



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Kings Castle**

5 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 05 August 2015 from 10.00 to 15.30.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern however some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report the term 'patients' will be used to describe those living in Kingscastle which provides both nursing and residential care.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

1.4

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Wendy Miniss, clinical lead manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Gerald Ward	Registered Manager: James Henry Murphy
Person in Charge of the Home at the Time of Inspection: Wendy Miniss, clinical lead manager	Date Manager Registered: 29 April 2013
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 37, 1 vacant, 2 in hospital	Weekly Tariff at Time of Inspection: £470 to £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection;
- the registration status of the home;
- written and verbal communication received since the previous care inspection;
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year;
- the previous care inspection report; and
- pre-inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with approximately 25 patients, five care staff, two registered nurses, domestic staff and three relatives. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- the staff duty rota;
- five patient care records;
- accident/notifiable events records;
- staff training records;
- staff induction records; and
- policies for communication, death and dying and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 23 June 2015. The completed QIP was returned and approved by the pharmacist inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection 12 January 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (b) Stated: Second time	Ensure no items are stored under the stair wells. Action taken as confirmed during the inspection: There were no items observed to be stored under stair wells.	Met
Requirement 2 Ref: Regulation 27 Stated: First time	Ensure the following issues are addressed in relation to the environment: <ul style="list-style-type: none"> • 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; and • repair the identified roller blind. 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The door accessing the internal workings of the lift was observed to be locked. The nurse in charge confirmed they could access the lift when necessary.</p> <p>There were no industrial tools observed unattended in the home.</p> <p>Where appropriate wet floor signs were displayed.</p> <p>The sluice rooms were observed to be clean.</p> <p>There were no foul odours detected on the day of inspection.</p> <p>The identified roller blind has been repaired.</p>	
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5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy/reference manual had been provided by the clinical lead manager for staff. The manual included the regional guidelines on Breaking Bad News. There was also updated policy information on communicating effectively and palliative and end of life care. The trainee manager had provided staff with the reference manual where the relevant guidance documentation is easily accessible. Discussion with four staff confirmed that they were knowledgeable regarding the policies and procedures.

A sampling of staff training records evidenced that there was no formalised training for all staff in relation to communicating effectively with patients and their families/representatives. The clinical lead manager stated that the Palliative care and end of lift symptoms training included training in effective communication and the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Three care records reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs.

A review of all three care records evidenced that the wishes and feelings were discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by registered nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with three visiting relatives. Relatives confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Kingscastle Nursing and Residential Home.

Areas for Improvement

There were no requirements or recommendations made regarding this standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

As previously stated the clinical lead manager had compiled a reference manual with included the management of palliative and end of life care and death and dying. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff were trained in palliative care and end of life symptoms. The training took place on 15, 22 and 28 May 2015. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A link nurse, in respect of palliative care had been identified and they have attended the palliative care link nurse meeting in the local Healthcare Trust on a quarterly basis.

A review of the competency and capability assessments for registered nurses evidenced end of life care was included and the assessments had been validated by the registered manager. The review of staff induction training records also confirmed that end of life care was included.

Discussion with nursing staff and a review of one care record confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the clinical lead manager, two registered nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with nursing staff confirmed their knowledge of the protocol.

There was one patient identified as receiving palliative care had they had a syringe driver in place. Training records evidenced that registered nursing staff had all received the appropriate training in McKinley Syringe Pump Training on 12 August 2014.

Is Care Effective? (Quality of Management)

Whilst there were no patients identified as requiring end of life care in the home at the time of the inspection, staff had recalled a patient who was recently in receipt of end of life and palliative. Discussions evidenced that the management of hydration and nutrition, pain management and symptom management was maintained in accordance with best practice. A key worker/named nurse is identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's General Practitioner.

Discussion with the clinical lead manager, four staff evidenced that environmental factors are considered when patients near the end of life stage. Discussions evidenced that recently management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

From discussion with the clinical lead manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

It is the policy of the home following a bereavement to write a letter to relatives offering their condolences and to offer advice and support. The letter includes contacts details of the local Registry Office, CRUISE Bereavement Services, Age Concern and the Citizens Advice Bureau.

