

# Announced Variation to Registration Care Inspection Report 29 May 2018



## Kings Castle

**Type of Service: Nursing Home (NH)**  
**Address: Kildare Street, Ardglass, Co Down, BT30 7TR**  
**Tel No: 028 44 842065**  
**Inspector: Sharon McKnight**

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 provider 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 for up to 40 persons. At the time of the inspection residential care was being provided for seven patients.

### 3.0 Service details

<b>Registered Provider:</b> Messana Investments Ltd  <b>Responsible Individual:</b> Gerald Ward	<b>Registered Manager:</b> Wendy Minnis
<b>Person in charge at the time of inspection:</b> Wendy Minnis	<b>Date manager registered:</b> 11 February 2018
<b>Categories of care:</b>  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.	<b>Number of registered places:</b>  40  There shall be a maximum of 7 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An announced variation to registration inspection of Kings Castle took place on 29 May 2018 from 10:30 to 12:30 hours. An estates inspector accompanied the care inspector; their inspection findings can be found in the estates inspection report.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005; The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Kings Castle. The variation was for the addition of a single storey extension to accommodate five ensuite bedrooms and the relocation of the existing laundry. The additional bedrooms will allow the registered provider to reduce the number of shared bedrooms within the original home to become single occupancy rooms. The variation will increase the overall number of registered beds to 42.

Following this inspection issues, relating to the provision of care, that required to be addressed prior to approval of registration were communicated to the registered manager via e mail on the afternoon of 29 May 2018. Confirmation, from the registered manager that the issues had all been addressed was received by RQIA on 8 June 2018. The variation to registration of the home was granted from a care perspective following receipt of this information.

The term 'patients' is used to describe those living in Kings Castle which provides both nursing and residential care.

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>	0	3*

\*The total number of areas for improvement includes two standards carried for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wendy Minnis, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

**4.2 Action/enforcement taken following the most recent inspection dated 1 May 2018.**

The most recent inspection of the home was an unannounced care inspection undertaken on 1 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 May 2018.

**5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- application to register the nursing home
- the proposed statement of purpose
- the proposed patients' guide

The following records were examined during the inspection:

- the home's statement of purpose
- the home's patient guide

The areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 1 May 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP is due to be returned by 26 June 2018. This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 1 May 2018.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time <b>To be completed by:</b> 29 May 2018	The registered person shall ensure that the management of odours in the identified bedroom is reviewed and necessary action taken to eliminate the malodour.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 22.9 <b>Stated:</b> First time <b>To be completed by:</b> 29 May 2018	The registered person shall ensure that a post falls review is completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

This inspection focused solely on the variation to registration application made by the registered provider to RQIA. The areas for improvement from the last care inspection on 1 May 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

## 6.3 Inspection findings

### Environment

We reviewed each of the five new bedrooms identified within the variation to registration application. Each bedroom has ensuite facilities and was furnished with a height adjustable bed, pressure relieving mattress, seating, a wardrobe and a bedside cabinet which included lockable space. We discussed the adequacy of the storage provision for patients' personal belongings and it was agreed that this would be reviewed. The registered manager confirmed by email on 8 June 2018 that a chest of drawers has been provided in each bedroom.

The new bedrooms had a nurse call system accessible by patients in the bedroom and the ensuite facility of each room. The nurse call bell was tested in each of the bedrooms and was found to have an intermittent fault. There were no locks fitted to the bedroom doors; this had the potential to impact on patient privacy. The registered manager was informed that the nurse call system must be fully operation in all of the bedrooms and ensuite facilities prior to the rooms being registered and locks were required to be fitted to the bedroom doors. During the inspection we discussed that when considering the type of lock, management should ensure that staff can easily access the bedrooms in the event of an emergency. Confirmation that the nurse call system was fully operational in all areas and that locks had been fitted to the bedroom doors was received via e mail on 8 June 2018.

The laundry facilities in the home were relocated to the new extension. The laundry was well equipped and the layout supported the flow of laundry from soiled to clean in accordance with best practice. An additional cleaning store was provided in the extension. There were no control measures in place to restrict access to washing detergents or cleaning chemicals. Confirmation that a lock had been fitted to the cleaning store and access to the laundry was now via a keypad system was received via e mail on 8 June 2018.

The décor throughout the new extension was finished to a high standard, completed tastefully and enhances the overall accommodation provided in the home.

### Infection Prevention and Control (IPC)

There were no concerns identified regarding IPC practices or the environment.

### Fire Safety

Staff receive annual fire safety training and the registered manager confirmed that fire drills were completed. When the bedrooms in the new extension are occupied a fire drill should be completed. This was identified as an area for improvement under the standards.

### Staffing

The provision of the new extension will allow for a number of shared rooms to become single occupancy. The overall accommodation in the home will be increase by two beds. The registered manager explained that there are no changes to the provision of staff planned. They provided assurances that staffing levels would be kept under review to ensure that the needs of patients were met.



## Areas for improvement

When the bedrooms in the new extension are occupied a fire drill should be completed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

### 6.4 Conclusion

Following confirmation from the registered manager on 8 June 2018 that that the home had addressed the issues identified during this inspection the application to vary the registration of Kings Castle was granted from a care perspective.

### 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 Minnis, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 29 May 2018	The registered person shall ensure that the management of odours in the identified bedroom is reviewed and necessary action taken to eliminate the malodour.  Ref: section 6.2  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22.9  <b>Stated:</b> First time  <b>To be completed by:</b> 29 May 2018	The registered person shall ensure that a post falls review is completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly.  Ref: section 6.2  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 47.3  <b>Stated:</b> First time  <b>To be completed by:</b> When the bedrooms in the new extension are occupied.	The registered person shall ensure that when the bedrooms in the new extension are occupied a fire drill should be completed.  Ref: section 6.3  <b>Response by registered person detailing the actions taken:</b> Inhouse fire drill has been completed within the new extension.

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





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