



# Unannounced Follow Up Care Inspection Report 31 January 2019



## Kings Castle

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

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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 40 persons.

### 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> Mary Peake, deputy manager	<b>Date manager registered:</b> 11 February 2016
<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 patients receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 31 January 2019 from 10:00 to 15:45.

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 following information received by RQIA in relation to the management of complaints, cleanliness of equipment, management of risk and the dining experience.

It is not the remit of RQIA to investigate 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. Following discussion with senior management it was agreed on this occasion an inspection of the home would be completed.

The inspection focused on the following areas:

- management of complaints
- cleanliness of equipment
- the management of incidents and accidents
- the management of bedrails
- the prevention and management of pressure ulcers
- the dining experience

Areas for improvement identified at the last care inspection were also reviewed as part of this inspection.

There were examples of good practice found throughout the inspection in relation to the management of complaints, cleanliness of equipment, the management of bedrails and dining experience.

Areas for improvement were identified with the recording of complaints, care plans and the governance of fire safety checks.

Patients said they were happy living in the home and were complimentary regarding staff and the care they received.

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**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	5*

\*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 Mary Peak, deputy manager and Gerard Ward, responsible person, 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 on 4 December 2018.**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 December 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:

- 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 eight patients individually and with others in small groups and seven staff. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- record of complaints
- record of compliments
- accident/incident records
- cleaning schedule
- seven patients care records
- fire safety records.

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 4 December 2018.

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 29 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	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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 22.9 <b>Stated:</b> First 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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records for the period 60 days prior to the inspection evidenced that a post falls review and amendments to care plans, where needed, were not being completed with 24 hours of a patient sustaining a fall. This area for improvement has not been met and is stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 47.3 <b>Stated:</b> First time	The registered person shall ensure that when the bedrooms in the new extension are occupied a fire drill should be completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records of fire drills evidenced that this area for improvement has been met.	

## 6.3 Inspection findings

### 6.3.1 Management of complaints

We reviewed the complaints policy which clearly stated who could make a complaint and how the complaint would be managed. A complaints record was in place to record the nature of the complaint, action taken and if the complainant was satisfied that the complaint had been resolved. The complaints record contained good detail of the actions taken and how management had concluded that the complainant was satisfied. However we were aware of complaints received which had not been recorded in the complaints record. Care records contained details of the action taken in response to these complaints but there was no record of the nature of the actual complaint.

Records evidenced that the relevant health and social care trust were informed of complaints and worked collaboratively with the home and the complainants in an attempt to resolve dissatisfaction. The registered manager completed a monthly analysis of complaints to identify trends; this is good practice.

The deputy manager was knowledgeable of the complaints received and following discussion and a review of records we were satisfied that complaints were being managed appropriately. An area for improvement was identified to improve the recording of complaints

### 6.3.2 Cleanliness of equipment

Observations confirmed that equipment, for example wheelchairs, rollators and specialised seating were clean. Records confirmed that cleaning schedules were in place to ensure that equipment was regularly cleaned. Completed schedules were signed by the registered nurse on nightduty and checked and signed regularly by either the registered manager or deputy manager.

We discussed with staff the arrangements in place to clean equipment at short notice. Staff confirmed there was a range of cleaning products available to ensure that equipment could be cleaned without delay. No issues were identified with the cleanliness of equipment or with the systems to ensure that equipment was maintained clean.

### 6.3.3 The management of incidents and accidents

Accident/incident reports were completed for each patient following an accident/incident. As previously discussed a post falls review was not completed within 24 hours of a patient sustaining a fall; this was identified as an area for improvement during a previous inspection and now is stated for a second time.

Action taken to minimise the risk of a reoccurrence was recorded on the accident/incident report. Care plans were not in place to manage any risks identified as a result of an accident. This was identified as an area for improvement.

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation. Records included a monthly analysis of accidents to identify if any patterns or trends were emerging.

### **6.3.4 The management of bedrails**

Risk assessments were completed prior to the use of bedrails. Where the outcome of the assessment indicated that bedrails should be used with caution the rationale for either using beds, or not, was clearly recorded; this is good practice. Care records evidenced the use of assisted technology, for example alarm mats and monitors, in the management of patient safety.

