

Unannounced Nursing Home Care Inspection Report 28 April 2016



Kingscourt

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Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Kingscourt Care Home took place on 28 April 2016 from 11.00 to 15.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients who were being assisted and responded to in a timely and dignified manner. Patient risk assessments were undertaken, reviewed and updated on a regular basis. The home was found to be warm, fresh smelling and clean.

However the tiles in the first floor bathroom were loose and grouting was missing. This matter was first identified following the estates inspection of 17 February 2015. In the returned QIP following the estates inspection the registered person advised that the bathroom was being re-tiled and planned for this work to be completed by August 2015. However the work had not been completed. A requirement was made in this regard.

One patient expressed some dissatisfaction with the current staffing levels. The registered manager advised that staffing levels were to be increased in response to increases in the dependency levels of patients. Additional staff were being recruited at the time of the inspection. Feedback provided by patients and/or their representatives was otherwise generally very positive.

Is care effective?

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff meetings were held on a regular basis (at least quarterly) and there was evidence of good teamwork. Patient meetings were held monthly and there was evidence that any concerns had been dealt with promptly.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Patients had individualised routines and preferences and expressed these freely with appropriate levels of staff supervision and support. However, we were advised of an ongoing problem with the hot water system, resulting in not enough hot water at times to meet the needs of the patients. A requirement has been made.

Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care.

There was evidence that a range of audits had been completed on a monthly basis, for example, accidents/incidents and care records. Additional audits were completed quarterly, including infection prevention and control audits. A recommendation was made for a review of the audit schedule and to increase the frequency of infection prevention and control audits.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring. These reports were comprehensive and well maintained.

One recommendation was made in respect of infection prevention and control audits.

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 Department of Health (DOH) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the QIP within this report 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 07 October 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Manor Healthcare Ltd Mr Eoghain King	Registered manager: Mr Brian Campbell
Person in charge of the home at the time of inspection: Mr Brian Campbell	Date manager registered: 01 April 2005
Categories of care: NH - LD, LD(E)	Number of registered places: 19

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Ten patients, four care staff and two registered nurses were also consulted with.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- two personnel records
- accident and incident register
- notifiable events records
- falls audits
- one complaints record
- staff induction records
- minutes of staff meetings
- minutes of patients meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations 2005
- staff patients' and relatives' questionnaires

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07/10/15

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11/06/15

Last care inspection statutory requirements - None		
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: First time To be Completed by: 30 September 2015	It is recommended that the registered person ensures that all grades of staff receive training on the following; <ol style="list-style-type: none"> 1. Palliative /End of life care 2. Breaking bad news communication skills. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of training records evidenced that this training had been completed.	
Recommendation 2 Ref: Standard 19 Stated: First time To be Completed by: 31 July 2015	The registered manager should ensure that end of life care plans are developed.	Met
	Action taken as confirmed during the inspection: Discussion with registered nurses and review of three patients care records evidenced that end of life care plans had been developed.	

4.3 Is care safe?

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 for the week commencing 18 April 2016 evidenced that the planned staffing levels were adhered to. The registered manager advised that staffing levels were to be increased in response to increases in the dependency levels of patients. Additional staff were being recruited at the time of the inspection.

Discussions with the majority of care staff confirmed that patients' dependency levels had increased over time and they were looking forward to the additional staff in order to maintain the high standards of care in the home.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. Dissatisfaction was expressed by one patient regarding staffing levels. This was discussed with the registered manager at feedback.

Discussion with 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. Two personnel files were viewed and we were able to evidence that all the relevant checks had been completed.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We were informed that the majority of mandatory training was to be delivered via an online system and this was to commence in May 2016. Some training would continue to be delivered face-to-face, for example, safe moving and handling, medication management and epilepsy awareness. Further discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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 Nursing and Midwifery Council (NMC) and 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.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient 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.

Discussion with the registered manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Trust care management, patients’ representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean. However the tiles in the first floor bathroom were loose and grouting was missing. This may pose an infection control risk as the area cannot be effectively cleaned. This matter was first identified following the estates inspection of 17 February 2015. In the returned QIP following the estates inspection the registered person advised that the bathroom was being re-tiled and planned for this work to be completed by August 2015. However we were advised that contractors had not adhered to agreed schedules and the work remained unfinished. A requirement was made in this regard.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

Replace or make good the tiling in the first floor bathroom.

