

# Inspection Report

22 November 2021



## City View Court

Type of service: Nursing

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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><br>Kathryn Homes Ltd   | <b>Registered Manager:</b><br>Ms Ildeko Tokes   |
| <b>Responsible Individual:</b><br>Mrs Andrea Feeney (applicant)   | <b>Date registered:</b><br>Acting - no application required   |
| <b>Person in charge at the time of inspection:</b><br>Ildeko Tokes  | <b>Number of registered places:</b><br>100<br><br>A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH. |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia.<br>PH – Physical disability other than sensory impairment.  | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>42   |
| <b>Brief description of the accommodation/how the service operates:</b><br>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 inspection took place on 22 November 2021, from 9.15 am and 3.15 pm by care inspectors.

Following the inspection on 11 October 2021 deficits were identified in relation to the overall governance and managerial oversight in the home. As a result a Failure to Comply notice (FTC Ref: FTC000166) was issued on 21 October 2021 under Regulation 10(1) with compliance to be achieved by 20 December 2021.

On 1 November 2021 RQIA were notified that the manager had resigned and an acting manager had been appointed. RQIA were concerned in relation to the turnover of managers and that the proposed arrangements would not be sufficient to drive the required improvements. In response to these concerns this unannounced inspection was undertaken to assess progress

with the actions in the FTC notice issued under 10 (1) and the current management arrangements.

During the inspection concerns were identified in regards to the cleanliness of equipment and adherence to best practice in relation to Infection Prevention and Control (IPC). Observation of the environment, discussion with staff and review of records evidenced that infection prevention and control measures and best practice guidance were not consistently adhered to. Deficits were also identified in regard to the management and reporting of accidents / incidents to RQIA and a lack of robustness concerning auditing processes. In addition, deficits were highlighted in relation to falls management; the timely completion of patients' risk assessments; monitoring patients' daily fluid intakes and care planning.

In relation to the FTC notice issued on 21 October 2021, significant progress had been made in relation to management of Control of Substances Hazardous to Health (COSHH). There had been insufficient progress to meet the other actions on this notice.

During the inspection it became apparent that the overall organisational structure and lines of reporting and accountability within Kathryn Homes was not clear.

Given the concerns raised, a meeting was held on 29 November 2021 with the intention of issuing two Failure to Comply (FTC) notices under The Nursing Homes Regulations (Northern Ireland) 2005 in relation to:

- Regulation 13 (7)
- Regulation 14 (4)

Following the inspection the applicant responsible individual (RI) resigned and a new acting RI was appointed. The meeting was attended by Stuart Johnstone, the newly appointed Responsible Individual (acting) and Leeann McGaffin, Regional Operations Director. Theresa Nixon, Chair of the Board Kathryn Homes Limited and Carol Doherty, Regional Operations Director were also present.

At the meeting the acting responsible individual confirmed action taken following the inspection in relation to the IPC deficits identified so the Notice relating to Regulation 13 (7) was not issued. However, actions to address the management oversight of the IPC arrangements and practices were included in the notice issued under Regulation 14(4).

A Failure to Comply notice under Regulation 14(4) (FTC Ref: FTC000169) was issued with the date of compliance to be achieved by 20 December 2021. A further meeting was held with the intention of issuing a Notice of Proposal (NOP) to place conditions on the registration of the home. RQIA were not sufficiently assured at the meeting with the Provider and issued the NOP to impose additional conditions as follows:

1. Appoint a manager with the competence and skill to manage the home on a day to day basis.
2. Admissions to City View Court will cease on a temporary basis until RQIA is assured that compliance with the actions in the failure to comply notices are achieved and sustained.
3. The registered person must ensure that a copy of the Regulation 29 monthly monitoring reports are shared with RQIA within five working days of the visits/reports having been

completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015).

4. An application for registration of a Responsible Individual is to be submitted without delay.

The Belfast Health and Social Care Trust (BHSCT) were updated with the findings of the inspection and a copy of the Notice of Proposal and FTC notice were shared.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

### 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.

### 4.0 What people told us about the service

We spoke with eight patients and nine staff members. Patients' spoken with were content and the atmosphere was calm and relaxed. Patients expressed no concerns about the care they received. Two visiting professionals and five visitors spoken to told us they were satisfied with the services provided in City View Court. Comments were passed to the applicant responsible individual during feedback.

Staff spoken with discussed their most recent change to management but told us they were supportive of the acting manager and felt she was supportive of them and approachable.

