

Inspection Report

Name of Service:	Kings Castle
Provider:	Messana Investments Ltd
Date of Inspection	28 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Messana Investments Ltd
Responsible Individual:	Mr Gerald Ward
Registered Manager:	Mrs Mary Peake
Service Profile – This home is a registered nursing home which provides general nursing care for up to 42 patients under and over 65 years of age. The home is spread over three main floors and patients have access to communal dining and lounge areas and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 28 November 2024 from 10.00 am to 6.10 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings; smiling and engaging positively in their interactions with staff.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. New areas for improvement identified can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with told us how much they valued their personal items such as paintings and artwork on display in their bedrooms. Patients told us they felt safe and had confidence in the staff providing care for them saying, "Staff are very good to me". Patients also reported that at times when their preference was to spend their time reading in their bedroom, this was respected.

Relatives told us the care for their loved ones was "outstanding", noting that the home had been very hospitable to them during their visits. Patients were observed to be sitting together and enjoying one another's company. Patients reported that they can choose what activities they want to engage in. Relatives advised that staff took time to provide care which was personal to each patient; saying their loved one was always well presented, just as they would have been when they were independent.

It was observed that patients' birthdays were celebrated in the home as there were balloons for the person whose birthday it had most recently been.

Staff said they felt well supported in their role and it was evident that staff knew the patients well and were able to deliver care and routine as each patient preferred.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing. It was discussed with the manager the need to ensure there is oversight of the recruitment records.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were available to provide activities and staff knew the patients well and how best to help them.

Review of the system to manage the registration of nurses and care staff evidenced that it required more oversight from the manager. Assurances were provided to RQIA following the inspection and this will be reviewed at a future inspection.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patient's needs, their daily routine wishes and preferences.

Staff were observed to be very attentive; recognising patients' needs and any early signs of distress or illness. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, where a choice was offered, staff were able to respond effectively with patients who struggled to communicate; and patients appeared satisfied with the option received.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

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 and their diet modified. Patients were offered choice as to where they sat for their lunchtime meal. At mealtimes it was observed that individuals were offered choice and were accommodated when they changed their mind. The menu was displayed in the main lounge and advised only of the next planned meal. It was discussed that it may be more meaningful for patients if they were informed of the meal choices for the day and this will be reviewed at a future inspection.

The importance of engaging with patients was well understood by the manager and staff. Patients' needs were met through a range of individual and group activities such as bingo, music and hairdressing. Newspapers were also provided and a range of activities were displayed visually in the communal area. Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Review of a recently admitted patient's care records identified that not all care plans had been sufficiently detailed to reflect the patient's needs assessed on admission and not completed in a timely manner. An area for improvement was identified.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that systems were in place to safeguard patients and to manage this aspect of care. However, an area for improvement was identified to ensure that bedrail assessments were completed in full and use of bedrails care plans were fully reflective of these assessments.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. There was a robust system in place to ensure good record keeping for this aspect of care.

Patients' records are to be held in a way which upholds confidentiality. Records, which included named patient information, were at times visible to the public. This was raised with the manager who responded immediately. Therefore an area for improvement was not identified at this time but this will be reviewed at a future inspection.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were homely touches throughout the home such as patient's personal art on display in bedrooms, family photographs and soft furnishings. The décor of the home included artwork of the local area; prominent landmarks of what would be of interest to patients. The home was decorated seasonally in communal areas which the patients appeared to enjoy.

Review of the home's environment evidenced that there was an ongoing refurbishment plan. There were other aspects of the environment such as equipment that could not be effectively cleaned. This was discussed with the manager and prompt action was taken to resolve this.

Issues were observed with staff use of personal protection equipment (PPE). Staff were also observed not washing their hands at appropriate times for example during the lunchtime meal, and to be wearing wrist jewellery and nail polish. Whilst hand hygiene audits were being completed and identified poor adherence to hand hygiene there was a lack of oversight by the manager to address the deficits identified and drive the necessary improvements. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mary Peake has been the manager since 19 January 2021 and an application to register as manager with RQIA is in process.

Patients, relatives and staff commented positively about the manager and described her as supportive and approachable.

Discussion following the inspection identified gaps in staff knowledge of safeguarding processes in relation to reporting concerns and assurances have been given that staff will refresh their training in this area.

Processes were in place to monitor the quality of care and other services provided to patients. Review of audit records did not always evidence that the manager had oversight of action plans where deficits had been identified. An area for improvement was identified.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Review of records confirmed that when patients or families raised issues, the manager recorded the steps taken to resolve these. There was a selection of compliments reviewed; many thank you cards expressing thanks to care provided by staff.

The Fire Risk Assessment was not available on the day of inspection. RQIA requested that this was shared following the inspection and on receipt it verified that all action had been completed. However, there were two co-occurring Action Plans and discrepancies in persons responsible which indicated poor managerial oversight. The manager provided assurances that there will be more robust oversight going forward and this will be reviewed at the next inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 28 November 2024	The registered person shall ensure that a detailed plan of care and associated risk assessments are commenced within 24 hours of admission to the home and completed within 5 days. Ref: 3.3.3
	Response by registered person detailing the actions taken: I have introduced post admission tracking audit which is completed 72 hours post admission and this covers all areas of admission into Kings Castle. I have created a template of essential careplans and all Staff Nurses are aware and have been spoken to.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 28 November 2024	The registered person shall ensure that all patients who are assessed to require bed rails have care plans and risk assessments in place. These are to be reviewed regularly to ensure that they are reflective of the patients' current needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: Bedrails Assessment continue, I will continue to review and monitor with Senior Staff Nurses and other Staff Nurses, Goldcrest weekly audits continues. Bedrail sign continue on the necessary beds for all staff and families to be aware and consent gained for bedrails from families on admission.
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: 28 November 2024	The registered person will ensure that all staff adhere to best practice in infection prevention and control and remain bare below the elbow to allow for effective hand hygiene. The registered person will ensure that deficits identified in Hand Hygiene Audits have detailed action plans and evidence oversight from the manager. Ref: 3.3.4 & 3.3.5
	Response by registered person detailing the actions taken: Message sent to all staff through communication group chat regarding jewellery and nail polish, staff are aware they are not allowed jewellery or nail polish on. I have implemented more hand sanitising stations with hand sanitiser and hand cream

	around to home and have increased my hand washing audits and spot checks on all members of my staff. I have increased the hand washing routine posters around the home and sinks for staff and visitors to be more aware.
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Area for improvement 4 Ref: Standard 35.6 Stated: First time To be completed by: 28 February 2025	The registered person will ensure that the manager has oversight of action plans to ensure that where deficits have been identified the necessary action is taken to drive improvement. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person is in Kings Castle daily and randomly whenever he is passing, I keep the registered person well informed and have good communication with him. There is also good links between myself, registered person and the maintenance team in Kings Castle, and all necessary work is carried out in a timely manner within the home throughout the year. I confirm that the cord pulls and radiator covers have been installed in the home.

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The Regulation and
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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews