

# Inspection Report

<b>Name of Service:</b>	<b>Kingscourt</b>
<b>Provider:</b>	<b>Manor Healthcare Ltd</b>
<b>Date of Inspection:</b>	<b>18 December 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Registered Provider:</b>	Manor Healthcare Ltd
<b>Responsible Individual:</b>	Mr Eoghain King
<b>Registered Manager:</b>	Mr Brian Campbell
<b>Service Profile</b> – This home is a registered nursing home which provides nursing care for up to 19 patients. The home provides care for patients living with a learning disability under and over the age of 65 years. Patients have their own bedrooms and access to a number of communal areas throughout the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 December 2024, from 9.25 am to 5.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. More detail on patients' views can be found in Section 3.2.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery. As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns meeting was held on 16 January 2025. RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action. Details can be found in the body of the report and in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

Patients spoken with said they were happy living in Kingscourt and the care from staff was very good. Patients were also complimentary about the food and said they liked watching their favourite TV programmes.

Patients told us that staff offered choices to patients throughout the day which included what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Staff were complimentary about the support from colleagues and the training provided. Whilst most staff raised no concerns about patient care one staff member did raise concerns (see section 3.3.2). Details were discussed with the manager..

We did not receive any questionnaire responses within timescales from patients or their visitors or any responses from the staff online survey.

A record of compliments was kept in the home thanking staff for their care and attention to patients.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Review of staff recruitment files evidenced that gaps in the employment history of staff were not all explored and reasons for gaps recorded. This was discussed with the manager and an area for improvement was identified.

Discussion with staff and review of the record of staff training confirmed that mandatory training was not up to date for topics such as moving and handling, medication awareness and human rights. This area for improvement has been stated for a second time.

While patients said that there was enough staff on duty to help them, one staff member felt additional staff were required; the manager discussed the reduced number of registered nurses available in the morning at times of annual leave. The manager had raised this previously with the provider and agreed to discuss it further with the Responsible Individual.

Staff said there was good team work and that they felt well supported in their role.

There was a system in place to ensure nursing staff are appropriately registered with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council. There was no evidence of manager oversight of the monthly checks; the manager agreed to address this.

Discussion and review of the record of the nurse-in-charge competency identified that the competency did not address the duties of taking charge of the home in the absence of the manager; an area for improvement was identified.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patient meetings were held in the home to provide an opportunity for patients to give their opinion on the running of the home.

Review of the plan of activities in the home identified a lack of planned activities for patients; an area for improvement was identified.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that the menu board did not have a record of the planned meals for the day displayed for patients to view. An area for improvement was identified.

### 3.3.3 Management of Care Records

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

Patients care records were held confidentially.

While care records were generally well documented, one patient did not have a care plan in place to direct the need for repositioning and there was no documented action to take if/when the patient did not achieve the minimum daily fluid target. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was warm and inviting and there was a relaxed atmosphere. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Some areas of the environment required maintenance or repair; for example, paint off walls, chipped tiles and a broken toilet handle. An area for improvement was identified.

A number of rooms and furniture such as chairs and bed linen required additional cleaning. Vinyl gloves were noted to be in use for patient care. This was discussed with the manager and two areas for improvement were identified.

It was also observed that a domestic trolley containing cleaning chemicals was unattended and laundry chemicals were accessible in an unlocked laundry. This was brought to staff attention for immediate action and an area for improvement was identified.

Observation of hand hygiene practices identified that a number of staff were not bare below the elbow in line with best practice. This area for improvement has been stated for a second time.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Brian Campbell has been the manager in this home since 1 April 2005.

Review of the record of notification of incidents or accidents to RQIA identified that not all notifiable incidents had been reported appropriately. An area for improvement was identified.

Regular audits to quality assure care delivery and service provision within the home were completed. However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements. An area for improvement was identified.

