

Inspection Report

24 January 2022



City View Court

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone (applicant)	Registered Manager: Mrs. Claire Hughes (applicant)
Person in charge at the time of inspection: Mrs Claire Hughes	Number of registered places: 100 A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 41
Brief description of the accommodation/how the service operates: 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. Currently there are no patients within the Donegal Unit of the home. Patients have access to communal lounges, dining rooms and garden areas.	

2.0 Inspection summary

An unannounced enforcement compliance inspection took place on 24 January 2022 from 10.00 am to 5.50 pm by two care inspectors.

The previous compliance inspection on 20 December 2021 concluded that there was insufficient evidence to validate compliance with both FTC Notices: FTC Ref: FTC000166 under Regulation 10(1) which was issued on 21 October 2021 and FTC Ref: FTC000169 under Regulation 14(4) which was issued on 2 December 2021. Therefore RQIA extended the compliance date of both FTC notices to 21 January 2022.

On 2 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. The conditions were 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.

This inspection was planned to assess compliance with the actions detailed in the FTC notices.

The inspection evidenced that management within the home had taken appropriate action to comply with both FTC notices.

The Notice of Decision did not take effect as compliance with the two FTC notices was evidenced. The home had successfully appointed a home manager, the application for Responsible Individual has been submitted to RQIA and is progressing through all the appropriate stages of the registration process. Regulation 29 monitoring visit reports have been submitted to RQIA as required.

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, the Notice of Decision 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 manager, senior managers from Kathryn Homes Ltd, nine patients, 11 staff and one relative. One questionnaire was returned and feedback was received from two staff from the online survey. Staff responded with a satisfied and very satisfied response to questions regarding the provision of care to the patients and the management of the home. The staff spoke positively regarding the new management arrangements in the home and how they felt listened to and well supported to do their job. A relative also commented positively about the care her mum receives and the communication from the home. They told us "I have peace of mind knowing my mum is well cared for".

Patients were well presented in their appearance and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 20 December 2021		
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance summary
Area for Improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure food and fluid intake charts are accurately recorded.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met.	
Area for Improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure staff pay attention to detail when providing personal care.	Met
	Action taken as confirmed during the inspection: Patients were well dressed and presented. This area for improvement has been met.	

Area for Improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.	Not met
	Action taken as confirmed during the inspection: Review of care records did not evidence meaningful oversight and review of patient fluid intake by the nursing staff. This area for improvement has not been met and will be stated for a second time.	
Area for Improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that comprehensive and person centred care plans are in place and regularly reviewed for those patients receiving antibiotic therapy.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met.	
Area for improvement 5 Ref: Standard 46 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: Review of the environment and equipment confirmed this area for improvement has been met.	

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:

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 records and falls audits. There was evidence that this audit schedule had been adhered to. Action plans

had been developed to address any deficits from the audit process. The home manager retained oversight of all the audits reviewed.

Effective systems had been implemented to ensure staff compliance with Control of Substances Hazardous to Health (COSHH) legislation. No COSHH hazards were identified on inspection and staff members were able to articulate their role in adhering to COSHH legislation.

Review of patient care records evidenced pressure management 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.

Review of care records in regard to repositioning evidenced patients were repositioned in accordance with their care plan. However, the consistent oversight and recording in the daily progress records by the registered nurses as to the patients' skin integrity was not consistently seen. The specific examples were discussed with the management team. This is further discussed in section 5.2.1.

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

As all actions have been assessed as met, compliance has been achieved with this 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:

All staff are aware of who the person in charge of the home is at all times.

1, All relevant persons are made aware of the organisational structure and reporting arrangements for the home.

2. Completed audits are dated, signed and secured together in keeping with best practice and professional guidelines for record keeping.

