



Unannounced Care Inspection Report 10 March 2020



Kingscourt

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

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 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

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager and date registered: Brian Campbell 1 April 2005
Person in charge at the time of inspection: 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: 18

4.0 Inspection summary

An unannounced inspection took place on 4 February 2020 from 10.20 to 18.30 hours.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff communication with patients, falls management and the management of behaviours which staff may find challenging.

New areas for improvement were highlighted in relation to the internal environment, complaints analysis, adult safeguarding arrangements and governance audits.

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.

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
Total number of areas for improvement	*3	*4

*The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Brian Campbell, 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.

4.2 Action/enforcement taken following the most recent inspection dated 7 & 14 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 and 14 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records
- two patients' care records including relevant supplementary falls management records
- a selection of governance audits
- complaints records
- adult safeguarding records
- governance records relating to the professional registration of staff
- notifiable incidents to RQIA
- RQIA registration certificate
- 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 either met, not met, or carried forward to be reviewed at a future care inspection.

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(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that at all times, suitably qualified, competent and capable staff are working within the home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This relates specifically to the operation of the laundry.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The manager told us that a staff member was now employed to work exclusively within the laundry from 10.00 to 14.00 hours, Monday to Friday. The manager stated that this had made a “significant” improvement in terms of benefiting care delivery to patients and ensuring an appropriate skill mix. However, it was noted that additional staffing is still required for the laundry area which will help ensure that this improvement is effectively sustained. It was agreed with the manager that nurse/care staff provision should not be unduly compromised at any time to facilitate any shortfall in laundry staffing arrangements. The sustainability of these new staffing arrangements will be reviewed at a future care inspection.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable.</p> <p>This relates specifically to management of the treatment room.</p> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Observation of the environment highlighted that this area for improvement was not met. This was discussed with the manager who agreed to address those areas in which COSHH compliance was not maintained.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (q)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review of the premises risk assessment relating to the control of legionella bacteria in the premises hot and cold water systems is undertaken. They should further ensure that the significant findings contained in this report are fully implemented within the stipulated timescales.</p> <p>Action taken as confirmed during the inspection: A comprehensive risk assessment in relation to the control of legionella bacteria in the premises hot & cold water systems was undertaken on 12 April 2019. Evidence submitted to RQIA on 11 March 2020 confirmed that the remedial actions and control measures identified in this risk assessment appear to have been completed and signed off accordingly.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of reviewing quality assurance audits/monthly analyses and include time bound action plans to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of monthly monitoring reports highlighted that improvement had been achieved in regard to this area for improvement. It was stressed however that the person completing monthly monitoring reports must ensure that all identified actions are contained within each report's associated action plan; this will help to ensure that actions are not overlooked.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: Second time</p>	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of governance records for two staff provided evidence that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the areas relating to the internal and external environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Action taken as confirmed during the inspection:</p> <p>Observation of the internal/external environment and feedback from the manager/maintenance staff provided</p>	<p>Met</p>

	<p>assurance that good progress had been made in relation to a refurbishment plan submitted to RQIA following the previous care inspection. It was noted that some aspects of this plan remain ongoing. The progress achieved to date and those works which remain outstanding were shared with the RQIA estates inspector following this inspection. It was agreed that the manager will keep the RQIA estates inspector updated with regard to the ongoing completion of this refurbishment plan.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the provision of care to patients who may exhibit behaviours which challenge and/or place themselves/others at risk of harm:</p> <ul style="list-style-type: none"> • a comprehensive and accurate risk assessment in relation to the assessed risk • a comprehensive, person centred and accurate care plan which details how the assessed risk should be managed • staff shall adhere to the prescribed care as detailed within the relevant care plan at all times (this includes but is not limited to the provision of continuous supervision of patients if so required) 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the care records for one patient confirmed that this area for improvement was met; this is discussed further in section 6.2.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>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.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of governance audits and feedback from the manager highlighted that this area for improvement has not been met; this is discussed further in section 6.2.</p>	
	<p>This area for improvement has not been met and is stated for a second time.</p>	

6.2 Inspection findings

The environment

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. As referenced within section 6.1, it was positive to note that good progress had been made with a refurbishment plan which had been submitted to RQIA since the previous care inspection. It was stressed however that maintenance staff must ensure that their workspace is managed so as to ensure the health and safety of patients at all times. Discussion with the manager highlighted that a previously identified smoke room for patients had been designated as a staff room approximately 18 months ago; the manager was advised that RQIA had not been informed of this variation in keeping with regulation; an area for improvement was made. This information was shared with the RQIA estates team following the inspection who will review the required variation application, upon submission to RQIA.

The internal décor of the home was notably drab in several areas and lacked adequate stimulation for patients. When discussing the interior décor of the home, one patient told us that it needed to be "brightened up" and that patients should "have an input into the colours here." Similarly, staff spoken with also agreed that the quality of the interior environment required improvement; staff described the décor in places as "dreary." This feedback was shared with the manager who agreed that the internal environment required improvement for the benefit of patients; an area for improvement was made.

We also noted that there is no nurse call system within the home which facilitates patients and/or staff to effectively call for assistance, if needed. An area for improvement was made in this regard.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices. However, it was noted that a fire drill which had been scheduled for 9 March 2020 was overdue; the manager confirmed following the inspection that this had been completed on 12 March 2020.

