



Unannounced Care Inspection Report 1 May 2018



Kings Castle

Type of Service: Nursing Home
Address: Kildare Street, Ardglass, BT30 7TR
Tel No: 028 44 842065
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 40 persons. At the time of the inspection residential care was being provided for seven patients.

3.0 Service details

Organisation/Registered Provider: Messana Investments Ltd Responsible Individual: Gerald Ward	Registered Manager: Wendy Miniss
Person in charge at the time of inspection: Wendy Miniss	Date manager registered: 11 February 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 40 There shall be a maximum of 7 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 1 May 2018 from 10.30 to 17.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Kings Castle which provides both nursing and residential care.

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

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment. There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition and wound care and the communication of patient needs between staff. Good practice was observed in relation to the culture and ethos of the home, provision of activities and valuing patients and their representative views. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas for improvement under the standards were identified with the management of odours in one bedroom and the completion of post fall reviews.

Patients said they were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. A number of comments received are included in this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Gerald Ward, responsible individual and Wendy Miniss, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 20 December 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 December 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients individually and with others in small groups, six staff and two patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey for staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 30 April – 6 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- six patient care records
- one patient food and fluid intake charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate.

A sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were reviewed following the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 December 2017.

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 12 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2) (c) Stated: First time	The registered person shall ensure that the kitchen area is restored for patient use only and that all food stored in this area is in keeping with best practice guidelines.	No longer applicable.

	<p>Action taken as confirmed during the inspection: This kitchen area has been removed and is currently being upgraded as part of the ongoing refurbishment work in the home. This area for improvement is no longer applicable.</p>	
<p>Area for improvement 2 Ref: Regulation 17 Stated: First time</p>	<p>The registered person shall ensure that infection control audits are conducted and implemented. An action plan to address any issues raised should be introduced and any issues raised should be addressed.</p> <p>Action taken as confirmed during the inspection: A review of audit records evidenced that this area for improvement has been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure that the inappropriate storage of equipment in the identified rooms ceases and that mop buckets are effectively cleaned after use.</p> <p>Action taken as confirmed during the inspection: A review of the environment and discussion with staff evidenced that equipment was stored appropriately and effectively cleaned after use. This area for improvement has been met.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 30 April to 6 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Kings Castle.

We spoke with relatives of two patients during the inspection both of whom were complimentary regarding staff. We also sought the opinion of relatives on staffing via questionnaires; none were returned.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an e learning programme. Training records included the date the training was attended/completed, the names and signatures of those who attended face to face training and provided compliance rates of staff who have completed training via the e learning system. Records evidenced good compliance with mandatory training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Discussion with the registered manager confirmed that work to ensure that the regional operational safeguarding policy and procedures were embedded into practice was ongoing. We discussed the systems required to be put in place to ensure the information required for the annual adult safeguarding position report is available.

Review of six patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. We observed that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

We reviewed accidents/incidents records from January – April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were consistently adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining room. Significant building work had recently been completed; work was ongoing with the decor and furnishings of the new extension in preparation for registration. Staff and patients spoken with confirmed that disruption to the day to day running of the home had been kept to a minimum; this was commended by the inspector. The home was found to be warm and clean throughout and, with the exception of one identified bedroom, fresh smelling. The management of odours in one bedroom was discussed with the registered manager; it was agreed that they would review the issue further and take appropriate action to eliminate the odour. This was identified as an area for improvement under the standards. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment. .

Areas for improvement

One area for improvement was identified with the management of odours in one identified bedroom.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of falls and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients’ weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained daily with fluid intake reconciled on a 24 hour basis. The registered manager explained that home had recently become involved in the monthly review programme completed by the community dietetic department of South Eastern Health and Social Care Trust. Participation in the programme will provide further opportunities for the regular review of patients at risk of malnutrition.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place; one patient's care plan was evaluated following falls. The second care plan was not, neither did the monthly evaluations reference any falls that occurred. A post falls review should be completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly. This was identified as an area for improvement under the standards.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of care records for the period 16 - 30 April 2018 evidenced that the registered nurses monitored the dressings to ensure the treatment plan prescribed by the podiatrist was adhered to.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas for improvement

There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition and wound care and the communication of patient needs between staff.

An area for improvement under the standards was identified in relation to the completion of post fall reviews.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Patients were relaxing in one of the lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Consultation with six patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"Everyone is very cheerful and happy."

"The staff are very good."

"I am very well looked after – there is always someone here if you need them."

We spoke with the relatives of two patients. Both commented positively regarding the care their loved ones were receiving. One relative commented:

"No complaints as there is nothing to complain about."

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"I would like to say thank you for all the wonderful care provided to our ..."

"Thank you so very much for all the care and kindness you showed to my mum and dad while mum was having rehab ... we shall never forget it."

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation; for example appropriate signage, photographs and the provision of clocks and prompts for the date.

As previously discussed questionnaires were left in the home to obtain feedback from patients' representatives. None were returned prior to the issue of this report. Staff were asked to complete an on line survey, we had no responses within the timescale specified. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, provision of activities and valuing patients and their representative views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, a review of patients identified as requiring residential care and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The regional manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and medication.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Unannounced visits were completed monthly and a report issued in accordance with Regulation 29 of The Nursing Homes Regulations. The registered manager confirmed that the reports were maintained electronically and available on request in the home. Due to the relocation of offices on the day of the inspection the reports for January – March 2018 were reviewed following the inspection. The reports clearly demonstrated discussions with patients, relatives and staff and their opinion of the service.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gerald Ward, responsible person and Wendy Miniss, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 29 May 2018</p>	<p>The registered person shall ensure that the management of odours in the identified bedroom is reviewed and necessary action taken to eliminate the malodour.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The odour has been addressed and the room is currently odour free.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22.9</p> <p>Stated: First time</p> <p>To be completed by: 29 May 2018</p>	<p>The registered person shall ensure that a post falls review is completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly.</p> <p>Ref: section 6.5</p> <p>Response by registered person detailing the actions taken: All staff nurses made aware that a post fall review is carried out within 24 hours of when a patient has a fall.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

📍 @RQIANews