

Inspection Report

2 September 2021



Kingscourt

Type of Service: Nursing Home (NH)
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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 Liam Dowd until 10 am, Mr Brian Campbell thereafter	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: This home is a registered Nursing Home which provides nursing care for up to 19 patients. The home is divided 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 2 September 2021, from 9.00 am to 4.30 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified in relation to the environment, care records, staff training, and a fire door.

Patients looked well care for in that they were well dressed, attention had been paid to personal care and patients looked comfortable in their surroundings. Patients spoke positively about the care and services provided in Kingscourt and those unable to express their opinions verbally, looked relaxed and indicated their satisfaction through non-verbal cues.

Staff were seen to respond to patients needs in a prompt and polite manner.

RQIA were satisfied that the delivery of care provided in Kingscourt was safe, effective, compassionate, and well-led. Action taken to address the areas identified for improvement will further enhance patient experience and staff knowledge and practice.

Enforcement action did not result from this inspection.

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 and 'Tell Us' cards 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 eight patients and three staff were spoken with. RQIA received no questionnaire or survey responses within the allocated timeframe.

Patients told us that they were happy with the care delivered by staff and that staff were "great" and "really lovely". Patients knew their named nurses and key workers by name and talked about how staff looked after them "really well".

Some patients took great delight in talking about their hobbies and interests and told us that they were encouraged to personalise their bedrooms to reflect these interests. Patients talked about social and recreational activities such as shopping, trips to the cinema or sightseeing bus trips. There was also some excitement about further easing of COVID-19 restrictions with some plans to attend upcoming sporting events or to go out for meals. Patients also talked about or presented in-house activities such as playing musical instruments, arts and crafts, and games such as bingo. One patient said that they particularly liked to play pool but that they could no longer get access to the pool table. The issue relating to access to the pool table is discussed further in section 5.2.3.

The majority of patients said that the food was good and talked about putting weight on since moving to Kingscourt. One patient said that they felt the meal choices were repetitive, although

did acknowledge that they knew they could ask for an alternative if they wished. Comments were shared with the manager for further action if required.

Patients said that they had choice throughout the day, for example choosing what they wore or where they spent their time. Patients also said that they could approach the manager or other staff if they had any issues or concerns and also had access to advocacy services such as the Patient Client Council (PCC).

Staff told us that they enjoyed working in Kingscourt and that they were supported to conduct their roles in a safe and effective way. Staff said that they were resourced with the training and supplies that they needed, and that they understood their roles and responsibilities with reporting any concerns about patient care.

5.0 The inspection

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

The last inspection to Kingscourt was undertaken on 10 and 11 February 2021 by an estates and a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

All staff were provided with an induction programme relevant to their department and to prepare them for working with the patients. One staff member who had completed their induction within the last year described the process as good.

Review of records showed that training comprised of a range of relevant topics, was delivered in both eLearning and face to face formats, and there were good compliance levels from staff. It was noted that the topic of Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS) was not on the training matrix and it was unclear if all staff had completed this topic. One staff member on duty that day confirmed that they had completed this training to a level appropriate for their role; however the remaining staff were unsure. It is important that the manager has oversight of staff compliance with all relevant courses. An area for improvement was identified.

Staff said that they were adequately trained to conduct their roles and that everyone was aware of their own roles and responsibilities within the team. Staff told us that they were kept informed about the running of the home through various means such as staff meetings. Records showed that the most recent general staff meeting was held in August 2021 and attendance and agenda records were maintained.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rota and the nurse in charge and appointed fire warden in charge at each shift in the absence of the manager was identified on the rota. A record of daily allocations of staffs' duties was maintained. The nurse in charge said that they were supported by the manager if needed.

Records showed that nurses who assumed charge of the home in the absence of the manager had nurse in charge competencies reviewed yearly along with medicines management competency and capability assessments.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients.

Patients described staff as "great", "good", and "lovely", and it was positive to note that patients were able to identify their named nurse and conveyed that they were happy with these arrangements. Patients talked about how staff helped them with appointments, or while going out for trips, or helped them make their bedrooms more personalised. One patient said that they would have no issue speaking with staff if they were not happy about something.

Staff told us that there was enough staff on shift to meet the needs of patients. Staff confirmed that any changes to planned staffing was usually due to unplanned staff absence at short notice, but that this was always covered by the home's pool of temporary staff and on the "rare" occasion was covered by agency staff. Staff said that there was good teamwork and some staff working in ancillary departments or capacities said that they observed good care delivery to patients.

Staff were seen to attend to patients needs in a timely manner and were quick to identify the needs of those patients who had difficulties communicating. Patients were offered choices throughout the day, from what time they got up to where and how they spent their time.

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. Staff were knowledgeable of patients' needs, their daily routines, likes and dislikes.

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, staff offered personal care in a discreet manner, or were seen to use distraction techniques before any early indicators of distress could escalate.

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

Patients' records were held confidentially and securely. It was positive to note that the care records reviewed were person centred, gave a detailed picture of who the patient was and what was important or helpful to them, and referenced best interest considerations and consent. It was noted that for one patient they did not have a profile photograph on file and there were gaps in some required assessments and care plan evaluations. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were free from clutter, patients were encouraged or assisted to keep their bedrooms free from unnecessary hazards, and staff were seen to supervise or assist patients with poor mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral where required, such as, to Occupational Therapy. Following a fall relevant parties such as next of kin, Trust key worker and, where required, RQIA were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch time serving was observed. The food looked and smelled appetising and portion sizes were generous.

There was a variety of drinks available and at least two options of meals at each sitting. Staff were seen to offer support and encouragement to patients. Staff were also knowledgeable about patients' preferences and it was observed that one patient who did not wish to have the main meals on offer was supplied with an alternative of their choice.

Patients' weights were monitored at least monthly or more often of recommended by dietetics. Records showed that there was appropriate onward referral to Speech and Language Therapy (SALT) or dietetics, and any recommendations made were detailed in the patients' individual care records.

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

Patients spoke in positive terms about the care provided and looked well cared for, in that they were well dressed and attention had been paid to personal care and appearance. One patient spoke about their experience of having to attend hospital when unwell and described the care and attention provided by the staff in the home and expressed gratitude for this.

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, the dining room, bathrooms, and storage spaces. The home was clean, warm, well-lit, and free from malodours.

Corridors were clean and free from clutter or inappropriate storage. External fire doors were seen to be free from obstruction. It was noted that an internal fire door located in a communal patient area was wedged open. This was discussed with the manager and immediate action

was taken. It was noted that the area was routinely used by at least one patient and staff required regular visual supervision of this particular patient. However the door was not fitted with an automatic closure mechanism. An area for improvement was identified.

The most recent fire risk assessment was undertaken on 3 August 2021. Some recommendations had been made and the manager gave assurances that any recommendations were being actioned by maintenance personnel.

Patients' bedrooms were clean, tidy and well personalised with items of importance to each patient, such as photographs, ornament collections, posters, books, musical instruments, and wall art.

Bedrooms and communal areas were found to be suitably furnished. It was observed that some spaces in the home were not efficiently used or required some renovation, for example a room which contained recreational equipment such as the pool table was being used as a store room and therefore inaccessible by patients. In addition, the staff office and treatment rooms were small and cramped. The office space would not allow for social distancing of more than two people and had limited sunlight or ventilation. This was discussed with the manager who explained that there were plans to renovate this section of the home as all identified areas were located along the same corridor. There was no schedule of works in place for the proposed works and an area for improvement was identified.

An outdoor seating area was clean, tidy and well maintained. Patients were seen to enjoy this area during the inspection.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and Personal Protective Equipment (PPE) such as masks were provided. Visiting arrangements were in place and in keeping with the current guidance. It was positive to note that some patients' were availing of trips out of the home.

Staff were seen to practice hand hygiene at key moments and to use PPE correctly. Staff said that they had adequate supplies of cleaning materials and PPE. Domestic staff told us about the regular cleaning regime and that frequently touched points such as handles and switches were cleaned more regularly and that these duties were continued by care staff once domestic staff went off shift.

Patients told us that they were happy with the cleanliness of the home and one patient told us that they would like to have access to the pool room and to see some redecoration of some areas. This was discussed with the manager and will form part of the planned renovations.

5.2.4 Quality of Life for Patients

Discussion with patients and observations on the day confirmed that they were able to choose how they spent their day, for example one patient went for a nap after breakfast and said they like to do this every day, another patient was seen to change their outfit several times throughout the day and staff acknowledged that this was part of that patient's routine.

