

Announced Premises Inspection Report 17 November 2016



Kings Castle

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Kings Castle took place on 17 November 2016 from 10:30 to 12:30 hours.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Wendy Miniss, Registered Manager and Mr Gerald Ward, Responsible Person as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service Details

Registered organisation/registered provider: Messana Investments Ltd/Mr Gerald Ward	Registered manager: Mrs Wendy Miniss
Person in charge of the home at the time of inspection: Mrs Wendy Miniss	Date manager registered: 11 February 2016
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 40

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Wendy Miniss, Registered Manager and Mr Gerald Ward, Responsible Person.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20/10/16

The most recent inspection of the nursing home was an unannounced medicines management inspection. The completed QIP is still to be returned and be approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements from the last premises inspection dated 03/09/13

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2)(b)(d) Stated: First time	Ensure that ALL windows throughout the home are fitted with suitable window restrictors which cannot be overridden by the patients or residents.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection. The Health and Safety Executive have also recently inspected these premises and were satisfied with the arrangements in place.	
Requirement 2 Ref: Regulation 27 (2)(b)(d) Stated: First time	Provide confirmation that the gas equipment in the kitchen has been inspected and tested by a suitably registered 'Gas Safe' engineer and that it has been certified safe for use.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection. The Health and Safety Executive have also recently inspected these premises and were satisfied with the arrangements in place.	
Requirement 3 Ref: Regulation 27 (2)(b)(d) Stated: First time	Ensure that the correct frequency for the various in-house fire safety checks required within the home are implemented and maintained.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	
Requirement 4 Ref: Regulation 27 (2)(b)(d) Stated: First time	The fire safety training for all staff is now overdue and must be organized and implemented without further delay.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that suitable arrangements were in place and being maintained at the time of inspection.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Mr Ward discussed his intention to further reduce the number of double rooms within the home subject to planning approval being granted. This commitment to increasing the quality of the accommodation is to be commended.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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