

Inspection Report

11 July 2023



Kings Castle

Type of service: Nursing Home
Address: Kildare Street, Ardglass, BT30 7TR
Telephone number: 028 4484 2065

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Messana Investments Ltd Responsible Individual: Mr Gerald Ward	Registered Manager: Mrs Mary Peake – not registered
Person in charge at the time of inspection: Mrs Mary Peake	Number of registered places: 42 There shall be a maximum of 1 named resident receiving residential care in category RC-I.
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 patients accommodated in the nursing home on the day of this inspection: 41
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 42 patients. The home is divided in two units. Patients' bedrooms are located over three floors. Communal lounges and the dining room are located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 11 July 2023 from 9.25 am to 5.30 pm. The inspection was carried out by a care inspector.

RQIA received anonymous information raising concerns in relation to care provision, staffing, the home's environment and infection prevention and control (IPC) measures. RQIA referred the concerns raised to the South Eastern Trust (SEHSCT) Adult Protection Gateway Team (APGT) for review and screening. The APGT tasked the Permanent Placement Team (PPT) with following up on the concerns raised on behalf of the Trust.

RQIA decided to undertake an inspection to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection determined that patients looked well cared for and were comfortable and content in the home. Patients and their relatives spoke in very positive terms about how they found life in Kings Castle. Patients who were less able to voice their opinions were seen to be relaxed and comfortable in their interactions with staff.

Staff were seen to treat the patients with kindness and compassion and they were responsive to requests for assistance. There were sufficient numbers of staff on duty to meet the needs of patients in a timely manner.

An area for improvement identified at the last inspection had been met. One new area for improvement was identified regarding ensuring recording on repositioning charts is consistent.

RQIA were assured that the delivery of care and service provided in Kings Castle was safe, effective, compassionate and that the home was well led. Addressing the area for improvement will further enhance the quality of care and services in the home.

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 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 and how staff went about their work was observed.

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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients chatted in positive terms about their experiences of life in the home. Patients said there were enough staff to help them and that they felt well looked after. Patients were agreed that the home was kept clean and tidy, the food was good and they were able to decide how to spend their time. Comments made by patients included “they are great here, nothing is too much trouble”, “we are well catered for, no complaints”, “staff very friendly and helpful, first class” and “definitely nice and I’m comfortable here”.

Staff said that teamwork was good, they were satisfied with staffing levels, the manager was approachable and concerns were listened to and sorted out. Staff commented that “we are all involved and we help each other out”, “I love it, we are like a big family”, “it’s lovely, I enjoy my work” and “I could voice a concern and know it would be dealt with”.

Relatives said they were very satisfied with the care provided and communication and that they found staff to be helpful and friendly. Relatives knew who to report a concern to and had confidence these would be sorted out. Comments included that “the staff are amazing, nothing is too much trouble”, “staff are unbelievably good”, “it is 110 per cent, no issues at all”, “communication is excellent”, “they go above and beyond” and “the patients all look very well”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Following the inspection RQIA received eight completed questionnaires from patients. All the respondents indicated that they were satisfied/very satisfied with all aspects of care provided.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and action where required.

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 11 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that there is no delay in sending notifications to RQIA in accordance with legislation and procedures and a record is maintained	Met
	Action taken as confirmed during the inspection: Review of notifications submitted to RQIA provided evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory training was provided. Staff said they were provided with opportunities to complete additional applicable training on request.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

It was noted that there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way. Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

Staff said that teamwork was “very, very good” and “excellent”. Staff said that staffing levels were good and that they felt well supported in their role by the manager who was approachable.

Patients were satisfied with staffing levels in the home; they said there were enough staff to help them. A patient commented that “the staff are great”.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient’s needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients’ privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

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 these included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives in the care records. Patients’ care records were held confidentially.

Where a patient was at risk of falling, measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. Repositioning records were maintained if required. However, review of these records evidenced that staff were inconsistent in recording the exact time of repositioning and they also used a mix of analogue and digital timekeeping. An area for improvement was identified.

Staff were knowledgeable regarding individual patient’s moving and handling recommendations. Moving and handling equipment was located in suitable areas throughout the home and was readily available for use when required. In order to determine that moving and handling training was embedded into practice, the manager said she regularly carried out direct observations when staff were assisting patients. The manager also worked on the floor on occasions and undertook out of hours spot checks to monitor staff moving and handling practices on night duty and weekend shifts. Records of direct observations and out of hours’ visits were maintained.

Care records accurately reflected the patients’ recommended care needs if they had a wound; relevant care plans had been developed and contemporaneous recording of wound care was maintained. If required, nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and/or the Podiatrist and followed the recommendations they made.

