

Inspection Report

11 August 2022



Kings Castle

Type of Service: Nursing Home
Address: Kildare Street, Ardglass, BT30 7TR
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 and date registered: Mrs Mary Peake Date Registered: Acting – No Application Required
Person in charge at the time of inspection: Mrs Mary Peake	Number of registered places: 42
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: 39
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 42 persons. The home is a three storey building with bedrooms located over all floors and lounges and dining rooms situated on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2022 from 10.50 am to 6.45 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery and maintaining good working relationships.

One area for improvement has been identified regarding submission of notifications to RQIA.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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 and in their interactions with staff.

Comments received from patients, patients' representatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service 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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

The findings of the inspection were discussed with Mrs Mary Peake, Manager and Ms Claire Harding, Human Resources/Governance Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four patients individually, small groups of patients in the dining rooms and lounges, two patient's relatives and seven staff. Patients told us that they felt well cared for, enjoyed the food and that staff members were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Patients' relatives spoken with complimented the manager and staff for their support, excellent care and effective communication. Both relatives told us they had no issues but if they had they would discuss them with the manger or staff and would be confident any concerns or issues would be addressed promptly.

Following the inspection we received no patient, patient representative or staff questionnaires within the timescale specified.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

An unannounced inspection was undertaken on 14 May 2021 by the care inspector and 20 May 2021 by the pharmacist inspector.

No areas for improvement were identified as a result of this combined inspection.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. The human resources/governance manager advised that staff recruitment for registered nurses and care staff is ongoing.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2022 evidenced that staff had attended training regarding moving and handling, adult safeguarding, dementia awareness, infection prevention and control (IPC) and fire safety.

Staff told us they were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Review of care records regarding nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Review of patients' supplementary charts who require to be assisted by staff to reposition, in order to provide pressure relief evidenced they were well recorded.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered 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.

We observed the serving of the lunchtime meal in the main dining room. The daily menu was displayed on a chalk board showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients able to communicate indicated that they enjoyed their meal.

A patient commented:

"Mary (manager) and the staff are good. I have no concerns and I enjoyed lunch."

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

The treatment room and sluice rooms were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities. Patients were observed in the lounge enjoying music with staff by clapping and singing along.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff members were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of nurse in charge competency records, in the absence of the manager, for a trained staff member, evidenced these had been completed.

The manager advised that staff supervision had commenced for 2022 and arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Discussion with the manager and human resources/governance 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 care plans, weight and infection prevention and control (IPC) practices, including hand hygiene. The manager told us senior care staff assist with weekly audits such as call bell checks, pressure relieving mattress setting checks, mouth care and nutritional monitoring which is reviewed after completion by the manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with regulation. It was noted that appropriate action had been taken at the time by staff and that accidents/incidents were notified, if required, to patients' next of kin and to relevant bodies, for example, the patients' key worker from the local Trust or their General Practitioner (GP). However, RQIA was not appropriately notified of three significant incident/accidents. This was discussed with the manager and human resources/governance manager who advised they were unclear of the type of events that should be reported. Advice and guidance regarding notifications to RQIA was provided. An area of improvement under regulation was identified.

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. Mrs Mary Peake, manager was identified as the appointed safeguarding champion for the home. Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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.

The manager advised that systems were in place to ensure that complaints were managed appropriately. Patients, patients' representatives and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

A staff member commented:

"I've no issues at all and I'm glad to be part of a good management and staff team. Everyone works hard."

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mary Peake, Manager and Ms Claire Harding, Human Resources/Governance Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed: Immediate action required	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: All outstanding notifications are up to date and the Registered Manager and HR Governance Manager will ensure that these are actioned and reported on the RQIA portal at the time of the event.

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



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