

# Inspection Report

23 October 2023



## Kingscourt

Type of service: Nursing  
Address: 928 Antrim Road, Templepatrick, BT39 0AT  
Telephone number: 028 9443 2086

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd	<b>Registered Manager:</b> Mr Brian Campbell
<b>Registered Person/s OR Responsible Individual:</b> Mr Eoghain King	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mr 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> 18
<b>Brief description of the accommodation/how the service operates:</b> Kingscourt is a registered nursing home which provides nursing care for up to 19 patients over two floors. Patients have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 October 2023 from 9.50 am to 3 pm by a care inspector.

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.

Two previously identified areas for improvement were reviewed and assessed as met. New areas for improvement were identified in relation to mandatory training, the environment, cleaning records, and auditing of hand hygiene practices.

Patients were happy to engage with the inspector and to share their experiences of living in the home. Patients expressed positive opinions about the care and services provided. Patients were seen to go about their daily activities with support from staff, and there was a relaxed and homely atmosphere throughout the day.

Staff demonstrated a good understanding of their roles and responsibilities and knew the patients and their needs well. It was evident that staff promoted the dignity and wellbeing of patients through positive therapeutic relationships and encouraged and supporting patients to achieve their goals and to participate in meaningful activities.

RQIA were assured that the care and services provided in Kingscourt was effective and delivered with compassion. Addressing the areas for improvement will enhance staff practice and the patients' experience.

The findings of this report will provide the management team with the necessary information to improve staff practice and patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Brian Campbell at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients told us that living in Kingscourt was a positive experience and some patients were enthused to share about recent social and recreational activities. Patients talked about regular events such as attending local community groups, going out for exercise such as swimming sessions, and shopping trips. Some patients also told us about holidays that they had or are planning and trips to visit family.

Patients described staff as "super", and said that staff were always available to them when they needed support. Patients told us that they knew who was in charge of the home and said that the manager "does a great job."

Relatives said that they were very happy with the care provided to their loved ones, and praised staff for their skills in providing care in a respectful manner and managing patients' needs with compassion, especially when dealing with behaviours that can challenge.

Relatives said that visiting arrangements were working well and that they were kept informed about any changes in their loved ones needs or care.

Staff said that they were happy working in the home and felt supported by the manager and senior team. Staff confirmed that they were provided with a comprehensive induction to their roles and said that they could raise any concerns or issues and had confidence that concerns would be managed appropriately.

Agency staff spoke positively about their experience and told us that they were provided with a good induction to the home and the needs of patients, and that they felt welcomed and part of the team.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 January 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that the identified unfinished joinery works are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard E8 <b>Stated:</b> First time	The registered person shall ensure that staff and patients have access to call points in every room used by patients in the home and; where there is no system in place, that interim measures are established until a permanent/effective call system is installed.  A plan of works for the identified rooms not linked to the existing call bell system and which includes timescales should be submitted to RQIA with the return of the QIP.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
--	-------------------------------------------------------------------------------------------------------------------------------	--

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post.

Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Agency staff also confirmed that they were provided with a good induction and had a clear understanding of their role and patients' needs.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The rotas identified the nurse in charge when the manager was not on duty. The manager explained that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

Staff and patients said that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, some patients were supported to leave the home to attend a day centre or go swimming, while other patients were seen to move freely around the communal areas of the home or to avail of the privacy of their bedrooms, and participate in chores such as kitchen duties if they so wished.

There was a system in place to provide staff with mandatory training and the manager had oversight of this system. A review of training records showed poor compliance rates with a number of essential courses. It was unclear what action had been taken to address this. An area for improvement was identified.

Staff said that they felt supported working in the home and demonstrated a good understanding of their roles and responsibilities. Staff described good teamwork and said that they could go to the manager or any nurse in charge if they needed to report something or if they needed guidance. Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Relatives and patients said that they were very satisfied with the staffing arrangements and that there was always staff available to help or support. A relative praised staffs' knowledge about individual patients' needs and the skills used to deliver compassionate care during sometimes challenging situations.

