



Unannounced Care Inspection Report 28 February 2019



Kingscourt

Type of Service: Nursing Home (NH)
Address: 928 Antrim Road, Templepatrick, BT39 0AT
Tel No: 02894432046
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 19 persons.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager: Brian Campbell
Person in charge at the time of inspection: Miranda Curry, nurse in charge	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 19

4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 10.30 hours to 16.15 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised during and since the last care inspection on 10 September 2018 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to wedging open fire doors, access to exploring and recording gaps in employment, mandatory training and signage.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide Kingscourt with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*4

*The total number of areas for improvement includes one under regulation and one under the care standards which have been restated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miranda Curry, nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with four patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA online. We provided the nurse in charge with 'Have we missed you' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the entrance to the home.

The following records were examined during the inspection:

- staffing rota for all staff weeks commencing 18 February 2019 and 25 February 2019
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patients' care records including a selection of supplementary care records
- a sample of governance audits
- staff meetings minutes
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 10 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record, including contact with next of kin and appropriate professionals.	Met

	<p>Action taken as confirmed during the inspection: Review of records and discussion with staff confirmed that clinical/neurological observations were generally well recorded in keeping with the home's policy and best practice guidance and care plan was updated. Staff are reminded to ensure post fall risk assessments are completed within 24 hours and document that the care manager has been notified of all falls.</p> <p>This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Regulation 13 (7) Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>Particular attention should be given to the areas for improvement identified in section 6.4.</p> <p>Action taken as confirmed during the inspection: Review of the records and of the environment evidenced that some improvements have been made since the last care inspection on 10 September 2018. However, deficits were identified in relation to environmental cleaning, cleanliness of patient equipment and inappropriate storage of personal items in bathrooms. This is discussed further in section 6.3 of this report.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	Partially met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 32 Stated: Second time</p>	<p>The registered person shall ensure that staff personnel files or a summary of recruitment and vetting outcomes for all staff are retained in Kingscourt and are available for inspection.</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with staff during inspection confirmed that personnel files were retained in Kingscourt although the manager had the key and therefore were not available for inspection. Following discussion with senior management in RQIA a follow up visit was arranged for 6 March 2019 to review the personnel files. Review of files and discussion with the registered manager confirmed the appropriate records were retained in the home and assurances were given that files would be available for inspection at all times.</p>	
<p>Area for improvement 2 Ref: Standard 22 Stated: Second time</p>	<p>The registered person shall review the falls risk assessment tool to ensure that the assessment clearly determines the risk of falls.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and review of three care records evidenced that care records contained a falls risk assessment tool which were reviewed as required.</p>	Met
<p>Area for improvement 3 Ref: Standard 41 Stated: Second time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at a minimum quarterly.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed staff meetings were taking place on a quarterly basis.</p>	Met
<p>Area for improvement 4 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure the staffing rota is maintained in accordance with this standard.</p> <p>Action taken as confirmed during the inspection: Review of the staffing rota evidenced the first and surname of all staff was not clearly recorded. The nurse in charge during each shift, the manager's hours and the capacity in which they were worked were also not accurately recorded.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	Partially met

6.3 Inspection findings

The focus of this inspection was to assess progress with issues raised during and since the last care inspection on the 10 September 2018.

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 18 February 2019 and 25 February 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a caring manner.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. However, review of one recruitment file evidenced that employment gaps had not been explored and explanations recorded. An area for improvement under the care standards was made. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment, although one nursing student on placement in the home had completed an induction in the home but records were not retained. This was discussed with the nurse in charge who gave assurances this would be completed. This will be reviewed at a future care inspection.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018/2019. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Review of mandatory training records evidenced that the overall uptake of training was 52 percent. Review of the action plans in recent quality monitoring visits records confirmed that uptake in training was a recurrent theme. This was discussed with the nurse in charge and to ensure mandatory training requirements are met an area for improvement under the care standards was made.

Review of the environment and observation of staff practices evidenced improvements since the last care inspection. For example, new equipment has been purchased such as bins, commodes and shower chairs. Personal protective equipment (PPE) was readily available in the home and dispensing units had been removed from areas of high risk of cross contamination. Most storage areas had been cleaned out with some now longer used for storage. A refurbishment programme is ongoing within the home with a number of bedrooms having new vinyl floors fitted and some of areas of the home have been repainted.

