

Unannounced Care Inspection Report 2 August 2016



Kings Castle

Type of Service: Nursing Home
Address: Kildare Street, Ardglass, BT30 7TR
Tel No: 028 4484 2065
Inspector: Donna Rogan

www.rqia.org.uk

1.0 Summary

An unannounced inspection of Kings Castle Nursing Home took place on 2 August 2016 from 10:00 hours to 17:00 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. The induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients. Staff training was generally well maintained. The environment in the home was welcoming and well maintained. A requirement is made in relation to the infection prevention and control. A requirement is made in relation to repairing self-closures on bedroom doors. A requirement is also made in relation to the management of 'third party' bedrails. A recommendation was made in relation to the management of duty rotas. In total three requirements and one recommendation was made in this domain.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. Care records were well maintained and included assessment of patients' needs, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. A requirement is made that the identified care plans are updated in keeping with patients' needs or at least annually. There was evidence of effective team working and good communication between patients and staff.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. There was evidence of patient, representative and staff consultation. There were no requirements or recommendations made in this domain.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Kings Castle Nursing Home. Compliance with the requirements and recommendations made in the safe domain, will improve the overall services provided, the experience of service users and leadership within the home.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Wendy Miniss, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was a follow up medicines management inspection undertaken on 10 December 2015. There were no requirements or recommendations made from this inspection and there were no further actions required to be taken following the last inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. A review of records confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified.

2.0 Service details

Registered organisation/registered provider: Messana Investments Ltd Gerald Ward	Registered manager: Wendy Miniss
Person in charge of the home at the time of inspection: Kim Kailanthan, deputy manager from 10.00 hours to 12.30 hours. Wendy Miniss, registered manager from 12.30 hours to 17.00 hours.	Date manager registered: 11 February 2016
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI 36 Nursing 4 Residential	Number of registered places: 40

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 22 patients, four care staff, two registered nurses, two kitchen staff members one laundry assistant one domestic, two administrators the registered person and three visiting relatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction, supervision and appraisal records
- minutes of staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 December 2015

The most recent inspection of the home was an unannounced follow up medicines management inspection. There were no requirements or recommendations made following this medicines management inspection. Therefore, no issues were required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 05 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered persons shall ensure the practice of wedging open fire doors ceases with immediate effect. Where doors are requested/required to be maintained open, magnetic holding devices linked to the fire alarm should be fitted.	Met
	Action taken as confirmed during the inspection: A review of the home evidenced that there were no fire doors wedged open. However, there were three bedrooms identified where the magnetic holding devices required to be repaired. A requirement was made in this regard.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 43.6 Stated: First time	The registered person shall ensure that signage is reviewed to identify the designation of rooms in the home. The review should include the numbers or patients names on bedroom doors in order to promote orientation and independence.	Met
	Action taken as confirmed during the inspection: New signage was observed on doors which promoted orientation and independence.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure that the assessed needs of patients were met. An example of the indicators used to evidence that there were sufficient staff to meet the needs of the patients was an assessment of patients' dependency levels.

A review of the staffing rotas for weeks commencing 27 July 2016 and 1 August 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Relatives and patients spoken with commented positively regarding the staff and care delivery.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction programmes were reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. Staff spoken with stated they were well supported and well directed during their induction period.

Review of two records and discussion with the registered manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

Training was provided via an electronic learning system. There were systems in place to monitor staff compliance with training. Review of staff training records evidenced that the compliance levels with adult safeguarding, fire awareness and moving and handling was almost 100%. A review of staff meeting minutes evidenced that training was discussed with staff. Following discussion with the registered manager it was confirmed that a management system was in place to ensure that staff required to complete training were identified and reminded to complete their training.

Discussion with the registered manager, staff on duty and a review of records confirmed that there were systems in place to ensure that staff received supervision and appraisal. Appraisals of staff were currently being reviewed for the previous year. Discussion with the registered manager and review of records evidenced that the monitoring of the registration status of nursing and care staff was appropriately managed.