Patients described staff as "super" and "very good", and talked about how staff supported them with daily activities such as going swimming or baking.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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 members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were free from clutter, patients were encouraged or assisted to keep their bedrooms free from unnecessary hazards, and staff were seen to supervise or assist patients with poor mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral where required, such as, to Occupational Therapy. Following a fall relevant parties such as next of kin, Trust key worker and, where required, RQIA were informed.



Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided and there was evidence that patients were offered a choice of meals every day and often requested items that were not on the menu but were easily provided by the catering team.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients and relatives said that they were happy with the care provided in the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, clean and tidy.

Communal toilets, shower, and bathrooms were clean and accessible. However, it was noted that the cleaning records for these rooms were not being maintained. An area for improvement was identified.

While the home was clean and homely in areas, a number of areas required maintenance. For example, some walls were cracked or had dents in the plaster. One wall had damp from an external water issue that resulted in a radiator falling off the wall. Immediate action was taken by the home and the radiator was being repaired within hours of the incident. However, an area for improvement in relation to ongoing maintenance in the environment was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. Fire exits were maintained free from obstruction and fire extinguishers were wall mounted and accessible.

Environmental infection prevention and control (IPC) audits were conducted on a regular basis and action plans were developed to address any deficits or shortfalls that could impact on IPC. It was noted that these audits did not monitor staff practice with hand hygiene and it was observed that not all staff were bare below the elbows, in keeping with best practice. An area for improvement was identified.

Patients and relatives were satisfied with the level of cleanliness in the home. One patient said that they would like to have their bedroom redecorated and this was brought to the attention of the manager to include on the home's decorating schedule.

#### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients told us about attending activities outside of the home and said that they could spend time in any of the communal areas or in their own bedroom if they preferred. Patients were observed to move freely around the communal spaces and the grounds and staff were heard offering various choices to patients throughout the day.

An activities programme was in place and included arts and crafts, music sessions, baking or cookery, and religious events. Activities were person centred and patients were regularly consulted about social and recreational events.

Patients told us that they were supported and encouraged by staff to keep up with interests outside of the home such as, shopping trips, swimming sessions, and attendance at community organisations such as the day centre or men's shed.

Review of records and discussions with patients evidenced that patients' social and spiritual needs were met, with activities covering social, community, cultural, religious, spiritual and creative events.

Patients were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

Staff recognised the importance of maintaining good communication with families and supported patients to keep in touch with family through phone calls or trips to visit family.

Visiting arrangements were in place and relatives confirmed that these arrangements worked well.

#### 5.2.5 Management and Governance Arrangements

There had been no changes in the management of the home since the last inspection. Mr Brian Campbell has been the registered manager since 2005. The manager confirmed that they were supported by the provider and wider management team.

There was a clear managerial structure in place and staff were aware of who was in charge of the home at any given time. Staff described management as "excellent" and said "we can go to Brian with anything." Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. As stated in section 5.2.3, it was identified that the IPC auditing could be improved by including hand hygiene practices.

Patients and relatives said that they knew who to approach if they had a complaint or a concern and that they had confidence that any issues would be managed well.



There was a system in place to manage complaints. Records evidenced that the manager ensured that complaints were managed correctly and that good records were maintained. It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Brian Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2023	<p>The registered persons shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Staff have been reminded of the requirement to adhere to mandatory training. Training stats have improved and shall continued to be monitored and reviewed.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered persons shall ensure that there is a system in place to maintain environmental cleaning records accurately and up to date.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            A system is now in place to maintain accurate and up to date environmental cleaning records.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2023 and going forward	<p>The registered persons shall ensure that repairs are carried out in relation to the environmental deficits identified during the inspection, and that a planned programme of continuous improvements to the environment is maintained.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Repairs have been carried out in relation to the environmental deficits identified and a planned programme of continuous improvements to the environment is maintained.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46.11 and 46.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision is taking place with all staff members in relation to hand hygiene best practice. Audits are in place to audit practice on a regular basis.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews