

Inspection Report

28 June 2021



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 Limited Responsible Individual: Mrs Andrea Feeney	Registered manager : Miss Dana Patterson- Acting manager
Person in charge at the time of inspection: Mr Tiago Moreira - Senior manager	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: 45
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 in three units; the Benn Unit which 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.	

2.0 Inspection summary

An unannounced inspection took place on 28 June 2021 from 9.30 am to 6.30 pm. The inspection was undertaken by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

New areas for improvement were identified in relation to pre-employment records, notifications to RQIA, recording of food and fluid records, auditing process and complaints records.

Staffing arrangements were found to be safe, effective and adjusted if/when required following regular review. Staff were seen to be professional and polite as they conducted their duties and staff told us that they were supported in their roles with training and resources.

Patients looked well cared for and spoke positively about the care provided. Patients who were unable to express their opinions looked comfortable.

Relatives were seen visiting the home in line with Department of Health (DoH) visiting guidance. Care partner arrangements were in place.

Staff were seen to meet patients' needs in a timely and professional manner.

Enforcement action did not result from the findings of this inspection.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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, 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, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Tiago Moreira, senior manager, at the conclusion of the inspection.

4.0 What people told us about the service

Eleven patients and nine staff were spoken with during the inspection.

Patients told us that they were satisfied with the service in the home. They described staff as “dead on” and “very nice”. Observation during the inspection indicated that patient’s needs were met in a timely manner.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff also spoke positively about the recent management changes and said they felt well supported.

No responses to the resident/relative questionnaires or staff questionnaires were received.

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 07 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (b) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: A review of two records evidenced that this area for improvement was not met and will be discussed further in section 5.2.2 This area for improvement will be stated for a second time.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that patients do not have access to rooms containing hazards which could be potentially harmful to their health.	Not met
	Action taken as confirmed during the inspection: Observations on the day of inspection evidenced that this area for improvement was	

	<p>not met and will be discussed further in section 5.2.3</p> <p>This area for improvement will be stated for a second time.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	<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>	Partially met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and will be discussed further in section 5.2.2</p> <p>This area for improvement will be stated for a third and final time.</p>	
Area for improvement 2 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that all shower chairs in the home are cleaned effectively following each use.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met as stated.</p>	
Area for improvement 3 Ref: Standard 37 Stated: First time	<p>The registered person shall ensure that patient records are stored appropriately and not left unattended to protect the confidentiality of patients in keeping with General Data Protection Regulations.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation on the day of the inspection evidenced that this area for improvement was met.</p>	

Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that the identified patient's plan of care is reviewed to ensure their safety and that of other patients is maintained.	Met
	Action as confirmed during the inspection: This area for improvement was met as stated.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that systems were in place to ensure staff were recruited correctly and an induction to their role was provided. In one record we observed that some of the pre-employment checks that had been done by the human resources personnel were not available to view in the home. This was discussed with the senior manager and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed 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 conduct 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.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The nurse in charge of each shift, in the absence of the manager, was highlighted so staff knew who was in charge of the home at any given time.

The senior manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients. Staff spoken with advised they were happy with the staffing levels of the home and that they were kept under review.

Patients told us that staff were "very good" and "very nice" during interactions and said that staff were friendly.

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.

Staff were observed attending to patients' needs in a timely manner and to maintain patient dignity by offering personal care discreetly and ensuring patient privacy during personal care interventions. Patients were offered choices throughout the day, from where and how they wished to spend their time to what activities they wished to avail of.

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 management team.

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' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially. A review of records evidenced that, for two recent readmissions of patients from hospital the care plans and risk assessments had not been reviewed. This was discussed with the senior manager and an area for improvement was stated for a second time.

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 this was discussed with the senior manager and an area for improvement was stated for a third and final time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, crash mats or bedrails were in use, patient areas were free from clutter, and staff were seen to support or supervise patients with limited mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

A sample of records reviewed confirmed that in the event of a patient falling, a post falls protocol was in place. A review of records for three falls evidenced the post falls observations been completed and care records had been updated to reflect the falls.

There was evidence of appropriate onward referral following a fall where required to Occupational Therapy or the Trust falls prevention team. Following a fall relevant parties, such as, the next of kin and the Trust key worker were informed. However, from the sample reviewed it was observed that two falls had not been appropriately notified to RQIA. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The serving of lunch was observed and found to be a pleasant, social and unhurried experience for patients. There was a variety of drinks on offer and the menu was available for the patients to see what the options were. Patients spoken with told us they enjoyed their meals.

A review of a sample of records pertaining to a patient's food and fluid intake was reviewed. Some of these charts lacked detail of what food was eaten and for those patients who required a modified diet evidenced of snacks between meals had not been recorded; an area for improvement was identified.

Patients' weights were monitored at least monthly or more often if recommended by the dietician. Records showed that there was appropriate onward referral to the Speech and Language Therapist (SLT) or the Dietician, and any recommendations made were detailed in the patients' individual care records.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

A recent extensive refurbishment has been undertaken of the interior of the home, including the patients' bedrooms, communal lounges and dining rooms. Staff break rooms had been included on each unit. The home was warm, well-lit and free from malodours. New furniture, art work and lighting was observed to be in place throughout the home. Items such as cleaning products were accessible in the staff room in the Donegal unit and also in a unit in an identified communal lounge. This was discussed with the senior manager and an area for improvement was stated for a second time.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken on 26 April 2021 and the senior manager told us that actions to be taken were being addressed.

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.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and Personal Protective Equipment (PPE) were provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current guidance.

Staff were seen to practice hand hygiene at key moments and to use PPE correctly. Governance records showed that Infection Prevention and Control (IPC) audits were conducted regularly and monitored staffs' practice and compliance with the guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to spend time in their bedrooms and some used the communal areas. Patients were also seen to move freely between communal and personal spaces, assisted by staff if necessary.

Staff were aware of the patients' likes and dislikes and what interested them. There was a choice of television programmes or music available in different communal areas of the home. There was a plan of activities in place and staff told us activities occurred on a daily basis. Activities and activity records will be reviewed further at the next inspection.

Patients and staff confirmed that there was regular visits from family members and a number of relatives had availed of the DoH Care Partner initiative. Relevant risk assessments and Care Partner agreements were in place. Staff members told us they were glad to see the visitors to the home and felt that this helped boost the morale in the home.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. 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 with the home now being managed by Kathryn Homes Limited. Dana Patterson is the current acting manager of the home since 18 January 2021.

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 care record audit, deficits were identified but no action plan was in place to ensure the deficits were addressed; this was identified as an area for improvement.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

A system was in place for the management and recording of complaints to the home. The details and investigations of the complaints were recorded but for some the response was not included or a level of satisfaction of the complainant recorded. An area for improvement was identified.

The manager maintained records of compliments received about the home and shared these compliments with staff.

Staff commented positively about the new management team and described them as supportive and approachable. Discussion with the senior manager and staff confirmed that there were good working relationships.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Patients were seen to make choices throughout the day from the care they received to how they spent their time. Staff were observed to be attentive to patients and were friendly and respectful in their approach.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

Patients were observed to be happy in their surroundings and positive interactions with staff were observed.

Progress made on the areas for improvement identified will further enhance patient care and experience.

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
Total number of Areas for Improvement	4*	4*

*The total number of areas for improvement includes two under the regulations that have been stated for a second time and one under the standards that has been stated for a third and final time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tiago Moreira, Senior manager for Kathryn Homes, 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 15 (2) (b) Stated: Second time To be completed by: 1 October 2021	<p>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.</p> <p>Ref: 5.1.and 5.2.2</p> <p>Response by registered person detailing the actions taken: Admission/Re-admission pathway in place. Gold Crest (new electronic care planning system) is being rolled out in City View and it is planned will be in place/use by end of September and this will flag up any issues. Robust review of risk assessments completed via monthly audit by Home Manager to ensure compliance. Monitored during Regulation 29 visits.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that patients do not have access to rooms containing hazards which could be potentially harmful to their health.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Room now fitted with key pad to ensure it is locked effectively. Daily spot checks completed during Home Manager/Nurse in charge walk around. Dishwasher liquid is no longer stored in this area to adhere to COSHH guidelines.</p>
Area for improvement 3 Ref: Regulation 21(1) (b) Stated: First time To be completed by: 30 September 2021	<p>The registered person shall ensure evidence of all the pre-employments checks is retained in the home and available for inspection.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken All pre-employment checks completed when/where required by Home Manager and administrator. Right to work status was required from 30th June, this inspection was prior to this, the HR file at the time did not have this information, however it does contain this now. All staff have 2 references, access ni check and NMC status checked and documented prior to commencing employment.</p>

Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that all notifiable events are submitted in a timely manner. Ref:5.2.2
	Response by registered person detailing the actions taken: 2 Home Managers employed. Both have access to RQIA portal and know notifiable events to be reported and the time frame for there submission. All notifications are tracked and cross referenced to incidents/accidents to ensure timely robust notifications are made. Notification trackers and accidents/incidents are audited monthly by Home Manager and person completing regulation 29 visit to ensure compliance.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Third and final time To be completed by: 1 October 2021	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All health care professional recommendations are included in patients care plans and followed through into care delivery. This is quality assured via Home Manager audits and checked on Regulation 29 visits. Gold crest implementation will assist with this.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 1 October 2021	The registered person shall ensure food and fluid intake charts are accurately recorded. Ref: 5.2.2
	Response by registered person detailing the actions taken: Nurses oversee recording of same and sign them off and total them daily. Care assistants have had e-learning in relation to food and fluid intake and importance of accurate recording. Gold crest will assist with oversight. Supervisions and staff meetings used as a reminder to staff.
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 1 October 2021	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. Ref:5.2.5
	Response by registered person detailing the actions taken: Following all audits Home Manager is formulating action plans and ensuring swift completion of actions required.
Area for improvement 4 Ref: Standard 16 Stated: First time To be completed by: 1 October 2021	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: New complaints policy implemented. Complaints tracker in place to examine action taken, place in process and outcome. All complaints are forwarded to head office to track progress and

	ensure completion of process.
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