The registered manager confirmed that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. A review of two staff personnel files evidenced that selection and recruitment processes were in keeping with the above regulation.

A review of documentation confirmed that adult safeguarding concerns were being managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA had been appropriately notified. The registered manager described the robust systems in place to monitor the progress of safeguarding issues should they be reported with the local health and social care trust or the Police Service of Northern Ireland (PSNI).

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

Discussion with the registered manager and review of records also evidenced that systems were in place to ensure that notifiable events were reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that these had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. A programme of redecoration was in place and the registered person confirmed work completed so far this year.

A number of issues regarding the management for the environment were identified as follows:

- the hold open devices for three bedroom doors were broken
- one identified store had not be clearly designated in respect of the items to be stored within causing concerns relating to infection prevention and control practices
- bedpans and urinals were not clean or stored in keeping with regional infection prevention and control guidance
- The positioning of containers with hand hygiene cleaning substance should be reviewed and that they are properly cleaned - recommendation is made

There are a number of third party bed rails in use in the home. It is required that the management of the bedrails are reviewed and maintained in accordance with Medicines and Healthcare Regulatory Agency (MHRA) Safe use of bedrails, December 2013. Records should also be maintained of the relevant checks made.

Areas for improvement

Three requirements are made. They are in relation to the management of bedroom doors, the management of bedrails and the management of infection prevention and control. One recommendation is made in relation to the maintenance of cleaning hand hygiene containers.

Number of requirements	3	Number of recommendations:	1
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and that they were reviewed as required. There was evidence that registered nurses, assess, plan, evaluate and review care in accordance with the nursing process. Risk assessments informed the care planning process. However, the review evidenced that care records did not always accurately reflect the assessed needs of patients. For example, one patient's care plan had not been reviewed/updated since 25 September 2013 despite care plans being reviewed on a monthly basis. The registered manager agreed to ensure the above issues are addressed and care audits completed should reflect the required changes. A requirement was made.

Supplementary care charts such as repositioning, food and fluid intake evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Care records were subject to regular auditing. However, there was no evidence that an action plan was in place to address issues identified and there was no evidence that the outcome of the audit had been shared by the named nurse. A recommendation is made in this regard.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and that the handover provided the necessary information regarding changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was held on 20 July 2016.

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 their line manager and/or the registered manager. The registered manager confirmed that they operated an open door policy and were available for patients and their representatives.

There was a relatives meeting held on 16 November 2015 which was well attended. Minutes of the meeting were available. The registered manager stated that it was their intention to ensure a meeting with relatives was held every six months. There were various compliment cards and records displayed on notice boards throughout the home. The registered manager stated that there had been no formal meetings held or consultation with patients. The registered manager agreed to address this concern and a recommendation was made.

Areas for improvement

There was one requirement made in relation to care planning and two recommendations were made in relation to auditing and patients' meetings.

Number of requirements	1	Number of recommendations:	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 22 patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and 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 stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings, were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Arrangements were in place to structure patients' day. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that there were opportunities for patients to attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients and their representatives confirmed that if they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Review of the compliments records evidenced that the staff cared for patients and their relatives in a kindly and compassionate manner. There have been no recent complaints recorded.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Nine staff, two relatives and seven patients returned questionnaires to RQIA within the specified timeframe.

Comments on the returned questionnaires were mainly positive, one of the nine staff questionnaires indicated dissatisfaction with communication within the home in relation to staff meetings and communication regarding patient care. Some comments received during the inspection and in the returned questionnaires are detailed below:

Staff comments included:

- "We are all a brilliant team here."
- "If I have any worries I can go to my line manager."
- "I think the care is good here, patients are at the forefront of what we do."
- "If I wasn't happy I wouldn't be here, it's a great place to work."
- "We try to ensure the patients' needs are always met."
- "We have staff meetings and we can discuss things at them."
- "I'm very happy working here, I think the standard of care is very good, I would recommend this place for my own family."

