Kingsway
RQIA ID: 1261
299 Kingsway
Dunmurry
Belfast

Inspector: Karen Scarlett and Lyn Buckley
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Unannounced Enforcement Monitoring Inspection of Kingsway

13 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced enforcement monitoring inspection took place on 13 January 2016 from 09.40 to 13.40 hours.

The purpose of the inspection was to monitor and assess the level of compliance achieved with the required actions indicated within two failure to comply notices issued on 15 December 2015. The areas for improvement and compliance with regulation were in relation to the quality of nursing care and the management of pressure ulcers and wounds. The date for compliance with the notices is 11 February 2016.

FTC Ref: FTC/NH/1261/2015-16/01

Evidence was available that progress was being made to address the required actions within the above failure to comply notice. Compliance with the notice must be achieved by 11 February 2016.

FTC Ref: FTC/NH/1261/2015-16/02

Evidence was available that progress was being made to address the required actions within the above failure to comply notice. Compliance with the notice must be achieved by 11 February 2016.

1.1 Actions/Enforcement* Taken Following the Last Care Inspection

Following an unannounced care inspection on 7 December 2015, two failure to comply notices were issued with regards to the quality of nursing care and the management of pressure ulcers and wounds.

1.2 Actions/Enforcement* Resulting From This Inspection

As indicated above, evidence was available that progress was being made to address the required actions within above failure to comply notice.

*All enforcement notices for registered agencies/services are published on RQIA's website at: http://www.rqia.org.uk/inspections/enforcement_activity.cfm

2. Service Details

Registered Organisation/Registered Person: Care Circle Limited	**Registered Manager:** See below
Person in Charge of the Home at the Time of Inspection: Bernadette Gribben	**Date Manager Registered:** Bernadette Gribben (registration pending)
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 69

Number of Patients Accommodated on Day of Inspection: 55	**Weekly Tariff at Time of Inspection:** £593 - £884

3. Inspection Focus

The inspection sought to monitor and assess the level of compliance with the required actions indicated within two failure to comply notices issued on 15 December 2015. The date for compliance on the notices is 11 February 2016.

4. Methods/Process

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

- discussion with the manager
- discussion with the responsible person
- discussion with patients
- discussion with staff
- observation during a tour of the premises
- evaluation and feedback.

The inspectors met with five patients individually and with the majority of others in groups, two care staff, two registered nurses and three ancillary staff.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the last care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- three patient care records and a number of daily charts
- records of patients' weight
- staff handover records
- patient allocation records
- care plan allocation records
- records of the daily routine
- safety briefing record.

5. The Inspection

5.1 FTC Ref: FTC/NH/1261/2015-16/01

The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 12 (1) (a) (b) and (c)

The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

(a) meet his individual needs;.
(b) reflect current best practice; and
(c) are (where necessary) provided by means of appropriate aids or equipment.

Review of a selection of repositioning charts evidenced improvements since the previous inspection on 7 December 2015. The frequency of repositioning required was indicated on the chart and there were entries indicating that patients had been repositioned as prescribed during the day. However, there were longer gaps noted between repositioning during the night time period. Some records indicated that the patient had been repositioned but their actual position was not recorded. On occasions the date was not recorded on the chart and staff did not consistently use the same method to record times, for example, some using 24 hour clock and others 12 hour clock. This made the charts difficult to follow. This was discussed with the manager who agreed to address this with staff to ensure a consistent approach.

A selection of food and fluid charts were reviewed. The fluid and food charts were recorded throughout the day and correctly totalled. However, staff were not always indicating when fluids and food had been refused by a patient.

Records of patients' weight were reviewed. A number of patients were identified who had experienced a significant weight loss in the last three months. One patient's care record was reviewed and there was no evidence to indicate that their weight loss had been identified or managed appropriately. This was discussed with the manager who stated that the registered nurse had discussed this with her. It was agreed with the manager that a review of the weights for all patients' would be undertaken to ensure that any significant weight loss was identified, appropriately managed and records updated to reflect the actions taken.

The lunch time meal in the main nursing unit was observed. The majority of patients were seated in the dining room and the atmosphere was calm and relaxed. Laminated menus were available on each table.

One patient was observed to have been served their meal but despite efforts by the patient to attract attention no one offered assistance until the inspector intervened. This patient was able to drink independently but could not eat their lunch. This was discussed with the manager who stated that she had planned to undertake meal time observations with staff to improve the meal time experience for patients.