However, deficits were observed in relation to environmental cleaning, cleanliness of patient equipment and inappropriate storage of personal items in bathrooms. For instance, during review of the environment dust and debris were observed on floors and surfaces in three bedrooms. Review of cleaning records evidenced gaps of up to and including a month for weekly and monthly cleaning. Discussion with staff confirmed that domestic staff had recently left the home and recruitment for replacement domestic staff was ongoing. One identified

storage cupboard was observed to be cluttered with patient equipment stored on the floor and one shower chair was observed to be heavily rusted and stained underneath. Patient's toiletries were observed to be stored in a vanity unit in a communal bathroom which was unclean. These shortfalls were discussed with the nurse in charge who gave assurances the above deficits would be addressed as required. Infection prevention and control deficits were identified at the previous care inspection. This area for improvement was restated for a second time.

Domestic cleaning trolleys which contained substances hazardous to health were observed unsupervised on two occasions. This was discussed with staff who confirmed they had control of substances hazardous to health (COSHH) training and were reminded of the potential risks to patients.

Fire exits and corridors were observed to be clear of clutter and obstruction, although three doors were observed to be propped open with wedges. This was brought to the attention of the nurse in charge and was required to be addressed without delay to ensure the safety and wellbeing of patients in the home. The aligned estates inspector for RQIA was also informed for action as appropriate. An area for improvement under regulation was made.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Review of one care record evidenced a care plan had not been updated to reflect a recent infection of an identified patient. This was discussed with the nurse in charge and updated retrospectively prior to the end of the inspection.

Consultation with four patients individually, and with others in smaller groups, confirmed that living in Kingscourt was viewed as a positive experience. No relatives were consulted during the inspection. Some of the comments received from patients were as follows:

"The food is good and the staff are good. I love it."

"It can be noisy at times."

"The staff are brilliant and the food is great. It's dead on. The food is absolutely beautiful. You couldn't ask for any better than that."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

During review of the environment it was observed that the bathrooms, toilets and communal areas did not have any signage to orientate patients within the home. This was discussed with the registered manager at the previous care inspection who agreed to review this. It was disappointing to note this had not been actioned. In order to promote independence and assist patients with orientation within the home, an area for improvement under the care standards was made.

We reviewed accidents/incidents records since the last care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the nurse in charge evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, medication, infection prevention and control and care records. The nurse in charge was reminded that all audits should generate a clear action plan which identifies any deficits, who was responsible for addressing them and a date by when they would be addressed.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement

One area for improvement under regulation was identified in relation to wedging open fire doors.

Three areas for improvement under the care standards were identified in relation to exploring and recording gaps in employment, mandatory training and signage.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miranda Curry, nurse in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>Particular attention should be given to the areas for improvement identified in section 6.3.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Two additional domestic staff have been appointed providing an additional 2.5 cleaning hours daily. Cleaning schedules have been reviewed and amended to ensure all areas of the home are appropriately cleaned and maintained. Replacement equipment in the form of shower chairs and commodes have been provided. Vanity units in communal bathrooms will not be accessible for the storage of personal toiletries.</p>
Area for improvement 2 Ref: Regulation 14 (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure fire doors or not propped or wedged open within the home. Any door required to be wedged open should be fitted with a door releasing unit and the fire risk assessment updated.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A fire door releasing unit has been fitted to the door of the main nursing office and the fire risk assessment updated accordingly.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: Second time To be completed by: 1 April 2019	<p>The registered person shall ensure the staffing rota is maintained in accordance with this standard.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The staff rota has been further updated to provide the first names of staff in addition to surnames and to clarify the capacity in which the nurse manager is working.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2019</p>	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Arrangements for the records maintained on newly appointed staff has been introduced to ensure that all information required is maintained.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff overdue mandatory training at time of inspection have now completed the relevant training modules with the exception of staff on sick leave, and this will be addressed within the next two weeks.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 43.1</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2019</p>	<p>The registered person shall ensure effective signage is used to orientate patients within the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Replacement signage for areas of the home where signage was removed for decoration has now been purchased and in the process of being fitted.</p>

**Please ensure this document is completed in full and returned via Web Portal*



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