The Regulation and Quality Improvement Authority

Inspection Report

14 and 20 May 2021

Kings Castle

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

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:** 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 5 named residents 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 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 was undertaken on on14 May 2021 from 9:40am to 5:15pm by the Care Inspector and 20 May 2021 by the Pharmacist Inspector.

The inspection assessed progress with the areas for improvement identified in the home 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.

The outcome of the inspection confirmed that the care in Kings Castle was delivered in a safe, effective and compassionate manner. Good practice was observed with the dining experience over lunchtime. All of the patients were complimentary regarding the quality and selection of meals provided. Medicines were safely managed. The service was well led with a clear

management structure and system in place to provide oversight of the delivery of care and medicines management. No areas for improvement were identified as a result of this inspection.

Patients were content and provided examples of what they liked about living in Kings Castle. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Manager, Registered Person and Human Resources and Office Manager were provided with details of the findings.

4.0 What people told us about the service

Seven patients, one relative and eight staff were spoken with. Patients told us that the staff were kind and everything they did they did well. Patients spoke confidently about the staff, their attitude and the promptness with which they attended to them.

Relatives told us that staff were always approachable and had gone beyond the call of duty to keep them informed and in touch with their loved ones throughout the pandemic when face to face visiting was prohibited. They commented on the visibility of the manager in the home and their approachability.

Staff told us there was good team work between staff and that they felt well supported by the management team. Staff recognised that this was the patients' home and the importance of ensuring that they had choice and autonomy on a daily basis.

No questionnaires or correspondence was received following the inspection.

5.0 The inspection

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

The last inspection to Kings Castle was undertaken on 1 December 2020 by a Pharmacist Inspector. This was an enforcement monitoring inspection to assess compliance with two Failure to Comply Notices (FTC) with regard to the management of medicines and management overview of the processes. Full compliance was achieved with the FTCs and no additional areas for improvement were identified.

Areas for improvement made as a result of the care inspection on 8 October 2020 were not reviewed at that time but carried forward for review at this inspection.

Areas for improvement from the last inspection on 08 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 29(4)(a)(b) and (c) **Stated:** Second time	The registered person shall ensure that the current approach to the monthly visits and the overall quality of the reports produced for the monthly monitoring visit should be reviewed to ensure the processes are effective in monitoring the quality of the service provided.	**Met**
	Action taken as confirmed during the inspection: A review of the reports of monthly visits completed from January – May 2021 evidenced that the processes were effective in monitoring the quality of the service provided.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 46 **Stated:** Second time	The registered person shall ensure that any notices displayed around the home are laminated to allow them to be cleaned properly.	**Met**
	Action taken as confirmed during the inspection: Notices displayed around the home were laminated.	
Area for improvement 2 **Ref**: Standard 23.5 **Stated:** Second time	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately. Systems to ensure that correct setting is maintained must be implemented.	**Met**
	Action taken as confirmed during the inspection: A review of mattress settings and care records evidenced that pressure relieving mattresses were set accurately.	
Area for improvement 3 **Ref**: Standard 35 **Stated:** Second time	The registered person shall ensure that that auditing processes include a re-audit of any deficits identified to ensure the required improvements are made.	**Met**
	Action taken as confirmed during the inspection: The records of audits included action plans of any deficits identified and details of the action taken to address the deficit.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were safely recruited prior to commencing work; this included receiving references, completing police checks and having sight of the candidates full employment history. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff in the home had received a structured medicines management induction when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Staff working in nursing homes are required to be registered with a professional body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff this is the Northern Ireland Social Care Council (NISCC). Staff in the home were appropriately registered with systems in place to check that their registration remained live.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. There was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs. Staff were satisfied with the number of staff on duty.

Patients told us that the staff were kind and everything they did they did well. Patient and staff interactions were familiar yet respectful. Staff spoke compassionately about patients' needs and demonstrated a good understanding of patients' individual wishes and preferences.
The evidence reviewed provided assurances that there were safe systems in place to ensure staff were recruited and trained properly; and that patients' needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice.

Details on how to make a complaint were included in information provided to patients, for example the patient guide. The manager completed a record of any complaints made, the action taken, the outcome and if the complainant was satisfied with the outcome. Any learning which may prevent the same issue occurring again was identified.

A number of patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom there was evidence that these practices were the least restrictive possible and used in the patient's best interest.

Processes were in place to safeguard those patients who lacked capacity with making decisions about their care. The manager was in regular contact with the relevant health and social care Trust to ensure that the required safeguards in place were reviewed as required.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

The environment has recently been improved with the redecoration of the bedrooms. The provision of new blinds and some soft furnishings has greatly improved the overall appearance of the home. The finish and appearance of the rooms was commended. A number of patients commented that they were pleased with the new décor in their bedrooms. The décor throughout the home was well maintained and provided a fresh and bright environment.

Patients' bedrooms were personalised with items important to the them and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Confirmation of when the current fire risk assessment would be updated was received following the inspection.

In conclusion the home's environment was safely managed and comfortable.

