

# Unannounced Care Inspection Report 12 June 2017



## Kings Castle

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

[www.rgia.org.uk](http://www.rgia.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 and residential care for up to 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Messana Investments Ltd Gerald Ward	<b>Registered Manager:</b> Wendy Miniss
<b>Person in charge at the time of inspection:</b> Wendy Miniss	<b>Date manager registered:</b> 11 February 2016
<b>Categories of care:</b> 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.  Residential Care (RC) RC-I - Old age not falling within any other category	<b>Number of registered places:</b> 40 comprising: 4 – RC-I 36 – NH-I, NH-PH, NH-PH(E), NH-TI

### 4.0 Inspection summary

An unannounced inspection of Kings Castle took place on 12 June 2017 from 10.00 to 16.10 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 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 recruitment procedures; notifications of incidents; staff training; delivery of compassionate care; adult safeguarding; monitoring staffs registration status with the appropriate bodies, the management of mealtimes and engagement with patients/patients' representatives and the provision of activities in the home.

Two areas requiring improvement were identified in relation to compliance with infection prevention and control (IPC). One area of improvement was made regarding the management of the identified patients' kitchen.

Patients said that they were very satisfied with the care and services provided and described living in the home, in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with 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 17 November 2016

The most recent inspection of the home was an announced estates inspection undertaken on 17 November 2016. Other than those actions detailed in the QIP no further actions were required to be taken. The QIP was returned and approved by the estates inspector and will be validated during the next estates inspection. Enforcement action did not result from the findings of this 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 22 patients individually and others in small groups, three patient representatives, five care staff, one registered nurse and three ancillary staff members.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff from 5 June to 18 June 2017
- 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
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts, bowel management and reposition charts
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 17 November 2016**

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector and will be validated during the next estates inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 2 August 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered provider must ensure that self-closures on the identified bedrooms doors are repaired.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment and discussion with the registered manager confirmed that the self-closure on the identified bedroom doors have been repaired.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	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.  In addition bedpans and urinals must be appropriately cleaned and stored in accordance with best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The designation of the identified store has been defined. A review of the store contents evidenced that it was being maintained in keeping with best practice.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time	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.  Records must be maintained of the relevant checks made.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that there were no longer third party bed rails being used in the home. 15 new profiling beds have recently been purchased and are in use. A review of the record evidenced that they are being maintained in accordance MHRA Safe use of bedrails, December 2013.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The management have recently introduced a new computerised system in relation to care records. As a result all care records have recently been updated and uploaded onto the new system this includes the two identified care records. A review of three patients care record evidenced that they are being regularly reviewed in keeping with their needs.</p>	
<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>All hand hygiene containers have been replaced and are regularly being cleaned in keeping with housekeeping schedules.</p>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 7 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that patients are consulted on a daily basis regarding services within the home. A quality survey has also recently been sent to 36 relatives in order to capture their opinion regarding the quality of care and services. The registered manager confirmed that the results of the survey will be shared with patients, relatives, staff and interested parties.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care records are audited using the recently installed computerised system. The registered manager confirmed that this has simplified the procedure and that the outcomes of audits is immediately shared with the named nurse and there is evidence retained that any issues raised in relation to care plans are audited and actioned.	

### 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. A review of the staffing rota for weeks commencing 5 June 2017 and 12 June 2017 evidenced that the



planned staffing levels were adhered to. Evidence of dependency level checks conducted to determine staffing arrangements were available. Discussion with the registered manager following the inspection and consultation with staff on duty evidenced that there were no concerns in regards to the staffing arrangements.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. Staff also commented that staff receives supernumerary hours for induction.

Discussion with the registered manager and review of training records evidenced that they had a system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. All falls in the home were reported to the local Healthcare Trust. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in IPC; there was inappropriate storage of equipment in identified rooms and mop buckets were not effectively cleaned after use. An area for concern was raised in relation to the standards in regards to IPC.

Another area for concern was raised in relation to the management of the identified kitchen designed for patient use. This area is required to be reviewed; the following issues were identified;

- the facilities were being used by staff to reheat and prepare their own food;
- the fridge had food brought in by staff which was stored not in keeping with best practice with environmental health guidelines
- the microwave was unclean
- the drawers and cupboards were not cleaned and contained items stored not in keeping with best practice
- dirty dishes were left at the sink area

An area for improvement is made in regards to the Regulations to ensure the above areas are addressed; 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. The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment; monitoring the registration status of nursing and care staff; staff training; adult safeguarding and risk assessment.

