

Inspection Report

18 January 2023



Kingscourt

Type of Service: Nursing Home (NH)
Address: 928 Antrim Road, Templepatrick, BT39 0AT
Tel no: 028 9443 2046

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Manor Healthcare Ltd.	Registered Manager: Mr Brian Campbell
Responsible Individual: Mr Eoghain King	Date registered: 01 April 2005
Person in charge at the time of inspection: Mr Brian Campbell	Number of registered places: 19
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: Kingscourt is a registered nursing home which provides nursing care for up to 19 patients over two floors. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 18 January 2023 from 9.30 am to 3.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was a relaxed and homely atmosphere in the home and patients were seen to be comfortable in their surroundings. The home was clean and warm.

Patients were well presented in their appearance and were seen to engage in various aspects of daily living. Patients spoke in positive terms about living in Kingscourt and expressed that staff were kind and helpful towards them.

Staff were seen to be prompt in attending to patients' needs and recognising early signs of agitation or discomfort with patients. Staff displayed kindness and compassion when interacting with patients.

Previous areas for improvement were assessed as met. New areas requiring improvement were identified in relation to the nurse call alarm system and unfinished works in the environment.

RQIA were assured that the delivery of care and service provided in Kingscourt was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

During the inspection we consulted with seven patients and six staff. No completed questionnaire or survey responses were received within the allocated timeframe.

Patients spoke positively about living in Kingscourt and told us that staff were always around when they needed them and that staff were good and looked after them well. Patients said that they participated in various activities of living with the support of staff. For example, patients talked about going on regular shopping trips, social outings, or external clubs or classes with staff.

Patients told us that they had choice in how they spent their day and that they could use any of the communal spaces. Patients said they had choice and variety with regard to meals and said that the food was good. Patients knew how to raise concerns and knew the Manager by name.

Staff confirmed that they received training to support them to deliver safe and efficient care. Staff said that they were well informed about the running of the home and that there was good teamwork and a positive working relationship with management.

A record of compliments received about the home was kept and shared with the team. This is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 02 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (a) Stated: First time	The registered person shall provide RQIA with a schedule of works for the identified corridor on the ground floor. The schedule should detail the works required, areas to be renovated, persons responsible for completing the works, and a timeframe for expected completion.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 27 (b) Stated: First time	The registered person shall ensure that the practice of wedging open internal fire doors ceases and that any fire doors that are required to remain open at times are fitted with an automatic closing mechanism.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that staff are trained in the Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS), to a level relevant to their role. And that this topic is added to the training matrix for management oversight.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that care records are maintained up to date with patient profile photograph and that relevant risk assessment and care plan evaluations are reviewed monthly.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing work.

Newly employed staff confirmed that they were provided with a comprehensive induction to their role. New staff had the opportunity to work alongside a more experienced member of the team to become familiar with the home's policies procedures.

There was a system in place to ensure relevant staff were registered with an appropriate professional body such as the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The Manager had oversight of staffs' compliance with essential training. Courses included infection prevention and control (IPC), manual handling, adult safeguarding, fire awareness, and first aid. All staff had completed training on the Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS) to the required level for their role.

Records evidenced regular assessment of nurses' competencies and capabilities which covered medication management and taking charge of the home in the absence of the Manager. The Manager had good oversight of competencies along with annual appraisals and regular supervisions.

The duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager confirmed that staffing arrangements were reviewed regularly and adjustments were made in response to the dependencies of patients. Staff said there was good team work and that they felt well supported in their role; were satisfied with the staffing levels and the level of communication between staff and management. Staff confirmed that they had regular staff meetings and felt well informed and listened to.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients told us that staff were "always about", and helped them with daily activities such as shopping, exercising, and personal care. Patients expressed gratitude towards staff for delivering good care.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients and to prioritise duties for that day, such as escorting patients to appointments or meetings. It was observed that staff members returning from any extended period of leave were provided with a comprehensive update on any changes to ensure continuity of care.

Staff demonstrated knowledge about patients' needs, their daily routine, wishes and preferences. It was observed that staff provided care in a caring and compassionate manner and upheld patient dignity and privacy. For example, staff offer personal care in a discreet manner, or were heard to obtain consent before providing an intervention.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, with a patient who was becoming frustrated staff were seen to quickly and discreetly redirect the patient to a more private area and to use distraction and soothing techniques. This was done with respect and sensitivity.

Patients were well presented in their appearance and told us that they were happy living in Kingscourt. Patients who were unable to fully express their opinions verbally looked comfortable in their surroundings and in interactions with staff, and indicated contentment through non-verbal cues.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

At times some patients may require equipment that can be considered restrictive, such as alarm mats, or bedrails. A review of patient records showed that the relevant risk assessments were in place and there had been best interest discussions.