5.2.4 How does this service manage the risk of infection?

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Arrangements were in place for visiting and care partners; the manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Patients were well informed of the current visiting arrangements and the proposed changes for the future to re-introduce a more normal approach to visiting.

Patients participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

Appropriate precautions and protective measure were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. A 24 hour written report providing an overview of any significant changes to the patients was completed by the nurse in charge.

Staff displayed respect for patients' privacy such as knocking on doors before entering and by offering personal care to patients discreetly. Care records were appropriately stored to ensure confidentiality of personal information.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was

recorded. There were no patients with wounds at the time of the inspection but systems were in place to record wound assessments and the delivery of wound care.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet. The majority of patients came to the dining room for their lunch. There was a lively atmosphere with patients socialising with one and other. The tables were nicely set and the daily menu was available on each table. Staff were present to assist patients their meals as required. Whilst patients had a choice from two main dishes at each meal the cook explained that there were also other options if patients don't like either meal, or simply wanted something different. The meals served were home cooked and smelt and looked appetising. All of the patients were complimentary regarding the quality and selection of meals provided. The cook spoke with the patients throughout lunch to check that they were happy with everything. It was obvious from the interactions that the cook was well known to the patients. The dining experience and quality of meals served was commended.

In conclusion systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Patients were provided with good nutrition and the dining experience was well organised and provided patients with the opportunity to socialise.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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 care records were held confidentially on a computerised system.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs.

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.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Staff supported patients to make choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The manager has recently introduced an initiative entitled “Patient of the Day” which, each day, puts a focus on an individual patient and their entire care. Alongside a review of the patient’s physical needs and care records, the cook also meets with the patient to discuss their dining experience and any suggestions they have to improve it. The patient and staff were aware of which patient is the focus of the day. Staff reported that the patients enjoyed the attention and that they also enjoyed giving attention to other patients when it was their day.

Patients told us that they were involved in making decisions about their care and their day to day life within the home. Patients were well informed of the planned re-introduction of visiting and were looking forward to spending time with their loved ones. The manager and staff were also enthusiastic for the reintroduction of visiting and valued the presence of relatives in patients’ daily lives.

Staff engaged with patients on an individual and group basis throughout the day, patients were afforded choice and had the opportunity to take part in social activities if they wished. There were staff employed to plan and deliver activities however it was evident from speaking with staff that the role of activities in the patients’ day to day life was valued by all the staff.

The programme of activities was planned around the interests of the patients and provided them with positive outcomes. The planner was arranged on a monthly basis and included seasonal activities. Religious and spiritual needs of the patients were met through a range of activities. A picnic themed afternoon had taken place recently to mark the Mayday bank holiday weekend; patients spoke fondly of this event. Staff explained that the programme of activities was flexible to accommodate the daily preferences and choices of the patients. A number of patients choose to spend their day in their rooms; these patients were aware of what activities were planned and could therefore join in if they wished.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. A monthly newspaper had been introduced to keep relatives informed of what was going on in the home. It includes photos and news about the patients and staff. One relative spoken with really valued the newspaper as a way of keeping in touch with everyone.

In conclusion there were effective systems in place to support patients to have meaning and purpose to their day.

5.2.8 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that

medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes.

Speech and language assessment reports and care plans were in place whenever patients were prescribed thickening agents. Records of prescribing and administration which included the recommended consistency level were maintained.

5.2.9 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located.

Discontinued medicines were disposed of appropriately.

5.2.10 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment. Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a patient. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed. The sample of MARs reviewed had been completed in a satisfactory manner.

The audits completed during the inspection indicated that the medicines had been administered as prescribed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. There were robust arrangements in place for the management of controlled drugs.

5.2.11 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There have been changes to the management of the home since the last inspection. Ms Peake, previously the Deputy Manager, has been the manager since January 2021. Patients were familiar with the manager, referred to her by name and spoke fondly of her. It was obvious from the manager's interaction with the patients that she was familiar with them. The addition of a human resource and office manager has strengthened the management team and provided the Manager with good operational support.

A relative spoke highly of the manager and was confident that if they had any issues these would be addressed without delay. The relative also commented on the visibility of the manager in the home and their approachability.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. In particular staff spoke about the pastoral support the Manager had provided throughout the COVID-19 pandemic.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits of the environment, infection prevention and control (IPC) practices and the use of PPE.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

There was a system in place to manage complaints and to record any compliments received about the home.

The human resource and office manager undertook an unannounced visit each month, on behalf 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.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

6.0 Conclusion

Discussion with patients, a relative and staff, observations and a review of patient and management records evidenced that care in Kings Castle was delivered in a safe, effective and compassionate manner with good leadership provide by the manager. No areas for improvement were identified.

Staff responded to the needs of the patients in a timely way. Patients spoke confidently about the staff, their attitude and the promptness with which they attended to them. Observation of practice confirmed that staff engaged with patients on an individual and group basis. The programme of activities was planned around the interests of the patients and provide them with positive outcomes.

Review of medicines management found that patients were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records had been completed to the required standard.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mary Peake, Manager, Gerry Ward, Responsible Person and Claire Harding , Human Resources and Office Manager as part of the inspection process and can be found in the main body of the report.

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