



Unannounced Follow Up Care Inspection Report 30 July 2019



Kings Castle

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

www.rqia.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 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 nursing home registered to provide nursing and residential care for up to 42 persons.

3.0 Service details

Organisation/Registered Provider: Messana Investments Ltd Responsible Individual(s): Gerald Ward	Registered Manager: Wendy Minnis
Person in charge at the time of inspection: Wendy Minnis	Date manager registered: 11 February 2016
Categories of care: Delete as required: 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 registered places: 42 There shall be a maximum of 5 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 30 July 2019 from 06.40 to 13.45 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 was undertaken as a result of information received by RQIA.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or care standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing arrangements
- early morning routine
- medicines management
- management of hydration
- the environment

The concerns raised were not substantiated during the inspection. However, seven areas for improvement were identified in relation to the environment, compliance with best practice on infection prevention and control, nutritional assessment and with the provision of activities.

Areas for improvement are included in the Quality Improvement Plan (QIP) at the back of this report.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	*4

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wendy Minnis, registered manager and Mary Peake, deputy 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 31 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 31 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 the inspector met with 12 patients and 11 staff.

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff week commencing 22 July 2019
- staff training records
- three patient care records
- three patients' daily care charts including food and fluid intake charts and personal care charts
- complaints record.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially 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 31 January 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 31 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22.9 Stated: Second time	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.	Met

	<p>Action taken as confirmed during the inspection: A review of patient care records, in reference to an identified accident, evidenced that this area for improvement has now been met.</p>	
<p>Area for improvement 2 Ref: Standard 16.11 Stated: First time</p>	<p>The registered person shall ensure that complaint records contain the following;</p> <ul style="list-style-type: none"> • details of all communication with the complainants • the result of any investigations • the action taken • whether or not the complainant was satisfied • how the level of satisfaction was determined <p>Action taken as confirmed during the inspection: A review of complaints' records evidenced that this area for improvement has now been met.</p>	Met
<p>Area for improvement 3 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that care plans are put place to manage any risks identified as a result of an accident.</p> <p>Action taken as confirmed during the inspection: A review of patient care records evidenced that this area for improvement has now been met.</p>	Met
<p>Area for improvement 4 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that where patients require assistance with meals the level of assistance is clearly recorded in the patients' care records.</p> <p>Action taken as confirmed during the inspection: A review of patient care records evidenced that this area for improvement has now been met.</p>	Met

Area for improvement 5 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • any deficits identified as a result of the monthly fire checks are accurately recorded • the registered persons must demonstrate oversight of the monthly fire checks to ensure that identified deficits are addressed in a timely manner 	Partially met
	Action taken as confirmed during the inspection: Monthly fire checks had been completed and there was evidence of management oversight. However, records did not demonstrate the actions taken to rectify shortfalls or the timescale of rectification. This area for improvement has been partially met and has been stated for a second time.	

6.3 Inspection findings

Staffing arrangements

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 22 July 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients consulted spoke positively in relation to the care provision in the home.

We spoke with eleven members of nursing and care staff who were satisfied the staffing arrangements in the home were suitable to meet patients' needs. However, two staff commented that the staffing arrangements can be affected at times due to short notice sick leave. Discussion with the manager confirmed that sickness management was managed through the home's human resource team. The manager also confirmed recent staff recruitment to the home and that at present any gaps in the duty rota were covered by either the home's staff agreeing to work additional shifts or with agency nursing and care staff. Agency staff were blocked booked to ensure consistency in care.

Staff spoke positively in relation to the teamwork in the home. Comments included, "We all get on like a family; always help one another out, doesn't matter which side you're working on, we work as one team." Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Staff confirmed that the home's management were, "Very approachable; very supportive and always available to give advice."

Areas for improvement

No areas for improvement were identified with staffing.

	Regulations	Standards
Total number of areas for improvement	0	0

Early morning routine

We arrived in the home at 06.40 hours. At this time, staff had assisted two patients to wash and dress at the patients' requests. Staff were able to identify which patients preferred to be assisted out of bed at an earlier time. Nine patients consulted confirmed that they chose their rising times and that staff respected their wishes. Staff acknowledged that patients may not wish to be assisted with personal hygiene at the same time each day and that patients were afforded choice if they requested to stay in bed. Records of personal care delivery were maintained daily and included if the patient had been assisted with a shower, bath or body wash. These records were maintained electronically; dated, timed and signed.

Each patient had a care plan in place to guide staff on the patients' treatment plans. One care plan reviewed was written in a non-person centred manner using general and non-specific terminology. For example, not identifying the actual specific equipment required to assist in the moving and handling of the patient. This was discussed with the manager who agreed to review care plans to ensure that they were written in a person centred manner. This will be reviewed at a subsequent care inspection.

Areas for improvement

No areas for improvement were identified with the early morning routine.

	Regulations	Standards
Total number of areas for improvement	0	0

Management of hydration

We observed in three patients' care records a dehydration risk assessment; it had not been completed. A nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was completed to determine the risk of weight loss or weight gain. However, in two of the three care records reviewed, these had not been recorded consistently on a monthly basis. This was discussed with the manager and identified as an area for improvement.