One patient stated that they had swallowing difficulties and had to have their food pureed. They stated that the home had "run out of ideas" for the main meal of the day and that they had very little choice. Their concerns were shared with the manager for her attention.

On the day of inspection call bells were noted to be answered promptly by staff.

The manager stated that incontinence pants were used once then discarded. Patients' own underwear was placed in newly purchased and individually labelled net bags. Inspectors were informed by the manager that, on occasion, staff required to be reminded to use these net bags.

In the main unit, the manager had introduced a new allocations system whereby the care of specific patients was allocated to a team of care staff led by a registered nurse. A daily routine had been produced in consultation with staff to guide the care delivery. In addition, staff stated that two safety briefings were held each day to identify any concerns with patients and to enable a timely response or guidance from the registered nurses. A template was in use for staff to record relevant information. This included information regarding each patient's fluid and food intake, repositioning and skin integrity.

The morning safety briefing was observed. Care assistants attended with details pertaining to skin integrity and current fluid and food intake for patients assessed as being at risk. The clinical lead nurse, who led the briefing, clarified details as required and provided clear direction and advice. A record was maintained.

Staff spoken with confirmed that the new systems were working well and they were clear about their roles and responsibilities and those of all grades of staff in the home. All staff spoken with were of the opinion that morale in the home had improved and that the new manager was very proactive and approachable.

The registered nurses spoken with stated that the care assistants had responded well to the changes and were positive regarding the future of the home.

Patients' comments were generally positive regarding the staff, the new manager and their care delivery.

Evidence was available that progress was being made to address the required actions within the above failure to comply notice. Compliance with the notice must be achieved by 11 February 2016.

5.2 FTC Ref: FTC/NH/1261/2015-2016/02

The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 13 (1) (a) and (b)

The registered person shall ensure that the nursing home is conducted so as –

(a) to promote and make proper provision for the nursing, health and welfare of patients;
(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

The manager confirmed that two training sessions, in relation to pressure ulcer and wound care, had been held and that one other session had been planned.

Two patients' care records were reviewed. It was evidenced from one record that, since the previous inspection on 7 December 2015, the status of the identified wounds was improving.

However, care plans and open wound records still required improvement. For example, the care plans were not updated to reflect the most current prescribed treatments and dressing regimes; and open wound charts were not consistently completed, with long gaps noted between entries. It was, therefore, not possible to ascertain when the wound had been redressed nor the condition of the wound at the last dressing change.

In another record, a pressure ulcer had been identified by the tissue viability nurse specialist (TVN) in November 2015 but there was no evidence that nursing staff had developed a care plan or delivered care as prescribed by the TVN.

During feedback, the manager confirmed she was unaware of this pressure ulcer and agreed to ensure that the patient's skin was inspected as a matter of urgency. The manager did state that she was aware that more work was needed to bring the care records up to the required standard.

The manager had implemented a "safety cross" system for staff to record the incidence of pressure ulcers on a daily basis and this was being completed in each unit. However, there were no wound care audits offered on the day of inspection to detail the total number of pressure ulcers and wounds in the home and their current condition. It was recommended to the manager that audits are carried out to ensure that she has an overview of this information and can act if any deficits are identified. In an email to RQIA on 5 February 2016 the manager stated that wounds had been reviewed on a daily basis throughout December and January and this was continuing. She added that patients' wounds were making good progress.

Evidence was available that progress was being made to address the required actions within above failure to comply notice. Compliance with the notice must be achieved by 11 February 2016.

5.3 Management arrangements

RQIA acknowledged the level of improvement evidenced during this inspection given that the manager had taken up her post on 4 January 2015. The manager was aware of the failure to comply notices and the actions required to achieve compliance by 11 February 2016. Staff spoken with confirmed that the manager had met with them and discussed the improvements required.

The manager has applied for registration with RQIA.

I agree with the content of the report.			
Registered Manager	Bernadette Gribben	**Date Completed**	20/02/16
Registered Person	Chris Walsh	**Date Approved**	20/02/16
RQIA Inspector Assessing Response	Karen Scarlett	**Date Approved**	14/03/16

Please provide any additional comments or observations you may wish to make below:

Please complete in full and return to nursing.team@rqia.org.uk from the authorised email address*

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.