

Unannounced Care Inspection Report 18 October 2017



Kingscourt

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

www.rgia.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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Mr Eoghain King	Registered Manager: Mr Brian Campbell
Person in charge at the time of inspection: Mr Brian Campbell	Date manager registered: 01 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 18 October 2017 from 10.20 to 15.30.

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 Care Standards for Nursing Homes 2015.

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 all four domains in regards to governance processes relating to the training of staff; adult safeguarding, communication between staff and patients, and the culture and ethos of the home.

Areas for improvement under the standards were identified in regards to staff recruitment, care records, staff meetings and the environment.

Patients spoke positively about the home and the staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	0	5

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent inspection dated 5 January 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 5 January 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- pre-inspection audit
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients, four staff, and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 24 September to 22 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- four patients' care records
- three patients' supplementary care records
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- staff register
- minutes of staff, relatives' and patients' meetings
- complaints records

- compliments received
- RQIA registration certificate
- certificate of public liability
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 January 2017

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 05 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12.2 Stated: First time	The registered manager should review the policy on meals and mealtimes to ensure it is in line with current best practice guidance.	Met
	Action taken as confirmed during the inspection: The policy on meals and mealtimes was reviewed by the registered manager to ensure it was in line with current best practice guidance.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 from 24 September to 22 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was not available for inspection. Staff personnel files are retained in another home owned by Manor Healthcare Ltd. The inspection was unable to evidence that records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. The registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Staff files or a summary of recruitment and vetting outcomes for all staff should be retained in the home and available for inspection. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

Discussion with registered manager and staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff confirmed that they have received supervision and appraisal and competency and capability assessments were completed where necessary.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that a robust system was in place to ensure that staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. A refurbishment plan is currently underway which is focusing on the repainting of patients' bedrooms. Deficits observed in relation to infection, prevention and control included chipped and damaged paintwork in the corridors and corridor doors. Flooring in one identified bedroom was significantly marked and stained and cleaning equipment used by domestic staff was also observed to be unclean. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. These areas were discussed with the registered manager and an area identified for improvement against the standards was stated.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff evidenced that fire safety training had been embedded into practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and adult safeguarding.

Areas for improvement

Areas for improvement under the standards were identified in relation to the selection and recruitment of staff and infection, prevention and control.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four 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 risk assessments informed the care planning process. Review of the falls risk assessment indicated that this assessment did not have criteria to adequately determine the risk of falls. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

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

Supplementary care records such as food and fluid intake charts at night evidenced that they were not always maintained in accordance with best practice guidance, care standards and legislation. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

Review of four patients' care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence of regular communication with representatives within the care records. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager and review of documentation confirmed that two staff meetings had been conducted during the last year. Staff meetings should be conducted at least quarterly. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that a monthly patient forum was held. Minutes were available. Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients were aware of who their named nurse was and knew the registered manager. There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement under the standards were identified in relation to care records and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Observation of the lunch time meal confirmed that patients were offered a choice in regards to food and fluids and the level of help and support requested. Staff were observed to offer patients reassurance and assistance as required. The daily menu was displayed in the dining room and patients were offered a choice of two main courses and desserts. A choice was also available for those patients who required a therapeutic diet or if any patients wanted an alternative from the displayed menu.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff (10), patients (eight) and patients' representatives (10). Five staff completed and returned questionnaires.

The questionnaires from staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. One comment was included in the returned questionnaires.

- "Team meetings only happen approximately three times a year."

Comments made by patients during the inspection are detailed below:

- “Staff look after me.”
- “I like it here.”
- “Staff take me out to the football matches.”
- “I got my room painted in the colour I choose.”

Discussion with two visiting professionals who regularly visit the home indicated that they very satisfied with the care provided to their patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Of particular note was the obvious rapport between staff and patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, and patients evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home’s policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff were knowledgeable of the complaints process. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure and were confident that staff and management would manage any concern raised by them appropriately. Patients spoken with were aware of who the registered manager was.

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. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and 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 falls, accidents and incidents, care records, the environment and hand hygiene. Advice was provided on how to further develop the analysis for care record audits.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement 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 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 Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2017</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> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Arrangements have been made for staff personnel files for newly recruited staff to be held in Kingscourt from the date of commencement of employment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2017</p>	<p>The registered person shall ensure that the infection, prevention and control deficits identified are addressed in that :</p> <ul style="list-style-type: none"> • The chipped and damage paintwork in the corridors and corridor doors should be repainted. • The flooring in the identified bedroom should be replaced. • The red mop bucket used by domestic staff should be cleaned after use. <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Repainting of chipped and damaged paintwork of doors and door frames has been completed. The replacement flooring required in the identified areas has been ordered, and a contractor identified to carry out this work. The RQIA will be notified when this work is completed. The mop bucket referred to has been replaced.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2017</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>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: The falls risk assessment tool has been reviewed and updated accordingly to identify existing risk of falls.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2017</p>	<p>The registered person shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: Supplementary care records relating to fluid and food offered to patients at night where records are required to be maintained are now being completed contemporaneously.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2017</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at a minimum quarterly.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meetings will be held at least quarterly henceforth, in compliance with this requirement.</p>
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Please ensure this document is completed in full and returned via Web Portal



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