



The **Regulation** and
Quality Improvement
Authority

Kingsway
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BT17 9EP

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

11 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced enforcement compliance inspection took place on 11 February 2016 from 09.20 to 14.00 hours.

The purpose of the inspection was to 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 (FTC/NH/1261/2015-16/01) and the management of pressure ulcers and wounds (FTC/NH/1261/2015-16/02). The date for compliance was the 11 February 2016.

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

Evidence was available to validate compliance with the above failure to comply notice.

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

Evidence was available to validate compliance with the above failure to comply notice.

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. An enforcement monitoring inspection was carried out on 13 January 2016 to monitor and assess the level of compliance achieved with the required actions in the two notices. Evidence was available that progress was being made to comply with these actions.

1.2 Actions/Enforcement* Resulting From This Inspection

As indicated above, evidence was available to validate compliance with the above failure to comply notices.

*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

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| Registered Organisation/Registered Person: Care Circle Limited Responsible Person – Mr Christopher Walsh | Registered Manager: Mrs Bernadette Gribben |
| Person in Charge of the Home at the Time of Inspection: Mrs Bernadette Gribben | Date Manager Registered: 27 January 2016 |
| 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: 54 | Weekly Tariff at Time of Inspection: £593 - £884 |

3. Inspection Focus

The inspection sought to 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 was 11 February 2016.

4. Methods/Process

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

- discussion with the registered 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 seven patients, one registered nurse, four care assistants, two ancillary staff and four patients' representatives.

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 reviewed during the inspection:

- four patient care records and five daily charts
- records of patients' weight
- staff training records
- wound care audit records
- safety briefing records.

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.

A selection of repositioning charts were reviewed and were found to be consistently and accurately completed. The charts indicated the frequency of repositioning, as stated in the care plan, and the actual position of the patient on repositioning. Staff were also recording instances in which a patient declined repositioning. The care plans reviewed indicated the frequency of repositioning required and there was evidence that these were reviewed at least monthly or as the patient's condition changed.

A selection of food and fluid charts were reviewed and these were found to be consistently and accurately completed. Staff were also recording when food and fluids had been refused by a patient.

Twice daily safety briefings were held and the morning briefing was observed.

Care staff had been allocated specific patients and they were very knowledgeable regarding the food and fluid intake of their patients.

A new weight chart had been introduced to assist registered nurses to track any weight changes on a monthly basis. On discussion with the registered manager it was suggested that this be further developed to take in to account cumulative weight loss or gain over a period of months.

A review of care records evidenced that changes in patients' weights were being recognised by staff and responded to appropriately, including specialist referral where appropriate.

The lunch time meal was observed in the main nursing unit. A registered nurse was present in the dining room during the mealtime service. The dining room was well presented and the atmosphere was calm and relaxed. Laminated menus were available on each table and accurately reflected the meal served. The meals were well presented and patients were observed to be enjoying their meals. It was evident that prompt assistance was being offered by staff and a variety of fluids were available for patients. Concerns identified at the previous inspection regarding the meal time experience for one specified patient had been successfully addressed. Food was observed to be leaving the dining room covered to maintain the temperature.

The quality of the food was discussed with the registered manager and the chef. Since the previous inspection the manager and the chef had jointly met with patients to discuss their preferences and choices. Patients confirmed this during discussion.

Work was ongoing to improve the presentation of the puree meals. The registered manager also stated that the activities co-ordinator plans to undertake consultation with patients in relation to meals. In addition, the registered manager and a registered nurse had attended nutritional training. The registered manager stated that she intended to delegate specific responsibility for mealtimes to one of the clinical lead nurses.

On the day of inspection call bells were noted to be answered promptly by staff. No patients raised concerns regarding call bell response times. At the previous inspection a new allocation system had been introduced whereby care assistants were given responsibility for specific patients. This was continuing to work well and staff were observed to be responding more proactively to patients' needs. Staff confirmed that the allocation system was working well and they were clear regarding their roles and responsibilities. They were of the opinion that they were working well as a team and commented on the "excellent leadership" of the registered manager.

The introduction of the new staff allocation arrangements and the twice daily safety briefings was evidenced to have improved communication amongst staff. The nurse in charge of the shift led the briefing and recorded any concerns. The briefing enabled staff to discuss patient care, promptly address concerns and provided opportunities for learning. The nurse in charge then communicated the findings of the safety briefing to the registered manager. The registered nurses, care staff and registered manager were clearly knowledgeable about the needs and wishes of their patients.

On the day of inspection no concerns were identified in relation to patients' privacy and dignity. Previous issues regarding the management of incontinence pants had been addressed. Staff were observed to be respectful of patients and were responding promptly to their needs.

One patient commented that they "wanted for nothing" and that staff were "kind and considerate". Another patient acknowledged the progress which had been made but stated that they were not yet fully confident in the staff and registered manager.

Those patients' representatives spoken with were positive about the care provided in the home, the friendliness of the staff and the leadership provided by the new registered manager. One relative commented on the calm atmosphere in the home and that things in the home had recently changed for the better.

Evidence was provided to validate compliance with the requirements of the failure to comply notice.

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

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.

Staff had undertaken training in pressure ulcer and wound care management. The registered manager was awaiting another training date from the tissue viability nurse specialist for any new staff who had commenced employment after the initial training dates. In addition, a learning board had been developed for staff to reinforce the learning from the training. A clinical lead nurse had been given responsibility for monitoring pressure ulcer and wound care.

A review of care records evidenced that any patients identified as “at risk” of pressure ulceration had a corresponding care plan in place. The care plans had been reviewed and were found to be up to date and comprehensive, detailing the frequency of repositioning required and any specialist equipment in use.

There was evidence in the care records that treatment regimes were being carried out as prescribed. The instructions of the TVN were clearly being followed. The consistent and accurate completion of wound care charts evidenced that the condition of the wound had been assessed at each dressing change. The overall number of pressure ulcers and wounds in the home had reduced and there was evidence, including photographs, which demonstrated significant improvement of wounds.

Staff were maintaining a “safety cross” to record the incidence of pressure ulcers. The registered manager was undertaking regular audits and was knowledgeable about the incidence of wounds and pressure ulcers.

Evidence was provided to validate compliance with the requirements of the failure to comply notice.

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.

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| I agree with the content of the report. | | | |
| Registered Manager | Bernadette Gribben | Date Completed | 03/03/16 |
| Registered Person | Chris Walsh RNA | Date Approved | 04/03/16 |
| RQIA Inspector Assessing Response | Karen Scarlett | Date Approved | 08/03/16 |

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