



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of establishment: Kingscastle Private Nursing Home

RQIA number : 1259

Date of inspection: 12 January 2015

Inspector's name: Donna Rogan

Inspection number: IN017278

**The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Kings Castle Private Nursing Home
Address:	Kildare Street Ardglass BT30 7TR
Telephone Number:	028 44 842065
Email Address:	kingscastlenh@aol.com
Registered Organisation/ Registered Provider:	Mr G and M Ward
Registered Manager:	Mr James Murphy
Person in Charge of the Home at the Time of Inspection:	Mr James Murphy
Categories of Care:	NH – I, PH, PH (E), TI
Number of Registered Places:	40
Number of Patients Accommodated on Day of Inspection:	38
Scale of Charges (per week):	£550 Nursing £437 Residential
Date and Type of Previous Inspection:	21 February 2014 Primary Unannounced
Date and Time of Inspection:	12 January 2015 10.30 – 16.05 hours
Name of Inspector:	Donna Rogan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider.
- Discussion with the registered nurse manager.
- Discussion with staff.
- Discussion with patients individually and to others in groups.
- Consultation with 3 relatives.
- Review of a sample of policies and procedures.
- Review of a sample of staff training records.
- Review of a sample of staff duty rotas.
- Review of a sample of care plans.
- Review of the complaints, accidents and incidents records.
- Observation during a tour of the premises.
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	18
Staff	8
Relatives	3
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients/residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	4	0
Relatives/Representatives	2	0
Staff	10	4

6.0 Inspection Focus

Prior to the inspection, the responsible person/acting manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/acting manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Kings Castle Private Nursing Home is an attractive converted 16th Century castle set in a prominent two acre site overlooking Ardglass harbour, with the bay on one side and the County Down countryside on the other.

The home was converted and opened by Mrs V Ward in 1990, with an extension of six single rooms in 2008. There is ample car parking facilities. The main entrance is at the front of the home and there is also an entrance to the side which is frequently used by staff and visitors. The home was extended in 2013 by a further 10 beds for patients requiring frail elderly nursing care.

Accommodation for patients is provided on two floors of the home. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. The home also provides hairdressing facilities and a spacious and scenic garden which overlooks Ardglass harbour and bay.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

The registration certificate was prominently displayed in the front foyer of the home.

8.0 Executive Summary

The unannounced inspection of Kings Castle Private Nursing Home was undertaken by Donna Rogan on 12 January 2015 between 10:30 and 16:05 hours. The inspection was facilitated by James Murphy, registered manager who was also available for verbal feedback at the conclusion of the inspection. Mr Gerard Ward, responsible person also joined the inspector during the inspection and was also provided verbal feedback on the inspection findings.

The focus of this inspection was Standard 19: Contenance Management and to assess progress with the issues raised during and since the previous inspection of 21 February 2014.

As a result of the previous inspection four requirements were issued. These were reviewed during this inspection and the inspector evidenced that three requirements have been fully complied with. One requirement is restated in part in relation to the storage of equipment under stairs. This part of the requirement is stated for a second time following this inspection. There were no recommendations issued following the previous inspection. Details of the findings regarding the previous requirements can be viewed in the section immediately following this summary.

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were unable to verbally express their views were also observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

The inspectors reviewed assessments and care plans in regard to management of continence in the home. Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken. Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of urinary catheters and the frequency with which the catheters within the home required to be changed. Discussion with staff and review of training records confirmed that staff were trained and assessed as competent in urinary catheterisation. There were no areas for improvement identified within this theme.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected is compliant.

Additional Areas Examined

Care Practices
 Complaints
 Patient Finance Questionnaire
 NMC Declaration
 Patients/relatives questionnaires and comments
 Staff questionnaires and comments
 Environment
 Care records

Details regarding the inspection findings for these areas are available in the main body of the report. There were issues raised regarding the management of the environment. The issues

raised are listed in section 11.7 and a requirement is made in this regard. The inspector commended the quality of the care records on this occasion. They were found to be person centred and up to date and were reflective of patients' needs.

Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were unable to verbally express their views were also observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

As a result of this inspection two requirements were made in relation to the environment. Details of the requirements can be found in the quality improvement plan (QIP) of this report.

The inspector would like to thank the patients, the responsible person, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank staff who completed questionnaires.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20 (1)	Ensure there are two registered nurses are on duty from 08.00 to 20.00 hours in the main area of the home.	A review of the staffing rotas evidenced that staffing levels and skill mix were in keeping with RQIA minimum standards.	Compliant
2	29 (5)	Ensure regulation 29 unannounced visits are conducted and a report made available in a timely way and retained in the home for review by any relevant person.	The inspector evidenced that the regulation 29 unannounced visits were conducted. A report is made available in a timely way and the reports were available for inspection.	Compliant
3	14 (4)	The policy regarding safeguarding vulnerable adults should be updated to ensure it is reflective of the regional guidelines	The inspector reviewed the revised safeguarding policy and procedure. They were reflective of the regional guidelines.	Compliant
4	27	<p>Ensure the following areas are addressed;</p> <p>Appropriate signage should be displayed on bathroom and toilet doors</p>	<p>The inspector observed the following during a tour of the building.</p> <p>Appropriate signage was appropriately displayed.</p> <p>Chairs were observed to be stored under the</p>	Substantially compliant

		<p>The floor in the identified bathroom and shower room requires to be re-grouted</p> <p>The area behind the identified toilet is required to be repaired and repainted</p> <p>Items such as slings and hoists should not be stored under stairs.</p> <p>Ensure the identified bedrooms have the identified infection control issues addressed as a priority.</p> <p>Clothing and linen should be appropriately stored at all times in keeping with good infection control practices.</p> <p>Ensure patients wardrobes and drawers are maintained tidy at all times to ensure dignity.</p> <p>Repair the identified sluice room door.</p>	<p>stairs. This part of the requirement is stated for a second time.</p> <p>The identified area behind the identified toilet was repaired and repainted.</p> <p>The infection control issues in the identified bedrooms have been addressed.</p> <p>Linen and clothing was observed to be appropriately stored.</p> <p>Patients' wardrobes and drawers were observed to be maintained tidy.</p> <p>The identified sluice room door has been repaired.</p> <p>Ventilation to the kitchen has been reviewed and addressed.</p> <p>There were no doors observed to be wedged open.</p>	
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		<p>The ventilation to the kitchen should be reviewed</p> <p>Ensure doors are not wedged open</p>		
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9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

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

There are currently no ongoing safeguarding issues in the home.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	Compliance Level
Inspection Findings: Review of five patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. The continence assessment in use was regularly revised. The assessment viewed by the inspector evidenced the decision making processes used to identify the continence needs of the individual. There was evidence in five patients' care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Review of five patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

Compliance Level

Inspection Findings:

The inspector can confirm that the following policies and procedures were in place;

- Continence management /incontinence management.
- Stoma care.
- Catheter care.

The inspector can also confirm that the following guideline documents were in place:

- RCN continence care guidelines.
- British Geriatrics Society Continence Care in Residential and Nursing Homes.
- NICE guidelines on the management of urinary incontinence.
- NICE guidelines on the management of faecal incontinence.

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">Compliance Level</p>
<p>Inspection Findings: Not applicable</p>	<p align="center">Not Validated</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">Compliance Level</p>
<p>Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the registered manager revealed that five registered nurses in the home were deemed competent in female catheterisation, male catheterisation, suprapubic catheterisation and the management of stoma appliances. Care staff completed training in continence care as part of their induction.</p> <p>The promotion of continence and the management of incontinence is completed by all staff at the time of induction. The review of one staff induction training record evidenced this training had been completed and had been validated by the registered manager.</p> <p>Regular audits of the management of continence products are undertaken by the registered manager. The registered manager informed the inspector that the deputy nurse manager is the incontinence link nurse in the home.</p>	<p align="center">Compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Compliant</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients/Residents and Relatives Comments

During the inspection the inspector spoke with eighteen patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"everything is great here."

"we are well looked after"

"the food is lovely"

"staff are very attentive and helpful"

Four patient questionnaires were issued. However, none were returned. There were no issues raised by patients to the inspector during the inspection.

Two questionnaires were issued to relatives during the inspection for completion. None were returned. However the following comments were made by three relatives visiting on the day of inspection;

“it is excellent here”
 “everyone is so well cared for”
 “we are kept well informed”
 “staff are excellent”

There were no issues raised by relatives or their representatives during the inspection to the inspectors.

11.6 Questionnaire Findings/Staff Comments

During the inspection the inspector spoke with eight staff. The inspector was able to speak to a number of these staff both individually and in private. Ten staff questionnaires were issued during the inspection, four staff returned the questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

The following comments were made to the inspector and returned in the staff questionnaires;

“quality of care is of a high standard”
 “we are a good team, I enjoy my job thoroughly”
 “patients are treated with dignity and respect”
 “staff work well together to ensure that the quality of care is delivered to each resident”

There were no issues raised by staff to the inspector during the inspection.

11.7 Environment

The inspectors undertook an inspection of the premises and viewed the majority of the patients’ bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortably heated and most areas unless otherwise stated were maintained to a high standard of hygiene.

The following areas are required to be addressed all identified areas room numbers etc. were provided to the registered manager during the inspection;

- Ensure the door to the internal workings of the lift is maintained locked. Access to this area should be available when needed.
- Ensure industrial tools are not left unattended in any area of the home.
- Ensure “wet floor” signs are appropriately displayed when floors are wet.
- Thoroughly clean the identified sluice room.
- Eradicate the foul odour detected in the identified bedrooms.
- Repair the identified roller blind.