Discussion with the clinical lead manager and a review of the complaints records evidenced that there were no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the clinical lead manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included for example, bereavement support; staff meetings and 1:1 counselling, if deemed appropriate.

Areas for Improvement

There were no requirements or recommendations made regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Questionnaires

As part of the inspection process we issued questionnaires to staff and patients.

Questionnaire's issued to	Number issued	Number returned
Staff	10	5
Patients	5	3
Patients representatives	5	4

All comments on the returned questionnaires were in general positive.

Patients' views

There were 3 questionnaires completed by patients, comments received are detailed below:

- "Every member of staff has treated my family with loving care, dignity and respect."
- "Very satisfied that I feel confident that the nursing staff listens to me."
- "Very satisfied that I can make choices on a day to day basis."

Patients spoken with during the inspection were highly commendable of the care and treatment they were receiving. The following comments were made to the inspector:

- "I am so happy and content here, I can recommend it fully."
- "I couldn't ask for better everything about here is good."
- "Can't complain about a thing."
- "I think we are so well looked after."
- "James, (registered manager) is just great; you only have to ask him for something once."

Patients' representatives' views

There were three relatives visiting at the time of the inspection. All comments made were very positive regarding care and communication in the home. All representatives were positive regarding the staff in the home stating they were so caring and considerate. All stated they felt confident in leaving their representative in the home and were content that they received the care they required in a timely way.

There were 4 questionnaires completed by patients representatives, comments received are detailed below:

- "Very happy with care provided."
- "The staff are very caring and friendly and supportive. My is very happy and settled and safe and we can't ask for more."
- "The family are more than happy with the care provided for our"
- "This is home from home, the staff are like an extended family always willing to help. I would recommend this home to others."

Staff views

Staff spoken during the inspection expressed high level of satisfaction with care and services provided in the home. All were complimentary of the management in the home and felt communication and palliative/care of the dying was a theme which they were well trained in and were confident that they delivered well.

There were 5 questionnaires completed by staff, comments received are detailed below:

- “Satisfied that patients are well supported and enabled to have a dignified death.”
- “Very satisfied that relatives and friends can be with patients who are ill, dying or recently deceased.”
- “The quality of care is delivered to the highest standard possible at all times. Dignity is respected at all times.”
- “I enjoy my job and always feel supported in my role. I will be here for many years to come.”
- “Satisfied with that communication and breaking bad news is effectively managed.”
- “Staff all work well with each other, management are approachable.”

5.4.2 The environment

There was a good standard of cleanliness and hygiene standards evident during the inspection. The home was spacious and communal areas were comfortable. Infection control procedures were also maintained to a good standard.

One requirement made relates to the wedging open of fire doors this practice should cease with immediate effect. Where doors are requested to be propped open magnetic holding devices linked to the fire alarm should be fitted. It is recommended that signage is reviewed to identify the designation of rooms in the home. The review should include the numbers or patients names on bedroom doors in order to promote orientation and independence.

5.4.3 Care records

Three care records were reviewed throughout all units in the home. They were found to be individualised and were reflective of the care needs of patients. They are audited monthly.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Wendy Miniss, clinical lead manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements			
Requirement 1	The registered persons shall ensure the practice of wedging open fire doors ceases with immediate effect. Where doors are requested/required to be maintained open, magnetic holding devices linked to the fire alarm should be fitted.		
Ref: Regulation 27 (4) (b)			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: All bedroom doors have now been fitted with magnetic holding devices and are linked to the fire alarm system		
To be Completed by: 02 September 2015			
Recommendations			
Recommendation 1	The registered person shall ensure that signage is reviewed to identify the designation of rooms in the home. The review should include the numbers or patients names on bedroom doors in order to promote orientation and independence.		
Ref: Standard 43.6			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: All signage of patients door numbers have been put in place		
To be Completed by: 30 September 2015			
Registered Manager Completing QIP	James murphy	Date Completed	29/09/15
Registered Person Approving QIP	Gerald Ward	Date Approved	29/09/15
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	06/10/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address