

# Inspection Report

## 20 December 2021



### City View Court

Type of service: Nursing Home  
Address: 2a Hopewell Avenue, Carlisle Circus, Belfast, BT13 1DR  
Telephone number: 028 9032 4286

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd  <b>Responsible Individual:</b> Mr Stuart Johnstone (applicant)	<b>Registered Manager:</b> Ms Ildeko Tokes  <b>Date registered:</b> Acting – no application required
<b>Person in charge at the time of inspection:</b> Ms Ildeko Tokes	<b>Number of registered places:</b> 100  A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.
<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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 42
<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 living 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.	

## 2.0 Inspection summary

An unannounced enforcement compliance inspection took place on 20 December 2021 from 9.15 am to 5.00 pm by care inspectors.

At an inspection on 12 October 2021, 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 and the overall management and governance arrangements in the home. Following a meeting with the Responsible Individual, one Failure to Comply (FTC) notice (FTC Ref: FTC000166) under Regulation 10(1) was issued on 21 October 2021.

A further unannounced inspection took place on 22 November 2021, from 9.15 am and 3.15 pm by care inspectors. Additional concerns were identified in regard to the overall management structure and the governance oversight in the home. RQIA were concerned regarding the

recent turnover of managers in the home and were not assured that the arrangements in place were proving effective in driving the required improvements. Following a meeting with the Responsible Individual, an additional Failure to Comply (FTC) (FTC Ref: FTC000169) under Regulation 14(4) was issued on 2 December 2021 with the date of compliance to be achieved by 20 December 2021.

RQIA further issued a Notice of Proposal to impose conditions on the registration of Kathryn Homes Ltd in relation to City View Court due to concerns regarding lack of clear organisational structure and turnover of key personnel, therefore impacting on the capacity to drive the required improvements.

This inspection focused solely on the compliance with the actions detailed in both FTC notices. Areas for improvement on the Quality Improvement Plan (QIP) were not reviewed at this inspection and have been carried forward for review at the next inspection.

During this inspection, there was evidence that a number of improvements had been made to address some of the required actions. However, sufficient evidence was not available to validate compliance with both FTC Notices. RQIA considered the information and decided to extend the compliance date of both FTC notices issued. Compliance is required to be achieved by 21 January 2022.

### **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 areas for improvement issued, registration information, the two Failure to Comply Notices and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients and staff for their opinion on the quality of the care and their experience of living or working in this home.

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

During the inspection we met with the acting manager, senior managers from Kathryn Homes Ltd, four patients, eight staff and two relatives. One relative described the staff as "very good" they expressed no concerns about the care their loved one received and commented how good staff were in keeping them up to date. Patients were well presented in their appearance and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The home was tastefully decorated for Christmas and a relative commented positively on the homely atmosphere within the home.

## 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 22 November 2021		
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance summary
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time <b>To be completed by:</b> 1 October 2021	The registered person shall ensure food and fluid intake charts are accurately recorded.	Carried forward to the next inspection
	<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>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure staff pay attention to detail when providing personal care.	Carried forward to the next inspection
	<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>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.	Carried forward to the next inspection
	<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>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that comprehensive and person centred care plans are in place and regularly reviewed for those patients receiving antibiotic therapy.	Carried forward to the next inspection
	<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>	

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately and ongoing	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.  Ref:5.1 and 5.2.3  <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>	<b>Carried forward to the next inspection</b>
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## 5.2 Inspection findings

**FTC Ref:** FTC000166

**Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005**

***Registered person: general requirements***

***Regulation 10. — (1)***

*The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

**In relation to this notice the following 12 actions were required to comply with this regulation:**

The registered person must ensure that:

1. A robust and comprehensive system of audits should be developed; this should include but is not limited to the care records and falls audits
2. Where deficits are identified through the auditing process an action plan is developed and the deficits re-audited to ensure the necessary improvements have been made
3. The manager's oversight of the audits must be clearly evidenced
4. The homes environment is managed to reduce risk to patients' health and well-being is in respect of compliance with COSHH legislation
5. There should be effective systems in place to monitor the environment on a daily basis to ensure staff compliance with COSHH legislation

6. The manager should ensure that robust governance arrangements are in place to enable oversight of skin/pressure area care for patients
7. Registered nurses should ensure patients are appropriately risk assessed in regard to their repositioning care needs
8. Patients who are assessed to require assistance to change position have a comprehensive care plan in place
9. Care plans and relevant risk assessments should be kept under regular review to ensure they continue to meet the patients' need
10. Contemporaneous recording of the repositioning care provided should be accurately and comprehensively maintained
11. A system is in place to evidence the oversight of skin/pressure area care needs and repositioning by the registered nurses
12. A robust monitoring system is in place during monthly monitoring visits to ensure sustained compliance with the areas identified in this notice.