**Areas for improvement**

An area for improvement relating to Regulations was identified regarding the management of the identified patient kitchen area. One area for improvement in relation to the standards was also raised in relation to the inappropriate storage of equipment and cleanliness of mop buckets.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

**6.5 Is care effective?**

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Supplementary care records in regards to bowel management and repositioning were reviewed. Bowel management had been recorded well on all three patient care records reviewed. An individual toileting chart had been developed for all patients.

Repositioning records were reviewed. Two out of three of the patients reviewed required repositioning following individualised assessments. The repositioning regime had been care planned on both patients. The frequency of repositioning was documented on repositioning charts. There were no gaps observed within the patients' repositioning chart.

Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

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. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Discussion with the registered manager and a review of minutes of staff meetings confirmed that since the last inspection there had been staff meetings for all grades of staff and they were conducted regularly.

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. Patients and the representative spoken with expressed their confidence in raising concerns with the home's staff/management.

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

A quality survey for relatives has recently been commenced on 6 June 2017 whereby questionnaires have been distributed to all patients' relatives. The registered manager confirmed that when completed that the results and outcomes will be shared with interested parties and where necessary an action plan will be developed to address any concerns raised.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment and the majority of care planning; bowel management; communication between members of the multi-disciplinary team and the homes' staff; shift handovers; staffs' knowledge of roles and responsibilities and contact with relatives/representatives.

### **Areas for improvement**

There were no areas for improvement identified in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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.**

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 22 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and their choice of attire. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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 when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room downstairs. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed on inspection. A programme of activities for week commencing 12 June 2017 was displayed. However it was not very clear. The registered manager confirmed that the entrance area is to be redecorated and the activity board will be more prominently displayed in the day area where patients are seated throughout the day. A wide range of activities were available in keeping with patients choices. On the day of inspection animals from a farmyard were in the home and the activity was managed by an outside company. The activity was observed to be very stimulating for patients; all were observed to engage with the animals and all stated that they had really enjoyed having the animals in the home. Patients were also heard to reminisce and discussion was continued by staff after the animals left. This was commended.

One registered nurse, five carers and three ancillary staff members were consulted to ascertain their views of life in Kings Castle. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Eight of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

- “It’s a lovely home. I love it here.”
- “I’m happy here. I really enjoy the work.”
- “Residents are really well cared for.”
- “I love my job it is very rewarding.”
- “Very satisfied that the home provides safe, effective and compassionate care”.

There were no negative comments made by staff during the inspection or in the returned questionnaires.

There were 22 patients consulted during the inspection and eight questionnaires were left for completion. One questionnaire was returned. Comments made during the inspection and in the returned questionnaires are as follows;

- “The staff are very good to me.”
- “It’s very good here. The staff are all lovely.”
- “I enjoy it here. Staff are very attentive.”
- “The home is excellent.”
- “I find the staff very nice and very attentive.”
- “The food is excellent; it’s nice here.”

Three patient representatives were consulted during the inspection. The representatives were very positive on the care and services provided in the home. Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to privacy, dignity and respect afforded to patients; staff interaction with patients and the mealtime experience.

**Areas for improvement**

There were no areas for improvement identified in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints records 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.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"Thank you for your kindness and patience."

"Thank you for all the attention you gave my...."

"My .... is doing so well now largely due to the care and attention you gave them."

"Thank you; you made my recovery so enjoyable and easy."

Discussion with the registered manager following the inspection evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to medicines; falls; and care plans. There were no audits conducted in relation to IPC. The registered manager agreed to source a template for auditing in this area and implement audits and an action plan where necessary to ensure any areas identified are addressed. An area for improvement was made in this regard.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; management of complaints and incidents and monthly monitoring.

### Areas for improvement

An area for improvement relating to the Regulations was identified in relation to the provision of infection control audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(2) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	<p>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.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The kitchen area has been restored for patient use only and best practice guidelines are being implemented.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 17  <b>Stated:</b> First time  <b>To be completed by:</b> 3 July 2017	<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>Ref: Section 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            Infection control audits have been implemented and all issues addressed as accordingly.</p>
<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	<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>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Inappropriate storage issue have been addresssd with all staff durning safety briefing, Domestic Staff have been made aware of ensuring mop buckets are cleaned daily.</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 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews