

Unannounced Care Inspection Report 05 January 2017



Kingscourt

Type of Service: Nursing Home
Address: 928 Antrim Road, Templepatrick, BT39 0AT
Tel no: 028 9443 2046
Inspector: Bridget Dougan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Kingscourt took place on 05 January 2017 from 11.30 to 14.00 hours.

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

The focus of the inspection was meals and mealtimes.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. A recommendation has been made for a review of the policy on meals and mealtimes to ensure it reflects current best practice guidance.

In addition to mandatory training, there was evidence that training had been provided for all relevant staff in relation to the management of swallowing difficulties and food hygiene. The majority of staff confirmed that there were good communication and support systems in the home. The comments received from one member of staff required consideration and follow up by the registered manager.

Is care effective?

Care records reflected the assessed needs of patients' were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid choices and the level of help and support requested.

Patients spoken with were complimentary regarding the care they received and life in the home. One relative completed and returned a questionnaire following the inspection. Whilst the relative expressed their satisfaction with the care and services provided, a comment was made in respect of the car parking facilities. This was discussed with the registered manager for follow up.

There were no requirements or recommendations made.

Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. Complaints, incidents and accidents were managed in accordance with legislation.

Staff confirmed that management were responsive to any suggestions or concerns raised.

There were no requirements or recommendations made.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Brian Campbell, registered manager, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 01 December 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Manor Healthcare Ltd Mr Eoghain King	Registered manager: Mr Brian Campbell
Person in charge of the home at the time of inspection: Mr Brian Campbell	Date manager registered: 01 April 2005
Categories of care: NH - LD, NH-LD(E)	Number of registered places: 19

3.0 Methods/processes

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection we met with 15 patients, three registered nurses, six care staff, one catering and one domestic staff.

Three patients, five relatives and five staff questionnaires were left for distribution. Three patients, five staff and one relative completed and returned questionnaires within the allocated timeframe.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- policy on meals and mealtimes

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 December 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 28 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person must ensure that the tiling on the first floor bathroom has been replaced or made good.	Met
	Action taken as confirmed during the inspection: The first floor bathroom had been completely refurbished and the tiling was replaced.	
Requirement 2 Ref: Regulation 27 (2) (q) Stated: First time	The registered person must provide confirmation that the home's hot water system has been repaired and that the system is fit for purpose.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the hot water system had been repaired and was fit for purpose.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.6 Stated: First time	The registered person should review the schedule of audits and increase the frequency of the infection prevention and control audits.	Met
	Action taken as confirmed during the inspection: Infection prevention and control audits were being conducted on a monthly basis. Action plans were in place to address any deficits.	

4.3 Is care safe?

The registered manager 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 rotas for the weeks commencing 19, 26 December 2016 and 02 January 2017 evidenced that the planned staffing levels were adhered to.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. One relative completed and returned a questionnaire following the inspection. The relative stated they were satisfied with the staffing levels.

Review of the training matrix/schedule for 2016/17 indicated that all staff had completed mandatory training to date. Additional training in the management of patients with swallowing difficulties and food hygiene training had been provided for all relevant staff in 2016. Staff consulted with and observation of care delivery and interactions with patients, clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice.

Policies were in place on meals and mealtimes (June 2012), nutrition, and hydration and take away foods (June 2016). A system was in place to ensure all relevant staff had read and understood the policies. A recommendation has been made for the registered manager to review the policy on meals and mealtimes to ensure it is in line with current best practice guidance.

Up to date nutritional guidelines were available and used by staff on a daily basis.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

One recommendation has been made in respect of the policy on meals and mealtimes.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. Risk assessments informed the care planning process.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The majority of staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. One staff member indicated some dissatisfaction with communication systems. Refer to section 4.5. Staff confirmed that if they had any concerns, they could raise these with the registered manager.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients had individualised routines and preferences and expressed these freely with appropriate levels of staff supervision and support.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. The registered manager informed us that pictorial menus were being developed to further assist patients in making their choice. The cook informed us that she speaks to each patient individually every morning to determine their choice of meals for the day. Meals were transported from the adjacent kitchen and plated

in the dining room, thus allowing patients further flexibility in choosing their meals. An Ulster fry, scrambled egg or soup and sandwiches were served for the main course. Alternatives were available for those patients who did not like any of the options provided. Modified meals were served with food elements portioned separately. All the meals looked and smelt attractive and appealing and patients appeared to enjoy their lunch.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner.

The dining room experience was calm and relaxed and patients were allowed to take their meals where they felt comfortable.

Menus were rotated over a three week cycle and reviewed every three months. There was evidence of patients input to the design of menus. The minutes of the monthly patient forum meetings were reviewed and evidenced suggestions for meal choices and staff confirmed these suggestions had been incorporated into the menus.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

As part of the inspection process, we issued questionnaires to staff, patients and patients' representatives. Five staff, three patients and one relative completed and returned questionnaires within the required time frame. Some comments are detailed below.

Staff

- "Staff all work well as part of a team."
- "we have an allocation book for the start of shifts, this is for the handover"
- "some residents require one to one supervision to keep them as safe as possible"
- "if the service users have a pain in the morning, they are seen by a doctor the same day"
- there can be difficulties in communication between staff at times"

The comments made by the staff member were discussed with the registered manager for follow up as appropriate.

Relatives

One relative provided the following comments:

- "staff are very good at explaining everything "
- "we are very satisfied with what we see, only car parking is not very good"

The comments made in respect of the car parking were discussed with the registered manager for appropriate action.

Patients

- "the staff are great"
- "I enjoy playing the organ"
- "the pastor is coming in today and I'm looking forward to that"

- “I do like the food here”

Areas for improvement

No areas for improvement were identified during the inspection

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities.

The certificate of registration issued by RQIA was displayed in the home. Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints records and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including care records, medication management, patients’ weights and nutrition. Action plans were in place to address any deficits.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr. Brian Campbell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements – No requirements

Recommendations

Recommendation 1

Ref: Standard 12.2

Stated: First time

To be completed by:
31 March 2017

The registered manager should review the policy on meals and mealtimes to ensure it is in line with current best practice guidance.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

An overview of all existing policies in relation to meals and meal times is currently being undertaken with an updated policy document reflecting current best practice being put in place within prescribed timeframe.



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