it was evidenced that for some patients there were no accessible care plans or risk assessments in place, inspectors were unable to verify information from the supplementary care records or information provided by staff in relation to patient care.

Given the concerns raised, a meeting was held on 19 October 2021 with the intention of issuing two Failure to Comply (FTC) notices under The Nursing Homes Regulations (Northern Ireland) 2005 in relation to:

- Regulation 10 (1)- management and governance oversight in the home
- Regulation 19 (1) - patient records

The meeting was attended by Andrea Feeney, Responsible Individual (applicant) and Leeann McGaffin, Regional Operations Director. At the meeting the responsible individual confirmed that access to the previous care records had now been enabled. The FTC notice under Regulation 19(1) in relation to record keeping was not issued. An action plan was not presented at the meeting and we were not sufficiently assured that the areas for improvement would be effectively addressed. The action plan was submitted as agreed following the meeting.

A failure to comply notice under Regulation 10(1) (FTC Ref: FTC000166) was issued with the date of compliance to be achieved by 20 December 2021. The Belfast Health and Social Care Trust (BHSCT) was updated with the findings of the inspection and a copy of the FTC notice was also shared.

### **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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

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

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection feedback was provided to the Manager and to the chair of the Northern Ireland Board for Kathryn Homes.

#### 4.0 What people told us about the service

We spoke with 12 patients and seven staff members. Patients' spoken with were content and the atmosphere was calm and relaxed. Patients expressed no concerns about the care they received. No visitors were available to consult with.

Staff said that they felt that they were well supported by the current manager and that when the planned staffing levels were met they were adequately staffed. Staffing is discussed further in section 5.2.1

We did not receive any completed questionnaires within the timeframe indicated.

#### 5.0 The inspection

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

Areas for improvement from the last inspection on 28 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (b)  <b>Stated:</b> Second time	The registered person shall ensure that patients' risk assessments are reviewed upon readmission to the home. The updated risk assessments must inform the patients' care plans.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time	The registered person shall ensure that patients do not have access to rooms containing hazards which could be potentially harmful to their health.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This will be discussed further in section 5.2.3  This area for improvement was not met and was subsumed into the FTC notice. Please refer to section 5.2.3 for details	

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure evidence of all the pre-employments checks is retained in the home and available for inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of recruitment records evidenced that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all notifiable events are submitted in a timely manner.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Third and final time</p>	<p>The registered person shall ensure that the recommendations for repositioning of patients made by health care professionals are clearly documented within the patient's care plan, implemented by staff and clearly recorded.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure food and fluid intake charts are accurately recorded.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Gaps in the recording of the food and fluid charts were evident. This is discussed further in section 5.2.2</p> <p>This area for improvement was stated for a second time</p>	<p><b>Partially Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that when deficits are identified during the auditing process an action plan is developed. Any actions taken as a result of this action must be clearly identified.</p>	<p><b>Not Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is discussed further in section 5.2.4</p> <p>This area for improvement was subsumed into the FTC notice.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants; the results of any communications with complainants; the action taken and whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.</p>	<b>Met</b>

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and evidenced that systems were in place to ensure staff were recruited correctly and an induction to their role was provided.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records evidenced that training comprised of a range of relevant and mandatory topics, with the majority of courses available on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they were adequately trained to fulfil their roles and that everyone was aware of their own roles and responsibilities within the team. Staff told us that they had adequate supplies, such as, cleaning materials and Personal Protective Equipment (PPE) and equipment.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff told us that there was enough staff on duty and confirmed that sometimes short notice staff absences were covered by temporary or agency staff.

The manager explained the ongoing staffing challenges presented by the COVID 19 pandemic. Coupled with short notice staff absences one to one care for patients who required this was not consistently provided. The manager told us that when these shifts were not covered this was escalated to the relevant trust and increased observations of patients were in place. The duty rota was reviewed for the coming week and planned staffing was in place at the time of inspection.

Patients told us that “staff are good” and “ everything is fine” and said that staff were friendly.



## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable of patients' needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and with the management and some staff said that the overall communication had improved. Staff told us they felt supported by the manager.

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful during interactions and to communicate clearly, for example, when assisting a patient with personal hygiene needs. Patients were well presented, content in their surroundings and at ease in their interactions with staff.

A change to the computerised record system had been introduced to the home on 1 October 2021. The manager told us there was no access to the previous system / care records since 30 September 2021 and this had been escalated to the senior management.

The manager told us staff were in the process of updating the new system, however, a review of this system evidenced that some patients had no accessible care plans or risk assessments in place. Information documented on the supplementary care records or what staff told us could not be verified. RQIA were assured that access to the previous records would be enabled by 12 midnight on 12 October 2021.

Written confirmation was received to inform us that access was granted by 14 October 2021. This was discussed with the responsible individual at the meeting and as access was available to these previous records the FTC notice under regulation 19(1) was not issued. RQIA were informed that extra staff had been assigned to ensure that the new records system is brought up to date to reflect the patients' needs.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. A sample of records evidenced some gaps in the recording of the care provided. Some care plans were not accessible to verify the care required and others which were available for review were not reflective of the assessed need of the patients. This was discussed at the meeting and adequate assurances were not provided as to oversight of these records by the registered nurses or the governance arrangements in place. Action to address this are included in the FTC notice issued under regulation 10 (1).