Staffing arrangements/staff feedback

We noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

A review of two staff members' recruitment records evidenced that the appropriate pre-employment checks had been conducted prior to each staff member commencing in post.

Staff spoke positively about working within the home and stated that they were well supported by the manager. Staff comments included the following remarks:

- "We're good at meeting the (patients') needs."
- "Everyone is very well looked after."
- "There's a lovely atmosphere and great sense of community ...the residents are like a second family to staff."

Several staff spoke passionately about the need to care for patients in a person centred and compassionate manner; staff also demonstrated a keen awareness for promoting the dignity and independence of patients.

Care delivery

We reviewed the care records for one patient who was assessed as being at a risk of falling. It was positive to note that a detailed and person centred care plan was in place and kept under review by nursing staff. Supplementary records also provided assurance that the patient's clinical (including neurological) observations had been obtained following a fall.

The care records for one patient who could present with behaviours which staff may find challenging were also reviewed. The patient's care plans were extensively detailed, person centred and evidenced a human rights focus; this is commended. Feedback from a nurse on duty highlighted that they had a thorough understanding of the need to manage any potential restrictive practice in a proportionate and person centred manner.

Staff access to a copy of the Mental Capacity Act (Northern Ireland) 2016 and associated Deprivation of Liberty Safeguards (DoLs) were discussed with the manager; the manager agreed to ensure that a copy of these is made available to staff within in the home.

We also observed the dining experience of patients within the home. Staff displayed a good understanding of patient's dietary needs, likes and dislikes. Patients appeared happy with the meals they were provided and were assisted throughout the mealtime in a respectful and dignified manner by staff.

Patient feedback

All patients spoken with were positive in their comments regarding the staffs' ability to deliver care and respond to their needs. Feedback received from several patients during the inspection included the following comments:

- "I'm very happy and the staff are very good to us ... the food is lovely"
- "I'm very well looked after; I've no complaints."
- The home has "a friendly environment; you get out places."

Patients were regularly observed interacting with staff in a relaxed and spontaneous manner. Patients stated that they felt confident about raising any concerns within the home and that their views/opinions would be listened to.

Governance arrangement/managerial oversight

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

Discussion with the manager evidenced that the home was operating within its registered categories of care.

Review of complaints records and feedback from the manager highlighted that while some analysis of complaints was carried out, these were not sufficiently robust. The manager highlighted one ongoing complaint within the home which was not recorded within the complaints records despite being unresolved. An area for improvement was made.

Governance arrangements in regard to adult safeguarding arrangements within the home were reviewed. Review of accident/incident records and feedback from the manager highlighted that communication between the manager and the home's Adult Safeguarding Champion with regard to potential safeguarding incidents was inconsistent; it was also noted that governance records did not evidence clear outcomes on three occasions following the completion of a potential safeguarding referral. An area for improvement was made. The manager confirmed following the inspection that in each of these incidents, all relevant parties had been informed and that no safeguarding concerns had been ultimately identified.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to accidents/incidents, care records and falls management. However, review of a sample of care record audits and feedback from the manager highlighted that the manager did not have effective oversight of care record audits, some of which were noted to be incomplete. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients, falls management and the management of behaviours which staff may find challenging.

Areas for improvement

Five new areas for improvement were highlighted in relation to: the internal environment, complaints analysis, adult safeguarding arrangements and governance audits.

	Regulations	Standards
Total number of areas for improvement	3	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Brian Campbell, manager, 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 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.

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 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.1 & 6.2</p> <p>Response by registered person detailing the actions taken: This area for improvement relates to the door of a domestic store being unlocked during the inspection. The domestic assistant responsible stated it was a one-off error on their part and that normally they are diligent in relation to locking the door. An automatic locking system has been fitted to the door as an additional fail-safe measure.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A discussion has been had with the homes Adult Safeguarding Champion to ensure that procedures are more robust going forward in relation to clarification on notifications made regarding referrals of accidents and incidents, to ensure adequate safeguarding and governance arrangements are maintained.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall retrospectively submit a variation application in regard to the existing staff room highlighted in this report.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A variation of use application has been submitted in respect of the existing staff room.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.1 & 6.2</p> <p>Response by registered person detailing the actions taken: This area for improvement relates to the auditing of care plans by primary nurses. Each primary nurse is responsible for auditing the patient care plans of other primary nurses using a bespoke audit tool. This tool has now been amended to include a section for signing by both nurses which was identified as a shortcoming at inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: This area of inspection relates to a complaint made by a patient directly to the patient and client council. Retrospectively this complaint has been recorded in line with the homes complaints protocol and the complaint has been resolved.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 5 May 2020</p>	<p>The registered person shall ensure that the areas relating to the décor of the internal environment identified in the report are addressed.</p> <p>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> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A redecoration plan has been compiled to address the areas of concern identified within the report. Unfortunately the full plan has not been completed to date, as result of patient and staff safety arising from the current Covid-19 pandemic. Service users shall be consulted in regard to colour choices etc.</p>

<p>Area for improvement 4</p> <p>Ref: Fitness of premises clause 'E8'</p> <p>Stated: 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>Ref: 6.2</p>
<p>To be completed by: 2 June 2020</p>	<p>Response by registered person detailing the actions taken: This area for improvement is currently being explored. Unfortunately it is not completed as yet, due to the current Covid-19 pandemic.</p>

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



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