3. A schedule for audit activity is put in place and adhered too.

4. Senior staff responsible for the completion of audits can clearly articulate their role and the rationale for carrying out the audits.
5. A robust system is in place to oversee the incidence of wounds in the home.
6. Care plans are in place for the management of wounds and these are kept under regular review.
7. 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.
8. Registered nurses should ensure patients' risk assessments are updated following a fall.
9. 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.
10. A process is in place to ensure that risk assessments are commenced on the day of admission and care plans completed within 5 days.
11. A system is in place for managing complaints effectively and records in this regard are available for inspection.
12. All relevant accidents incidents are reported to RQIA in a timely manner in accordance with Regulation 30 of The Nursing Homes Regulations (NI) 2005.
13. 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.

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. This included a wound care audit. Review of care records confirmed that wound care was managed in keeping with best practice guidance.

Review of the home's record of complaints confirmed that these were well managed.

Review of care records for patients who had experienced a fall confirmed care plans and risk assessments had been appropriately reviewed and updated after the fall. However, deficits were identified in the quality of the documentation in regard to clinical observations post fall.

This was discussed in detail with the management team who agreed to action in the form of additional training and supervision for nursing staff. This is further discussed in section 5.2.1.

Review of accidents and incidents confirmed RQIA had been appropriately informed. An audit was in place to identify trends and patterns within the incidents and accidents in the home. Any identified actions from the audit process had been appropriately 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. This will be reviewed further at subsequent inspections.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

5.2.1 Care Delivery and Record Keeping

Review of care records in regard to the recording of neurological observations when a patient had experienced a fall identified deficits in the quality and accuracy of the observations. The specific examples were discussed in detail with the management team who acknowledged the identified deficits. An area for improvement was identified.

Further review of Care records, specifically the daily progress notes, written by the registered nurses were reviewed in regard to patient skin integrity and fluid intake. The records reviewed did not always evidence meaningful oversight of these aspects of patient care by the registered nurse, particularly if there was an identified deficit. This was discussed in detail with the management team and an area for improvement was identified in regard to skin integrity. A previously stated area for improvement in regard to the registered nurse oversight of fluid intake has been stated for a second time.

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. Both notices had been extended with a date of compliance 21 January 2022.

The outcome of this inspection concluded that the home had taken appropriate action to comply with both FTC notices. The importance of sustaining the progress made was emphasised.

RQIA also made the decision to not proceed with the Notice of Decision to impose conditions on the registration of City View Court. The Notice of Decision did not take effect as compliance with the two FTC notices was evidenced. The home had successfully appointed a home manager, the application for Responsible Individual has been submitted to RQIA and is progressing through all the appropriate stages of the registration process and Regulation 29 monitoring visit reports have been submitted to RQIA as required.

The inspection resulted in two new areas for improvement in respect of neurological observations and the registered nurse oversight of patients' skin integrity.

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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	1*

* The total number of areas for improvement includes one area under the standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire Hughes, manager and the management team, 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	
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to the contemporaneous and accurate recording of clinical observations by registered nurses.</p> <p>Ref: 5.2 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Registered Nurses are all aware of their responsibility to follow Kathryn Homes post falls management procedure, which includes the recording of clinical and/or CNS observations. The appropriate documentation relating to the fall, observations and all actions taken will be recorded in the residents records. Compliance will be monitored through the Kathryn Homes audit process and during Regulation 29 visit. Any non compliance identified will be addressed through further supervision and training.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the daily progress notes evidence meaningful review and oversight of patients' skin integrity by registered nurses.</p> <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: All Registered Nurses will review the position change records and ensure these are reflective of the residents care plan. All observations of skin integrity will be reflected in the daily notes. Compliance will be monitored through the Kathryn Homes audit process.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.</p> <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: Residents who are clinically assessed as requiring monitoring of fluids, will have fluid intake recorded by staff on Goldcrest, the electronic nursing records. The Registered Nurse will review the fluid records and record in the residents daily notes the fluid intake during their shift. The care plans document that if the fluid target is not met for three consecutive MDT intervention is sought. Compliance will be monitored through the Kathryn Homes audit process.</p>

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



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