Patients were seen to partake in their own interests, which included, watching football, playing musical instruments, drawing and colouring in, or going for a smoke in the company of fellow patients.

Review of activities records showed a wide range of organised sessions, including bingo, going for walks, shopping, bus trips, and cinema outings, arts and crafts, listening to music, pizza making, and church services. It was positive to note that the home had recently secured a six month placement for an arts therapy student and plans were being made to commence sessions for patients three days per week during the placement.

Patients told us that their religious and spiritual needs were met with regular visits from church officials and that arrangements were even made during the pandemic to have a minister conduct prayers outside.

As mentioned in section 5.2.3 visiting arrangements were in place and reflective of the current stage of the Department of Health (DoH) visiting pathway. Patients confirmed that they could avail of indoor visiting or could go out to see family and friends, as arranged through the home.

Staff recognised the importance of maintaining community links during the pandemic and assisted patients to stay in touch with family and friends as much as possible. Staff conveyed that patients' health and welfare was their priority and that they understood the importance of patient choice.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staffs' practice or the environment.

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.

There was evidence that a robust 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 provided by the home.

The manager was the appointed safeguarding champion with responsibility for implementing the regional protocol and the home's safeguarding policy. Staff and patients said that they knew who to report concerns to, with patients mentioning the manager by name. It was positive to note that patients were aware of advocacy services available to them such as the Patient Client Council (PCC) and were encouraged by the manager to utilise these services as they wished.

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 key worker and RQIA. The manager conducted a monthly analysis of accidents and incidents which included any remedial actions taken, and where applicable, lessons learnt and recommendations to reduce risk of recurrence in the future.

There was a complaints policy in place and patients and relatives received a written copy of the complaints procedure on admission to the home. Review of complaint records showed that any expression of dissatisfaction was taken seriously by the manager.

It was positive to note that the manager maintained a record of compliments received about the home and shared these compliments with staff. There was a range of seasonal and thank you cards from relatives to staff thanking them for their hard work and dedication.

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 and concluded with an action plan to further drive improvements. These reports are available for review by patients, their relatives, the Trust and RQIA.

Staff commented positively about the management of the home and described the manager as supportive and approachable. Discussions with the manager and staff confirmed good working relationships.

Patients were able to refer to the manager by name and knew how to raise any issues or concerns.

6.0 Conclusion

Patients looked well care for in that they were well dressed, clean, and comfortable in their surroundings. Patients were seen to exercise their rights in relation to how and where they spent their time, what they wore, ate and drank, and how they accessed advocacy services.

Patients' privacy and dignity was maintained throughout the inspection and care records indicated a person centred approach to care.

Staffing arrangements in the home were adequate to meet the patients' needs and staff told us how they were supported to conduct their roles in a safe and effective manner.

As a result of this inspection four areas for improvement were identified in respect of staff training in the Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS), care records, environmental renovation plans, and the misuse of a fire door.

RQIA were satisfied that the service is providing safe, effective care in a compassionate manner and that the home is well managed. Action taken to address the areas identified for improvement will further improve patient experience and staff practice and knowledge.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (a) Stated: First time To be completed by: 29 October 2021	<p>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.</p> <p>Ref: 5.2.3.</p> <p>Response by registered person detailing the actions taken: The following works shall be undertaken on the ground floor of the nursing home: *Clinical room to be updated. *Staff shower room to be modernised. *Office to be rennovated. This work shall be overseen by our maintenance officer and it is anticipated that it shall be completed by the end of 2021.</p>
Area for improvement 2 Ref: Regulation 27 (b) Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The practice of wedging open frequently used doors has ceased. All doors that are required to remain open have been fitted with automatic closing devices linked to the fire panel, with the exception of one door which our contractor has confirmed will be completed by the 1st November 2021.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 29 October 2021	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A web link has been created so that staff can access this training via the D.O.H website from their individual online training account. This enables management oversight on an ongoing basis.</p>

Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 30 September 2021	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: A photographer has provided up to date patient profile photographs for those records where photographs were absent. Care Plan evaluations and relevant risk assessments will be reviewed monthly for the care plan where a deficit was identified on inspection.

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



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