Supplementary care records in relation to food and fluid intake had been recorded well. A 24 hour fluid intake total was recorded and this total was included on the patient handover sheet. Staff confirmed that fluid intake was discussed at the shift handover so that staff were aware if any patients' fluid intake was lower than usual.

A 24 hour fluid target had been identified for all patients reviewed. However, two of the three targets reviewed were potentially higher than required. Corresponding care plans did not indicate the actions to take should the patient not meet the target set. This was discussed with the manager who agreed to review fluid targets and the corresponding care plans. This will be reviewed at a subsequent care inspection.

Areas for improvement

An area for improvement was identified in relation to the recording of nutritional assessments and the recording of a dehydration risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

Medicines management

An early morning medicine round was conducted at 07.00 hours. Registered nurses confirmed that during this round, only essential medication such as insulin was administered. Registered nurses confirmed that a second morning medicine round was commenced at 09.30 hours and would usually be completed around 11.00 hours.

A book was present to evidence the morning and evening controlled drugs check. We discussed the importance of both nurses who completed the checks in signing the book as gaps were evident. The manager agreed to review this with the registered nurses to ensure completion.

Medicine trolleys were located in a corridor in home when not in use. The trolleys, though locked, had not been secured to the wall at any stage when left unattended outside of medicine rounds. This was discussed with the manager and identified as an area for improvement.

Areas for improvement

An area for improvement was identified in relation to the security of medicine trolleys when not in use.

	Regulations	Standards
Total number of areas for improvement	0	1

The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. However, two doors, including one leading to the laundry room, were observed to have been propped open when unoccupied. This was discussed with the manager and identified as an area for improvement.

Bedrooms and communal rooms were maintained clean and tidy. Although, compliance with best practice on infection prevention and control had not been well maintained within four identified areas in the home. This was discussed with the manager and identified as an area for improvement. There were no malodours detected in the home.

Three rooms were identified accessible to patients where patients could have potentially come to harm from identified hazards within. This was discussed with the manager and identified as an area for improvement.

Patients spoke positively in relation to the communal lounges in the home. The lounges were bright and spacious and patients commented that they enjoyed spending time in these lounges chatting with staff and other patients.

Areas for improvement

Areas for improvement were identified in relation to compliance with best practice on infection prevention and control, propping open of doors and with patient accessibility to rooms containing hazards.

	Regulations	Standards
Total number of areas for improvement	3	0

Consultation

During the inspection we consulted with 12 patients. Patients spoke positively in relation to the care which they received and confirmed that they were treated with respect. Patients confirmed that they were afforded choice in the care they received and would not have any issue in raising concerns with the staff or home's management.

Some patients' comments included:

- "The care here is tremendous"
- "I am very happy here"
- "This is a very good home"
- "It's lovely here, best place ever"
- "It's very good. Not a thing wrong here"

One patient was dissatisfied with the activity provision in the home and stated that they would like to see more entertainment in the home. The provision of activities was discussed with the manager and identified as an area for improvement to ensure that meaningful activities were provided to all patients in the home.

Eleven staff were consulted during the inspection. Staff spoke positively in relation to the provision of training in the home and with the induction of new staff. Staff confirmed that they enjoyed working in the home.

Some staff comments included:

- "I love it here and I'm not just saying that"
- "I love the residents here and the rest of the staff are brilliant"
- "Every day is different but I am generally happy here"
- "I would like to work here full time"
- "I like it, love my job"

Areas for improvement

An area for improvement was identified in relation to the provision of activities.

	Regulations	Standards
Total number of areas for improvement	0	1

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 and Mary Peake, deputy 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (d) (i) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect. Ref: 6.3 Response by registered person detailing the actions taken: All staff have been reminded that the propping of doors is not acceptable, selfreleasing door hold being put in place where able.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 30 August 2019	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control. Ref: 6.3 Response by registered person detailing the actions taken: We have Assigned a day and and Night link persons to enable closer monitoring, to ensure compliance with same.
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use. Ref: 6.3 Response by registered person detailing the actions taken: All doors are locked where hazardous substance are located. Staff reminded to ensure same.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35.6 Stated: Second time To be completed by: 30 August 2019	The registered person shall ensure that: <ul style="list-style-type: none"> • any deficits identified as a result of the monthly fire checks are accurately recorded • the registered persons must demonstrate oversight of the monthly fire checks to ensure that identified deficits are addressed in a timely manner Ref: 6.2

	<p>Response by registered person detailing the actions taken: New documentation has been put in place to enable us to demonstrate that they have been dealt with in a timely manner. and are much clearer recorded</p>
<p>Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 August 2019</p>	<p>The registered person shall ensure that nutritional assessments are completed monthly or more often as required in accordance with individual need. Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to ensure that all nutritional assessments are fully completed each month or sooner if required in accordance with their individual changing needs, Management will monitor this closely</p>
<p>Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medicine trolleys are secured to a fixed point when not in use. Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Both medicine trolleys have been secured to the walls when they are not in use.</p>
<p>Area for improvement 4 Ref: Standard 11 Stated: First time To be completed by: 30 August 2019</p>	<p>The registered person shall review the provision of activities in the home to ensure they are meaningful to all patients who wish to be involved. Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This has been looked into and we are planning to increase activities within the home, seeking views and suggestions from the patients in the home.</p>

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



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