### **6.3.5 The prevention and management of pressure ulcers**

We reviewed the systems in place for the prevention and management of pressure ulcers. Risk assessments and care plans were completed for patients identified as at risk of developing pressure ulcers. A review of one patient's care records evidenced that patients were assisted to change their position regularly. A review of the management of one patient's wound care evidenced that the wound was redressed in accordance with the prescribed plan of care.

### **6.3.6 Meals and mealtimes**

Patients and staff confirmed that meals were served in the dining room, patient's bedrooms or in the lounges depending on patient choice. The dining room tables were set with a range of cutlery and condiments; the daily menu was clearly displayed. Patients were provided with a napkin or dress protector depending on their needs.

We spoke at length with the chef who explained that, alongside a choice of two main dishes at lunchtime there are also a variety of lighter dishes available. It was obvious from discussion with the chef that they knew the patients well and were familiar with their individual likes and dislikes.

The meals served appeared appetising and patients were complimentary regarding the meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The serving of the meal was well organised and there was a relaxed atmosphere throughout the meal. Staff were observed to offer patients a range of assistance with their meals; some patients needed to be reminded to eat their meal, some needed encouragement to keep eating and some patients required full assistance from staff.

We reviewed the care records of four patients with regard to their eating and drinking needs. Care records contained good detail of the patients' food preferences, likes and dislikes. Where patients required assistance with their meals the level of support and assistance was not included in the care records; this was identified as an area for improvement.

## **6.3.2 Additional areas examined**

### **Fire safety checks**

As previously discussed in section 6.2 we reviewed the records of completed fire safety checks. It was noted on the monthly fire door checks that a number of fire doors were recorded as "broken". Observations of the identified fire doors confirmed that the issue was with the hold open devices on the doors and did not compromise the fire safety of the door. Any deficits identified as a result of the monthly fire checks must be accurately recorded; the registered persons must demonstrate oversight of the monthly checks to ensure that identified deficits are addressed in a timely manner. This was identified as an area for improvement.



**Patients comments**

We spoke with eight patients individually and with others in small groups. Patients said that they were happy living in the home and were complimentary regarding staff and the care they received. The following comments were provided:

- “There is nothing I would change, I have everything I need.”
- “It couldn’t be better.”
- “They couldn’t do anymore for you.”
- “Staff are very good.”

**Compliments**

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you so much for all your help and support for myself and my .... Over the years. It was always much appreciated.”
- “Thank you so much for all the care and kindness...”
- “... for all the care, compassion and kindness you showed my mother.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of complaints, cleanliness of equipment, the management of bedrails and dining experience.

**Areas for improvement**

Areas for improvement were identified with the recording of complaints, care plans and the governance of fire safety checks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Peak, deputy manager and Gerard Ward, responsible person, 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.

<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 22.9  <b>Stated:</b> Second time  <b>To be completed by:</b> 28 February 2019	<p>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.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff nurses have been made aware of the importance to ensure that a post falls is completed within 24 hours of a fall.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 16.11  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2019	<p>The registered person shall ensure that complaint records contain the following;</p> <ul style="list-style-type: none"> <li>• details of all communication with the complainants</li> <li>• the result of any investigations</li> <li>• the action taken</li> <li>• whether or not the complainant was satisfied</li> <li>• how the level of satisfaction was determined</li> </ul> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The complaints procedure for nurse's and management has been review and a more accurate process is in place.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2019	<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>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            This area has been addressed and Staff nurses are made aware of the requirements in relation to risk identified and ensuring that care plans are in place to support these risks.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2019	<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>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All patients care plans have been reviewed in relation to their eating and drinking, stating their level of assistance and aids used.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2019</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• any deficits identified as a result of the monthly fire checks are accurately recorded</li> <li>• the registered persons must demonstrate oversight of the monthly fire checks to ensure that identified deficits are addressed in a timely manner</li> </ul> <p>Ref 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A new recording method has been adopted so that all recordings are clearly identified, and overseen by the registered manager and provider.</p>

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



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