Some patients who would not have capacity to make certain decisions to maintain their safety or welfare may require measures that would be considered a deprivation of liberty, such as being restricted from leaving the home unsupervised or being under continuous supervision from staff. A review of records showed that Deprivation of Liberty Safeguards (DoLS) were in place and that all required assessments and care plans were maintained. The Manager had good oversight of all DoLS on a matrix system to monitor when reviews were required.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, supervision from staff when mobilising, use of walking aids, and maintaining patient areas clutter free. Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was another opportunity for patients to socialise and there was a relaxed and familial style atmosphere. The serving of lunch was unhurried and patients were seen to come and go at their leisure from the dining room.

There were two choices on offer and discussion with patients and catering staff confirmed that if a patient did not like either option that day, an alternative could be arranged. Patients told us about how they were consulted about meal planning and were pleased to report that they often visited the kitchen to discuss their preferences and ideas with the chef. The chef confirmed that the seasonal menu planners were discussed at patient meetings and that all suggestions were welcome.

Patients said that they enjoyed the food. Meals were attractively presented in appearance and smell and portion sizes were generous. Staff were seen to provide support and encouragement with meals where required.

It was positive to note that patients were supported to participate in daily chores if they so wished and some patients were seen to assist with collecting dishes and tidying up in the kitchen alongside staff. This is good practice which promotes independence, feelings of worth and social inclusion.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, bathrooms, corridors, and storage areas.

The home was clean throughout, warm, and well lit. There were no malodours detected in the home. Corridors were free from inappropriate storage or clutter and fire exits were maintained free from obstruction.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Each patient had a personal emergency evacuation plan in place.

The most recent fire risk assessment was undertaken on 31 August 2022. Some recommendations had been made and the majority of recommendations had been addressed. The Manager provided RQIA with an action plan relating to the remaining outstanding recommendations with dates of expected completion. This will be reviewed again at future inspections.

Communal bathrooms were clean and accessible. A communal bathroom on the ground floor was noted to have unfinished joinery work around the door frame. This exposed wood had the potential to cause injury and could not be effectively cleaned to a standard required for infection prevention and control. An area for improvement was identified.

Communal lounges were clean, comfortable, and warm, with well-maintained décor. It was noted that the communal lounges, some communal bathrooms, and two patient bedrooms did not have a nurse call system in place. Following the inspection the Manager confirmed that staff were provided with walkie-talkies as an interim arrangement for staff to call for assistance. An area for improvement was identified.

Patients' bedrooms were clean and personalised with items of importance and interest to each patient. Bedrooms and communal areas were adequately furnished.

Systems and process were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The Manager confirmed that they had completed a dynamic risk assessment in line with recent changes to the Department of Health (DoH) guidance for care homes.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the home's risk assessment and regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Environmental infection prevention and control audits had been completed monthly. There was a domestic on duty each day and records were maintained of general cleaning and deep cleaning activities. Domestic and laundry staff confirmed that they were provided with adequate supplies and training to conduct their duties in an effective manner and expressed pride in maintaining high standards throughout the home. Patients said that they were happy with the level of cleanliness in the home.

5.2.4 Quality of Life for Patients

Discussion with the Manager, staff, and patients confirmed that patients' social, recreational, and spiritual needs were met through a range of individual and group activities, such as religious services, outings to shops and cafes, participation in external groups or classes, swimming, music lessons, and art sessions.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients told us that staff assisted them to celebrate birthdays, with some saying that they could request special meals from the kitchen, or have a take away meal or go out to celebrate. Patients said that they always got a birthday cake decorated specifically for them. The chef confirmed that they would take requests from patients and decorate cakes to depict each patient's interests and personality.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities, social outings and menu planning.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Staff demonstrated an understanding of the importance of social and community connections for patients and would assist patients to keep in touch with family and friends, especially during times when visiting could be disrupted due to the COVID-19 pandemic.

Patients said that staff assisted them with social outings and staying in touch with family.

5.2.5 Management and Governance Arrangements

There had been no changes in the management of the home since the last inspection. Mr Brian Campbell has been the Registered Manager since 2005. The Manager confirmed that they were supported by the provider and wider management team.

There was a clear managerial structure in place and staff were aware of who was in charge of the home at any given time. Staff said that there was a good working relationship between staff and management and described the Manager as "supportive", and "calm and in control." Staff described a culture of openness and learning and put this down to the Manager's style of communication. Staff said "you can always ask questions and are never made to feel silly."

Patients knew the Manager by name and told us that they could raise any concerns or complaints, and they felt that complaints would be taken seriously. Records showed that there was a system in place for managing complaints and that they were seen as an opportunity to learn and improve the service.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services in the home such as infection prevention and control (IPC), medication management, care records, and catering.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their Trust care manager/key worker, and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Brian Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2023</p>	<p>The registered person shall ensure that the identified unfinished joinery works are completed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The joinery works have been completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2023</p>	<p>The registered person shall ensure that staff and patients have access to call points in every room used by patients in the home and; where there is no system in place, that interim measures are established until a permanent/effective call system is installed.</p> <p>A plan of works for the identified rooms not linked to the existing call bell system and which includes timescales should be submitted to RQIA with the return of the QIP.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: An electrical contractor has been on sight to explore the options available to link the existing call system to new call points. This work is ongoing. It is anticipated that the works will be completed by the end of May 2023.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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