11.8 Care records

The inspector reviewed five care records. The inspector commends the improvements in the overall management of care records on this occasion. The inspector observed them to be relevant, descriptive, individualised and person centred to meet the patients' needs. There was evidence of patient involvement where required in the care records. Following discussion with patients, relatives and staff the inspector evidenced that the care records were up dated when patients' needs changed in a timely way and in keeping with best practice.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with James Murphy, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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The Regulation and Quality Improvement Authority
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Belfast
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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.3 On admission to the nursing home a named nurse is identified, this staff member has a central role in the care of the patient, the named nurse becomes the Patients primary person to approach with any questions requests or concerns, the named nurse supports the Patient in meeting their holistic needs, whilst providing dignity, equality,	Compliant

<p>fairness, autonomy and respect.</p> <p>11.2 Referral arrangements are in place to obtain advice from the relevant health care professionals.</p> <p>11.3 A Pressure Ulcer Risk Assessment/Prevention and management care plan is in place for all patients.</p> <p>11.8 Referral arrangements are in place for patients who require treatment for lower limb or foot ulceration.</p> <p>8.3 Referral arrangements are in place for the dietician to draw up a treatment plan.</p>	
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Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.4 Re Assessment is an ongoing process that is carried out daily and recorded in Care Plans.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.5 Nursing interventions are supported by research evidence and guidelines as defined by professional bodies and National Standard Setting Organisations.</p> <p>11.4 The Braden Scale pressure ulcer risk assessment tool is used to screen patients.</p> <p>8.4 Up to date nutritional guidelines are in use by staff on a daily basis.</p>	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
5.6 Contemporaneous nursing records, in accordance with the NMC guidelines are kept.	Compliant
12.1 A record is kept of the meals provided.	
12.12 Food diary records all food and drink consumed as accurately as possible for all patients	

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.7 Outcomes of care is monitored and recorded on a day to day basis.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.8 Patients are involved and contribute to formal multidisciplinary review meetings arranged by the HSC trusts.	Compliant
5.9 The result of all reviews and minutes of review meeting are recorded, changes are made to the Nursing Care Plan.	

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
12.1 Patients are provided with a nutritious and varied diet which meets their needs and preferences, account is taken of relevant guidance documents.	Compliant
12.3 The Menu offers one option, if the patient does not want this option an alternative meal is provided.	

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> • Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> • Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> • Staff are aware of any matters concerning patients’ eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> ○ risks when patients are eating and drinking are managed ○ required assistance is provided ○ necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> • Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
8.6 Nurses have up to date knowledge in Managing feeding techniques for patients who have swallowing difficulties and instructions drawn up by the speech and language therapist are adhered to.	Compliant
12.5 Meals are provided at conventional times and hot and cold drinks are available.	
12.10 Staff are aware of matters concerning patients eating and drinking as detailed in the patients care plan	

<p>11.7 Nurses have the expertise and skills in wound management working under the direction of the tissue viability specialist.</p>	
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Provider's Overall Assessment of the Nursing Home's Compliance Level Against Standard 5	Compliance Level
	Compliant

Appendix 2

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used were appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away • Staff respect older people’s privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual’s care in front of others 	<p>Examples include: Brief verbal explanations and encouragement, but only that the necessary to carry out the task</p> <p>No general conversation</p>

<p>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</p>	<p>Negative (NS) – communication which is disregarding of the residents’ dignity and respect.</p>
<p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact. • Undirected greeting or comments to the room in general. • Makes someone feel ill at ease and uncomfortable. • Lacks caring or empathy but not necessarily overtly rude . • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact. • Telling someone what is going to happen without offering choice or the opportunity to ask questions. • Not showing interest in what the patient or visitor is saying. 	<p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations. • Being told to wait for attention without explanation or comfort. • Told to do something without discussion, explanation or help offered. • Being told can’t have something without good reason/ explanation. • Treating an older person in a childlike or disapproving way. • Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’). • Seeking choice but then ignoring or over ruling it. • Being angry with or scolding older patients. • Being rude and unfriendly. • Bedside hand over not including the patient.

References

QUIS originally developed by Dean, Proudfoot and Lindsay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



Quality Improvement Plan

Secondary Unannounced Care Inspection

Kings Castle Private Nursing Home

12 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with James Murphy, registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (4) (b)	<p>Ensure no items are stored under the stair wells.</p> <p>Ref previous requirements</p>	Two	No items will be stored under stairwells - a new store has been identified and is now in use	From the date of inspection
2	27	<p>Ensure the following issues are addressed in relation to the environment;</p> <p>Ensure the door to the internal workings of the lift is maintained locked. Access to this area should be available when needed.</p> <p>Ensure industrial tools are not left unattended in any area of the home.</p> <p>Ensure “wet floor” signs are appropriately displayed when floors are wet.</p> <p>Thoroughly clean the identified sluice room.</p> <p>Eradicate the foul odour detected in the identified bedrooms.</p> <p>Repair the identified roller blind.</p> <p>Ref 11.7</p>	One	<p>Internal doors to lift are locked always, key is available for staff</p> <p>All maintenance persons coming into the home will be told that their tools are not to be left unattended</p> <p>Wet floor plans are appropriately displayed</p> <p>Sluice room has been thoroughly cleaned and is checked daily</p> <p>All clinical waste bins have been deep cleaned, no foul odours now detected</p> <p>Roller blind has now been replaced</p>	From the date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	JAMES MURPHY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	GERALD WARD

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Donna Rogan	09/03/15
Further information requested from provider			