Number of requirements	1	Number of recommendations:	0
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4.4 Is care effective?

A sample of three patients’ care records was reviewed. There was evidence that detailed care plans had been generated from a comprehensive assessment for each patient.

There was evidence that care records 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.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence also of regular communication with patients’ representatives regarding the patients’ ongoing condition.

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. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ condition.

Discussion with staff and the registered manager confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained. The last staff meeting was on 22 April 2016.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

Patients had individualised routines and preferences and expressed these freely with appropriate levels of staff supervision and support.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with commented positively in regards to the care they received and life in the home. Those 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 the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients meetings were held on a monthly basis and records had been maintained. A relative's survey was conducted annually. The views of families/representatives were obtained in writing and a report was completed. The registered manager had plans to commence a monthly open surgery where relatives can attend without an appointment and have a discussion.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. There was documented evidence that a complaint made by a patient regarding a particular type of food had been followed up and resolved to the satisfaction of the patient.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Five staff, five patients and two patient’s representative completed questionnaires. Comments received were generally very positive. One patient felt there was not enough staff to look after him. Two staff also expressed concerns regarding staffing levels. These comments were discussed with the registered manager who confirmed that this matter was being addressed.

One staff member raised concerns regarding the availability of sufficient hot water at peak times to meet the needs of patients. This issue was also discussed with the registered manager who confirmed that, at times there has not been enough hot water in the mornings when patients are having baths and showers. This has been brought to the attention of the responsible person and work has been carried out by various professionals, however the problem had not yet been fully resolved. A requirement has been made in this regard.

Some comments received from consultation with staff, patients and patient representatives are detailed below:

Staff

- “the service users require more attention as they have got older, and this requires more time. We could be doing with more staff. Our manager has told us we are getting more staff”
- “We do meet the needs of residents, but we are getting more staff which will enable us to do more”
- “I am very happy here, I love my job”
- “we all work well as part of a team”

Patients

- “the staff are great”
- “I am going out today with my family”
- “the pastor is coming in today and I’m looking forward to that”
- “the food is good”

Patients’ representatives

Two relatives completed questionnaires and responses received would indicate a high level of satisfaction with this service. No additional comments were provided by relatives.

Areas for improvement

Provide confirmation that the home’s hot water system has been repaired and that the system is fit for purpose.

Number of requirements	1	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was not displayed in the home. The registered manager explained that the framed certificate had recently been removed from where it had been displayed in the main hallway and it had become misplaced. The registered manager advised that this was the first time the certificate had not been displayed. A new certificate was requested and the registered manager provided assurances that it would be appropriately displayed in accordance with legislation.

A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. One complaint had been received since the previous care inspection and had been resolved to the satisfaction of the complainant.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents, medication management. We were informed that other audits, including infection prevention and control, were completed quarterly. It is recommended that the registered manager reviews the frequency of audits including infection prevention and control.

The results of the above audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. The reports were comprehensive and well written. An action plan was generated to address any areas for improvement.

A discussion with the registered manager and a review of records confirmed 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.

Areas for improvement

It is recommended that the registered manager reviews the frequency of audits and increases infection prevention and control audits.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this 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 person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27 (2)
(b)

Stated: First
time

To be completed by:
31 July 2016

The registered person must ensure that the tiling on the first floor bathroom has been replaced or made good.

Reference: Section 4.3

Response by registered person detailing the actions taken:

The first floor bathroom has been completely refurbished.

Requirement 2

Ref: Regulation 27 (2)
(q)

Stated: First time

To be completed by:
30 June 2016

The registered person must provide confirmation that the home's hot water system has been repaired and that the system is fit for purpose.

Reference: Section 4.5

Response by registered person detailing the actions taken:

The homes hot water system has been repaired and the system is fit for purpose.

Recommendations

Recommendation 1

Ref: Standard 35.6

Stated: First time

To be completed by:
31 May 2016

The registered person should review the schedule of audits and increase the frequency of the infection prevention and control audits.

Reference: Section 4.5

Response by registered person detailing the actions taken:

The registered person has reviewed the schedule of audits. As a result the infection prevention and control audits have been increased.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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