Discussions were held with approximately 22 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were complementary regarding the food served. There were no issues raised during the inspection by patients. Some comments were made by patients as follows:

Patients' comments included

- "It's like a five star hotel here."
- "The food is marvellous."
- "Looking forward to going to Ardglass Golf Club for lunch tomorrow."
- "I love it here."
- "The staff are brilliant."
- "I am really content to be here, I feel safe and I am comfortable."

During the inspection three relatives were spoken with they were very positive regarding all aspects of care. There were no issues raised. Some comments were made by relatives during the inspection and in the two returned questionnaires were as follows:

Patients' representatives' comments included:

- "My relative has settled in well."
- "We are kept informed."
- "Happy that my relative is well cared for."
- "I am made feel very welcome."
- "This is a very homely home, I love the setting."
- "The food always looks good."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager. The registered manager's working hours were included on the duty rota.

Discussion with the registered manager and observation evidenced that the home was operating within its' registered categories of care. The registered manager was aware of her responsibility to keep this under review. The registration certificate was displayed appropriately. A valid certificate of public liability insurance was displayed.

The policies and procedures for the home were systematically reviewed at least on a three yearly basis or before if there were changes. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Staff, patients and patients' representatives spoken with confirmed that they were aware

of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

There was evidence that systems were in place to monitor and report on the quality of nursing and other services provided. For example, there was evidence that the registered manager completed the following audits:

- accidents/incidents
- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints

As previously stated in section 4.4, there was no evidence that an action plan was in place to address issues identified and there was no evidence that the outcome of the audit had been shared by the named nurse. A recommendation has been made in this regard. All other audits as stated were observed to be conducted in keeping with best practice. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered person and review of records evidenced that Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Wendy Miniss, Registered Manager, and Gerry Ward, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that self-closures on the identified bedrooms doors are repaired.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: All self closures have been repaired and are working effectively.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that the designation of the identified store is clearly defined. Items in this store should be maintained in accordance with the designation in the interests of the management and control of infection.</p> <p>In addition bedpans and urinals must be appropriately cleaned and stored in accordance with best practice.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: Storage of urinals and bedpans have been rectified and stored in accordance with the current best practice. The usage of the identified store have been clearly identified and used for that purpose.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that the management of the bedrails is reviewed to ensure they are maintained in accordance with Medicines and Healthcare Regulatory Agency (MHRA) Safe use of bedrails, December 2013.</p> <p>Records must be maintained of the relevant checks made.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: All bed rails have been checked and are working accordingly, working alongside the suppliers . We are currently obtaining extended bedrails. Records of checks will be available for inspection.</p>

<p>Requirement 4</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that care records accurately reflect the assessed needs of patients.</p> <p>Ensure the two identified care records are reviewed</p> <p>Ensure the identified patient's care plan is reviewed and updated in keeping with their needs or at least annually.</p> <p>Ref: Section 4.4</p>
<p>Response by registered person detailing the actions taken: The two identified care records have been completely reviewed and reflect the patients current needs.</p>	
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider should ensure that that the positioning of containers with hand hygiene cleaning substance is reviewed. These containers should be appropriately cleaned.</p> <p>Ref: Section 4.3</p>
<p>Response by registered person detailing the actions taken: The importance of effective cleaning of the hand hygiene containers have been discussed with the Domestics, and are currently being cleaned appropriately. The positioning of these containers have also been reviewed.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that patients are consulted with on a regular basis in relation to the running of the home and the care they receive.</p> <p>Ref: Section 4.4</p>
<p>Response by registered person detailing the actions taken: We have implemented a questionnaire that can be carried out regularly with the patients within the home. This is done informally to enable the patients to voice their views.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person should ensure that audits of care records include an action plan to address issues identified and ensure that the outcome of the audit is shared with the named nurse. The audits should include evidence that the issues raised in relation to care plans are audited and actioned.</p> <p>Ref: Section 4.4</p>
<p>Response by registered person detailing the actions taken: We have reviewed the current audit tool and have added an action plan section and a section to identify that the findings from the audit have been shared with the named nurse for that patient.</p>	

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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