## 5.0 The inspection

| Areas for improvement from the last inspection on 12 October 2021  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005              |  | Validation of compliance |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Regulation 15 (2) (a) (b)<br><br><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>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>A review of records evidenced that this area for improvement was met  |                          |
| <b>Area for Improvement 2</b><br><br><b>Ref:</b> Regulation 30<br><br><b>Stated:</b> First time              | The registered person shall ensure that all notifiable events are submitted in a timely manner.  | <b>Not met</b>           |
|  | <b>Action taken as confirmed during the inspection:</b><br>A review of records evidenced that this area for improvement was not met.<br><br>This area for improvement has been subsumed into the FTC notice issued. Refer to section 5.2.5 for further detail. |                          |
| <b>Area for Improvement 3</b><br><br><b>Ref:</b> Regulation 27 (4)<br><br><b>Stated:</b> First time          | 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.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>A review of the environment evidenced this area of improvement was met as stated.   |                          |

| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)    |   | Validation of compliance                      |
|--|---|---|
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Standard 12<br><br><b>Stated:</b> Second time | The registered person shall ensure food and fluid intake charts are accurately recorded.  | <b>Carried forward to the next inspection</b> |
|  | <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><br><br><b>Ref:</b> Standard 46<br><br><b>Stated:</b> First time  | 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.   | <b>Not met</b>                                |
|  | <b>Action taken as confirmed during the inspection:</b><br>A review of the environment evidenced that some of the equipment was not effectively cleaned and this is discussed further in section 5.2.3<br><br>This area for improvement has not been met and is stated for a second time. |   |

### 5.2.1 Staffing Arrangements

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.

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.

Patients told us that “staff are good” 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 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 patients with their meals and personal care.

Whilst patients' needs were attended to, for some there was a lack of attention to detail in the delivery of personal care such as nail care and oral care. This was discussed with the applicant RI at feedback who agreed to address this and an area for improvement was identified.

The updating of the new record system was continuing, however in one patient's records it was evidenced that risk assessments were not fully completed since their admission eight weeks previously. Actions to address these deficits are included on the notice previously issued on 29 October 2021 under Regulation 10(1) and these actions remained unmet. Compliance is to be achieved by 20 December 2021.

RQIA were not assured that falls were being managed effectively. Review of care records and discussion with staff highlighted that one identified patient's neurological observations were inconsistently recorded following a fall; in addition, the patient's care records lacked a falls observation record and falls risk assessment. Actions to address this are contained within the failure to comply notice issued under Regulation 14(4).

A sample of records for patients who required assistance to change position were reviewed. These evidenced that the care plans were not patient centred and the frequency of the repositioning required in the care plan differed from the frequency recorded on the repositioning chart. The repositioning records were also not contemporaneously recorded. These deficits were identified at the previous inspection and were discussed with the RI during feedback. Actions to address these deficits are included on the notice previously issued on 29 October 2021 under Regulation 10(1) and these actions remained unmet. Compliance is to be achieved by 20 December 2021.

Review of one identified patient's care records highlighted that their daily fluid intake was not meaningfully evaluated by nursing staff. An area for improvement was made.

Discussion with staff highlighted that one identified patient had been prescribed a course of antibiotics for a urinary tract infection; review of the patient's care records evidenced that no care plan was in place to reflect this change in care needs; an area for improvement was made.

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

A review of the internal environment of the home evidenced patients' rooms were personalised with items of importance to them, such as family photos, memorabilia, radios and sentimental items from home. However, the underside of a number of shower chairs, bed rail bumpers and some of the hand gel dispensers were not effectively cleaned. The cleaning of equipment had been identified as an area for improvement at the previous inspection.

Improvement was noted in the safe storage of chemicals. Following the last inspection staff had completed further COSHH training and it was evident that this training had been embedded into practice.

An adequate supply of PPE was observed at various points throughout the home. Staffs' use of PPE and handwashing was observed. Not all staff were consistently with using PPE



appropriately or taking appropriate opportunities to wash their hands. Posters to guide staff on handwashing techniques were observed to provide conflicting information.

Discussion with and observation of staff also highlighted an inadequate knowledge in regard to the donning and doffing of PPE.

These deficits were discussed further at the intention meeting and whilst the notice under Regulation 13(7) was not issued due to the assurances provided, the management oversight of IPC arrangements and practice was included in the actions of the notice issued under Regulation 14(4).

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

A review of the governance systems identified deficits in regard to the overall management structure and the governance oversight in the home. Some staff spoken with were not clear who was in overall charge or who to report to. Following the resignation of the former acting manager in November 2021, another acting manager had since been appointed. There has not been a registered manager in post since 3 June 2020. RQIA were informed that a combination of senior staff and another experienced home manager were attending on certain days each week to support the acting manager. RQIA were not assured that these arrangements were proving effective in driving the required improvements.