Safeguarding concerns were raised by staff during the inspection process; these concerns, when reported to the manager, were not managed in accordance with the Regional Adult Safeguarding Operational Procedures. Assurances have been provided that additional safe guarding training has been undertaken by the manager. An area for improvement has been identified.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	11*

\* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Brian Campbell, registered 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	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect (18 December 20204)	<p>The Registered Person shall ensure cleaning and laundry chemicals are secured or supervised at all times.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Actioned immediately and all staff reminded. This will be monitored on an ongoing basis.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time <b>To be completed by:</b> 20 December 20204	<p>The Registered Person shall ensure that all notifiable events are reported appropriately to RQIA.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Addressed. Monitored within monthly audits.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14 (4) <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2024	<p>The Registered Person shall ensure that any safeguarding concerns are managed in accordance with the Regional Adult Safeguarding Operational Procedures.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Addressed. Senior team have attended further training with regards to ASC/appointed persons. Additional face to face training provided for staff. Supervision with staff to address Adult Safeguarding policy and reporting.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39 <b>Stated:</b> Second time	<p>The Registered Persons shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p>

<b>To be completed by:</b> 31 December 2024	<b>Response by registered person detailing the actions taken:</b> Statistics monitoring by Manager and HR department. Staff failing to updated their training will be reminded and advised that they cannot work if training is not up to date.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.11 and 46.12  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (18 December 2024)	The Registered Persons shall ensure that staff remain bare below the elbows in keeping with hand hygiene best practice and that arrangements are in place to audit practice on a regular basis.  <b>Response by registered person detailing the actions taken:</b> IPC Champion has been appointed. Increased spot checks of handwashing, PPE compliance and bare below elbows will reinforce this requirement. The Manager will conduct a monthly review of these checks and sign off on them. Non compliance of staff will result in further action.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2024	The Registered Persons shall ensure that any gaps in employment history of staff are explored and reasons for the gaps recorded.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> Gaps in employment are checked at interview and a form is in place to sign off on these. The Manager will review and sign off on all files issued by HR to ensure compliance and deem the person fit and compliant to be placed on the rota. An audit will take place by HR of all files to ensure historic files meet the standards.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 41.7  <b>Stated:</b> First time  <b>To be completed by:</b> 20 December 2024	The Registered Persons shall ensure that record of the nurse-in-charge competency is further developed to include the duties of taking charge of the home in the absence of the manager;  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> All nursing staff will have their Nurse in Charge competency updated including medication competency.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2024	The Registered Persons shall ensure that a regular and meaningful programme of events is provided for patients.  Ref: 3.3.2  <b>Response by registered person detailing the actions taken:</b> There are extensive activities for the Service Users. Many have links with the local community and have individual programmes reflecting these. A new board of more generic activities has

	been placed in the communal area and the new Activities Therapist has created a new programme.
<b>Area for improvement 6</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2024	The Registered Persons shall ensure an up to date menu is displayed at all times.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> Immediate and ongoing. The Service Users have very individual choices that will vary daily from the menu and this will be captured.
<b>Area for improvement 7</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 20 December 2024	The Registered Persons shall ensure that care plans are in place to direct the care required by the identified patient.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> Addressed. Audits increased.
<b>Area for improvement 8</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2025	The Registered Persons shall ensure the premises are well maintained and remain suitable for their stated purpose.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> A phased enviromental plan has been in place and has now been updated.
<b>Area for improvement 9</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time <b>To be completed by:</b> 29 December 2024	The Registered Persons shall ensure the home is kept clean and hygienic at all times.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> Addressed. Increased audit activity. There are some Service Users with behavioural issues that impact on the cleanliness of the home and the staff will continue to promote positive routines and link in the Trust as needed.

<b>Area for improvement 10</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 20 December 2024	The Registered Persons shall ensure the appropriate gloves are used for patient care.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Nitrile gloves in place.
<b>Area for improvement 11</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2024	The Registered Persons shall ensure a robust system of governance is in place to identify any shortfalls in service delivery and drive the required improvements. Ref:3.3.5  <b>Response by registered person detailing the actions taken:</b> All audits will have action plans. The action plans will have outcome sections that will be reviewed when the next audit is conducted to ensure follow through. The Manager will sign off all audits including those that all delegated. Audit activity will increase.

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



The Regulation and  
Quality Improvement  
Authority

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