**Action taken by the registered persons:**

A schedule of audits has been developed and was in place. This included care record and falls audits. A new audit format had been implemented to monitor and enable oversight of skin/pressure area care for patients and trends/patterns associated with falls in the home. Action plans had not been developed for all the audits reviewed to address the deficits. Although there was evidence that the manager had oversight of some of the audits this was not consistent in all the audits reviewed.

There was evidence of improvement in relation to the management of potentially hazardous substances and there were no issues identified on inspection. The home management had arranged further training and/or supervision with staff to identify the potential risks and the importance of their role in managing this. Effective systems had been implemented to ensure staff compliance with COSHH legislation.

Review of patient care records evidenced repositioning risk assessments were in place. Patient care plans and risk assessments were up to date and evidenced review. The care plans reviewed were comprehensive and informative to meet the patients' assessed needs. However, review of four patient care records in regard to repositioning evidenced patients were not repositioned in accordance with their care plan and there was lack of oversight in the daily progress records by the registered nurses as to the patients' skin integrity.

Monthly monitoring reports evidenced review of the areas identified within this notice.

Although improvement was noted, evidence was not available to validate compliance with the FTC notice.

**FTC Ref: FTC000169**

**Notice of failure to comply with Regulation 14 (4) The Nursing Homes Regulations (Northern Ireland) 2005**

***Further requirements as to health and welfare***

***Regulation 14.—( 4) The registered person shall make arrangements, by training staff or by other measures to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.***

**In relation to this notice the following 14 actions were required to comply with this regulation:**

The registered person must ensure that:

1. All staff are aware of who the person in charge of the home is at all times.
2. All relevant persons are made aware of the organisational structure and reporting arrangements for the home.
3. Completed audits are dated, signed and secured together in keeping with best practice and professional guidelines for record keeping.
4. A schedule for audit activity is put in place and adhered too.
5. Senior staff responsible for the completion of audits can clearly articulate their role and the rationale for carrying out the audits.
6. A robust system is in place to oversee the incidence of wounds in the home.
7. Care plans are in place for the management of wounds and these are kept under regular review.
8. There is a robust system in place to ensure that when a patient falls, post falls observations are consistently recorded according to the homes falls protocol.
9. Registered nurses should ensure patients' risk assessments are updated following a fall.
10. An effective system should be in place to monitor staffs' compliance with IPC best practice and the cleanliness of equipment. There must be evidence of management oversight of this.
11. A process is in place to ensure that risk assessments are commenced on the day of admission and care plans completed within 5 days.

12. A system is in place for managing complaints effectively and records in this regard are available for inspection.
13. All relevant accidents incidents are reported to RQIA in a timely manner in accordance with Regulation 30 of The Nursing Homes Regulations (NI) 2005.
14. A system is in place to review the occurrence of incidents and accidents which identifies trends and there is evidence of action/s taken to address any deficits identified.

#### **Action taken by the registered persons:**

Staff spoken with on the day of inspection were aware of who was in charge of the home and who the senior managers within Kathryn Homes Ltd where. The organisational structure has been updated to reflect the recent changes.

A schedule of audits has been developed and a review of audits confirmed this schedule had been adhered to. Senior nursing staff spoken with could clearly articulate their role in the audit process. Review of the audits confirmed they were dated, signed by the auditor and secured in keeping with best practice and professional guidelines with the exception of one care record audit which had not been signed by the auditor. A skin integrity audit was in place and this reflected the wounds within the home. Audits were in place to monitor staff compliance with IPC best practice and the cleanliness of equipment. However, observation of the environment on inspection identified deficits in the cleanliness of some pieces of equipment.

Deficits were identified in the wound care records for an identified patient and gaps were evident in the recording of post fall observations of patients who had experienced a fall. However, staff had reviewed and updated patients' care records in regard to falls.

Review of accidents and incidents confirmed RQIA had not been appropriately informed for an unwitnessed fall where medical advice was sought. An audit was in place to identify trends and patterns within the incidents and accidents in the home, actions from this action had been addressed.

There have been no new patients admitted to the home since the last inspection. An admission pathway has been developed to act as an 'aide memoire' for staff as to the required documentation and time frame for risk assessments and care plans to be in place for any new patients.

Although improvement was noted, evidence was not available to validate compliance with the FTC notice.

## **6.0 Conclusion**

The inspection sought to assess if the home had taken the necessary actions to ensure compliance with the FTC notice (FTC Ref: FTC000166) under Regulation 10(1) issued by RQIA on 21 October 2021 and FTC notice (FTC Ref: FTC000169) under Regulation 14(4) issued by RQIA on 2 December 2021.



The outcome of this inspection showed that whilst there was progress, the action taken was insufficient to fully comply with the FTC notices. Following discussion with RQIA senior management, it was decided that these notices would be extended to 21 January 2022.

## 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>	0	5*

\* The total number of areas for improvement includes five areas under the standards which have been carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
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	<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>

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



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