Accident and incident records were reviewed but were found to be in several different files. There was no clear system in place for their oversight and not all accidents and incidents had been reported to RQIA. Two incidents had been reported to RQIA but the details were not in the home's files. The need to notify RQIA appropriately had been identified as an area for improvement at the inspection on 28 June 2021 and it is concerning that this has not been met. RQIA are concerned that due to a lack of robust auditing systems these deficits had not been identified.

There was a lack of governance systems in place and deficits were again identified in relation to the auditing process in the home. It was clear that the current system was not robust. For example, there was no evidence to demonstrate that the manager had effective oversight of the provision of wound care in the home. There was no effective oversight of the incidence of wounds in the home or of the wound care records and some wound audits were not available to review on the day of inspection.

A sample of audits reviewed were not consistently dated or signed in accordance with best practice and not secured together, so had the potential to be lost. Actions to address deficits in the audit processes are included in the FTC notice issued on 21 October 2021 and insufficient progress had been made toward meeting these. Compliance is to be achieved by 20 December 2021.

No complaints records were available to review on the day of inspection. A monthly monitoring visit had not been conducted for November, with the most recent report dated 6 October 2021. This was particularly concerning given that a failure to comply notice had been issued on 21 October 2021. These deficits were further discussed at the meeting and adequate assurances was not provided that the governance arrangements were sufficiently robust to identify deficits and drive sustained improvements in the home. Actions to address this are included in the FTC notice issued under regulation 14 (4).



Given our concerns in relation to the governance arrangements, RQIA also issued a Notice of Proposal to place additional conditions on the registration of Kathryn Homes in respect of City View Court. These conditions include the appointment of a manager with sufficient competence and skill, cessation of admissions and the submission of the Regulation 29 quality monitoring report by the 5<sup>th</sup> day of the month. Following the resignation of the applicant RI after the inspection, an application for Responsible Individual is also to be submitted to RQIA without delay.

## 6.0 Conclusion

Patients were observed to be comfortable and spoke positively about their experiences in City View Court. 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 the systems in place to keep patients safe 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 29 November 2021, a further failure to comply notice was issued under Regulation 14(4) with the date of compliance to be achieved by the 21 December 2021. A failure to comply notice was not issued under Regulation 13(7) due to the action plan and assurances provided by the management team. However, actions to address the management oversight of the IPC arrangements and practices are included in the notice issued under Regulation 14(4).

During the inspection it became apparent that the overall organisational structure and lines of reporting and accountability within Kathryn Homes was not clear. Since the inspection the Responsible Individual resigned and another RI has been appointed. RQIA are concerned that the lack of a clear organisational structure and the turnover of key personnel is impacting on the capacity to drive the required improvements and the lack of safe systems places patients at risk of harm.

## 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 one that has been stated for a second time and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea Feeney, Responsible Individual (Applicant) and Leeann McGaffin, Regional Operations Director 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 22 November 2021. One failure to comply notice was issued under the Nursing Homes Regulations (Northern Ireland) 2005 as follows.

FTC Ref: FTC000169 with respect to Regulation 14 (4)

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>   |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 12<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b> 1 October 2021        | The registered person shall ensure food and fluid intake charts are accurately recorded.<br><br>Ref: 5.1   |
|  | <b>Action taken to review 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><br><br><b>Ref:</b> Standard 6<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> Immediately and ongoing | The registered person shall ensure staff pay attention to detail when providing personal care.<br><br>Ref: 5.2.1   |
|  | <b>Response by registered person detailing the actions taken:</b><br>All staff are aware of the importance of carrying out and evidencing all personal care provided. This is reviewed by the management team through the resident of the day audit and any deficits highlighted will be discussed with relevant staff during supervision.   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 4<br><br><b>Stated:</b> First time<br><br><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.<br>Ref: 5.2.2  |
|  | <b>Response by registered person detailing the actions taken:</b><br>A supervision was carried out with nursing and care staff on the importance of accurate recording of residents daily fluid intake on the Goldcrest system. A random selection of fluid recording is carried out during daily walk around and any issues identified are addressed immediately. The Nurse in Charge of each unit also evidences a review of a selection of supplementary charts at the end of each shift on the shift report. |

|   |  |
|---|--|
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate and ongoing</p>     | <p>The registered person shall ensure that comprehensive and person centred care plans are in place and regularly reviewed for those patients receiving antibiotic therapy.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Registered Nurses now ensure that a care plan is commenced for all residents prescribed antibiotics. Any residents prescribed antibiotics is recorded on the 24 hour shift report and confirmation that a care plan has been put in place regarding the antibiotic is included.</p>   |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>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:5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Daily cleaning schedules are in place which are spot checked by the management team and any issues identified are immediately addressed by staff. Infection prevention and control measures are reviewed as part of the daily walk around and any areas for improvement are addressed with staff at the time.</p> |

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



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