Review of care records evidenced that risk assessments and care plans were regularly reviewed by staff. 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff ensured that patients were comfortably seated in their preferred location for their meal. The menu was on display and there was a range of choices available.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. A 'safety pause' had been implemented prior to the serving of meals in order to ensure that patients received the correct meal. The serving of lunch was well organised and unhurried.

Staff were seen to assist patients with the level of support they required throughout the mealtime; this ranged from simple encouragement through to full assistance. There was a choice of meals on offer, the food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal.

The manager said that the Trust Speech and Language Therapists (SALT) provided good support. The home had recently been included in a pilot Swallow Awareness Programme with the Dysphagia Support Team. A representative of the Dysphagia Support Team who was present in the home said positive outcomes had been achieved for patients following this.

Records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

The chef said that she regularly consulted with patients and relatives regarding meals and food likes and dislikes to help with menu planning and to ensure everyone got a meal that they enjoyed.

Patients enjoyed the food, they said it was "first class" and "good". Patients were in agreement that there was a choice of meals on offer and that alternatives to the menu were available. One patient said that at first she found the meals weren't as warm as she liked but she had told the chef and this was immediately sorted out.

Relatives were complimentary about the food as well and described it as "good", "excellent" and "restaurant quality".

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be well decorated, warm, clean, tidy and fresh smelling. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures, flowers and cushions. Communal areas were bright and welcoming spaces for patients to relax and interact with other patients if they wished.

Fire exits and corridors were clear of clutter and obstruction. Fire drills were provided for staff and relevant records were maintained.

The Responsible Individual (RI) said that he was in the home most days, staff were good at reporting if any repairs were needed and the maintenance man was on site regularly. Painters were brought in to redecorate as required. Gardeners were in regular attendance to help maintain the grounds.

Medications were observed to be stored appropriately; the medication store room was tidy and well organised.

Review of records, observation of practice and discussion with staff confirmed that training on IPC measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

It was observed that PPE stations were well stocked but the only gloves available were vinyl gloves; these provide a less effective barrier than nitrile gloves and are therefore of limited use in a nursing home setting. This was brought to the attention of the management team for information and action; nitrile gloves were immediately ordered.

Patients and relatives said they were very satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Observations of the daily routine and discussion with patients confirmed that staff offered them choices throughout the day regarding, for example, whereabouts they preferred to spend their time, what they would like to eat and drink and the option to take part in activities or not. A patient said that “I do what I want, I like to get up late and that is not a problem”.

The weekly activity schedule was on display and included a range of daily activities, such as, chair exercises, word searches, arts and crafts, music, singing, activity games, bingo, 1:1 bedroom chats, quizzes and movies.

Patients’ arts and crafts creations and paintings were on display; they had recently made framed pebble pictures and a hedgehog from an old paperback book.

Patients’ spiritual needs were provided for; birthdays and holidays were celebrated.

A hairdresser visited the home each week and staff assisted patients with nail care and manicures.

It was positive to note that a second activity therapist had recently commenced work in the home and as a result activities were provided seven days a week. The activity therapist said that she was developing patient profiles and including relatives in discussions regarding patients’ interests and hobbies to help ensure that the activities provided were positive and meaningful. Records were maintained to reflect the activities provided and the outcome for patients.

Patients said they knew all about the activities and confirmed that it was their choice whether to join in or not. Relatives were also aware of the range of activities on offer; they said that these seemed to be good and were “very inclusive”.

A recent patients’ meeting had provided an opportunity for patients to discuss their views on the home’s environment, the food, activities and staffing. Relatives had also had a recent opportunity to discuss issues such as personalising bedrooms, communication, activities and laundry at a relatives’ meeting.

Relatives commented extremely positively about communication and confirmed that they were included in care planning for their loved ones. Relatives said they knew how to report a concern and were confident that anything reported would be taken seriously and sorted out. Comments made by relatives included that, “everything is great, no concerns at all”, “nothing is too much trouble” and “it’s a great place”.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Mary Peake has been the manager in this home since 8 January 2021. Mrs Peake has not yet submitted an application to RQIA to be registered as the manager of the home but confirmed that it is her intention to do so.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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 good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a system in place to manage complaints. The manager told us that the outcome of complaints was seen as an opportunity to for the team to learn and improve.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	1

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 (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that repositioning records are completed in a consistent manner; the time of repositioning should be accurately recorded using an agreed format. Ref: 5.2.2 Response by registered person detailing the actions taken: I can confirm the repositioning charts were amended with immediate effect post inspection , audited regularly and reflect correct 24 hour clock timing .

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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