A sample of food and fluid intake charts reviewed evidenced gaps in the recording on some and two different meal consistencies were recorded for one identified patient. This was discussed with the nurse in charge who confirmed the patient was receiving the correct consistency. An area for improvement was therefore partially met and has been stated for a second time.

## 5.2.3 Management of the Environment and Infection Prevention and Control

A review of the internal environment of the home evidenced patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos, memorabilia, radios and sentimental items from home. However, a malodour was evident in one identified

bedroom, the underside of a small number of shower chairs, a bath chair and some of the hand gel dispensers were not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

Items such as nail varnishes and a tin of thickening agent was accessible in the Toby Hurst unit. In the Benn unit a bottle of shampoo was observed in the communal bathroom and the treatment room door was also observed to be unlocked. On entry to the room various medications were accessible in the unlocked cupboards and fridge.

This was discussed at the meeting as access to hazards had been stated for the second time under regulation at the previous inspection. Due to the lack of adequate assurances provided and the failure to sustain improvements, actions to address this are included in the notice issued under Regulation 10(1).

Corridors were clean and free from clutter or inappropriate storage. Manual handling equipment was observed to be stored in front of a set of fire doors in the Toby Hurst unit. Staff were asked to remove it. This was discussed with the manager and an area for improvement was identified.

On arrival to the home visitors had their temperature checked and a health declaration completed. Visitors were given the opportunity to attend to their hand hygiene and personal protective equipment (PPE) was available. An adequate supply of PPE was observed at various points throughout the home and staff were observed to use PPE appropriately and take appropriate opportunities to wash their hands. The manager told us he was currently undertaking PPE supervisions with staff. The manager said that the BHSCT had visited the home the day prior to the inspection to review the IPC arrangements in the Benn unit and told us that there were no issues identified.

#### **5.2.4 Management and Governance Arrangements**

Staff were aware of who was in charge of the home. Discussions with staff also evidenced that they understood their roles and responsibility in reporting concerns or worries about patient care, staffs' practices or the environment.

There had been a change in management and senior management since the last inspection. Tiago Moreira was acting manager and Andrea Feeney has applied to become the Registered Individual for Kathryn Homes. RQIA are progressing this application.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However, in some audits, such as the falls audit and care record audit, deficits were identified and it was unclear if the required actions were taken. There was insufficient evidence of the manager's oversight for some of these audits. This was discussed further at the meeting and actions to address this are included in the notice issued.

#### **6.0 Conclusion**

Patients were observed to be comfortable and well presented in their appearance. Those patients spoken with did not raise concerns about the standard of their care and were complimentary about the staff. There were potential risks identified in relation to patients' safety



and similar concerns had been identified at previous inspections. The failure to make the required improvements and to sustain these over time remains a concern.

Based on the inspection findings and following the meeting with RQIA on 19 October 2021, a failure to comply notice was issued under Regulation 10(1) with the date of compliance to be achieved by the 20 December 2021. A failure to comply notice was not issued under Regulation 19(1) as access to the previous records had been enabled. An action plan was submitted following the meeting, as requested by RQIA, as to how these deficits were to be addressed. RQIA will undertake a further inspection to assess compliance.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	2*

\*The total number of areas for improvement includes one that have been stated for a second time and two which are carried forward for review at the next inspection.

Details of the Quality Improvement Plan were discussed with Tiago Moreira, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of the care inspection on 12 October 2021. One failure to comply notice was issued under the Nursing Homes Regulations (Northern Ireland) 2005 as follows

FTC Ref: FTC000166 with respect to Regulation 10 (1).

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 October 2021	The registered person shall ensure that patients' risk assessments are reviewed upon readmission to the home. The updated risk assessments must inform the patients' care plans.  Ref: 5.1  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that all notifiable events are submitted in a timely manner.  Ref:5.1  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and Ongoing	The registered person shall ensure fire exits are kept clear and free from obstruction. This refers to the storage of manual handling equipment when not in use.  Ref:5.2.3  <b>Response by registered person detailing the actions taken:</b> All manual handling equipment is stored appropriately. No fire exits are obstructed and this is monitored on daily walk around by Acting Home Manager and Deputy Manager.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 December 2021	The registered person shall ensure food and fluid intake charts are accurately recorded.  Ref: 5.1 and 5.2.2  <b>Response by registered person detailing the actions taken:</b> All food and fluid charts are being monitored daily by Nurses and oversight by Deputy and Home Manager. These are also checked by Senior Managers on Regulatory Inspection visits.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and Ongoing</p>	<p>The registered person shall ensure the malodour in the identified room is addressed and equipment is effectively cleaned. This is stated in reference to shower chairs, bath chairs and also the hand gel dispensers.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All shower chairs and bath chairs deep cleaned and decontamination records in place. Home manager and Deputy manager monitor daily. Cleaning schedule in place to ensure hand gel dispensers are clean and free from debris. Cleaning schedule also in place for daily cleaning of rooms.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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