



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 10 February 2021



## Kingscourt

**Type of Service: Nursing Home (NH)**

**Address: 928 Antrim Road, Templepatrick, BT39 0AT**

**Tel No: 028 9443 2046**

**Inspector: Gerry Colgan**

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

## 1.0 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

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Eoghain King	<b>Registered Manager and date registered:</b> Brian Campbell – 1 April 2005
<b>Person in charge at the time of inspection:</b> Brian Campbell	<b>Number of registered places:</b> 19
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 19

### 4.0 Inspection summary

An unannounced inspection took place on 10 February 2021 from 08.30 to 15.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

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.

During this inspection we identified evidence of good practice in relation to the management of infection prevention and control, notifiable events, adult safeguarding, falls management, teamwork and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) and personal protective equipment (PPE)
- the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Brian Campbell, Manager, as part of the inspection process and can be found in the main body of the report.

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

## 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 previous care inspection report.

During the inspection the inspector met with 15 patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager 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.

The following records were examined during the inspection:

- staff duty rota from 31 January 2021 to 20 February 2021
- three patient care records
- three supplementary records
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- governance audits
- the minutes of staff meetings
- the certificate of registration.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection dated 10 March 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 10 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> Second time	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment and discussion with the manager confirmed that an automatic locking system has been installed to ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that patients are not placed at risk of harm or abuse. All governance records relating to the management of adult safeguarding matters should be maintained in an effective manner at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that there is a robust system now in place which ensures/demonstrates that patients are not placed at risk of harm or abuse. All governance records relating to the management of adult safeguarding matters are being maintained in an effective manner.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 32 (h) <b>Stated:</b> First time	The registered person shall retrospectively submit a variation application in regard to the existing staff room highlighted in this report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A variation application in regard to the existing staff room has been submitted.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	The registered person shall ensure that quality assurances audits and/or regular analyses of service delivery is monitored in a robust and effective manner at all times by the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of documentation and records confirmed that quality assurances audits and regular analyses of service delivery is monitored in a robust and effective manner by the manager.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 16 <b>Stated:</b> First time	The registered person shall ensure that complaints are recorded and managed appropriately; they shall also ensure that complaints are effectively analysed so as to improve/inform the quality of services.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There have been no complaints since the day of the previous inspection. The Manager confirmed that he will ensure that complaints are effectively analysed so as to improve/inform the quality of services.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	The registered person shall ensure that the areas relating to the décor of the internal environment identified in the report are addressed.	<b>Met</b>
	A detailed redecoration action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP. This plan should also evidence how patient engagement will inform any redecoration which is planned.	

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A detailed redecoration action plan has been submitted to RQIA. To date there has been significant refurbishment completed with patient engagement. With the Covid-19 pandemic this work has not been as quick as the staff and patients would like. The office corridor will be subject to refurbishment at the end of February 2021.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Fitness of premises clause 'E8'</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that resident/staff call points, accessible to residents, are provided in every room used by residents and linked to a system that alerts staff a call is being made or assistance is required.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The Registered Person confirmed by e-mail- on the 18 February 2021 that this work will commence in March 2021.</p>	<b>Met</b>

## 6.2 Inspection findings

### 6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 31 January 2021 to 21 February 2021 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no major concerns raised by staff regarding staffing levels in the home. Staff shared that, although very difficult, normal staffing levels were maintained throughout the Covid-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- "I just love my job here. Patients get what they want when they want."
- "This is a wee home from home. Patients and staff are very friendly."
- "I come from another home. I really love it here."

### 6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all patients and staff had their temperature taken twice daily as a means of detecting Covid symptoms. PPE supplies and hand sanitisation was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. The infection prevention and control audits were all completed and staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home.

### 6.2.3 Care environment

Patients spoken with confirmed they were happy with the home environment. The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual patients.

### 6.2.4 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable; staff were available throughout the day to meet their needs. It was noted that there was no nurse call system in the home. The Registered Person confirmed by e-mail that this will be installed in March 2021.

Comments received from patients included:

- "I have many good friends in here. I am as happy as a Larry."
- "We get everything we want. Food, bed and cigarettes."
- "I really love it here. Brian would do anything for you and so would all the staff."

### 6.2.5 Care records

Three patients' care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to care following venous hypertension, squamous cell carcinoma, and prescribed topical medication. The care records included all relevant information and evidenced regular review and evaluation.



## 6.2.6 Dining experience

We observed the serving of lunch in the dining room during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the Covid-19 pandemic. Review of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet. Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

## 6.2.7 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed that he felt supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from the previous care inspection in March 2020 to January 2021. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports.

We reviewed the minutes of staff meetings, we were advised the manager was available for staff if they had any issues or concerns and that there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

## Areas of good practice

During this inspection we identified evidence of good practice in relation to infection prevention and control, the management of notifiable events, adult safeguarding, falls management, team work and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the environment, the culture and ethos of the home and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### **6.3 Conclusion**

On the day of the inspection we observed that patients appeared comfortable and that staff treated them with kindness and compassion. The staff were timely in responding to patients' individual needs. PPE was appropriately worn by staff throughout the inspection.

### **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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