

Inspection Report

Name of Service: Kingsland Care Centre

Provider: Ann's Care Homes

Date of Inspection: 23 January 2025

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

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Sandra Willis
<p>This home is a registered Nursing Home which provides nursing care for up to 43 patients, including patients with a terminal illness. Kingsland Care Centre also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.</p> <p>Patients' bedrooms are located over two floors. Patients have access to communal lounges/dining rooms and a patio area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2025 from 09.45 am to 5.25 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 assess progress with the areas for improvement identified by RQIA, during the last pharmacy inspection on 17 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to the patient dining experience, the provision of activities and the management of care records. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

This inspection resulted in three new areas for improvement being identified. As a result of the inspection, one area for improvement regarding medicines management has been carried forward for review at a future inspection. Full details can be found in the main body of this report and in the quality improvement plan (QIP) 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Patients said, "I'm well looked after and the staff and the home manager are great. The food's good too. I'm offered a choice of activities that I would like to attend, so I went to listen to poetry by Robert Burns this morning and really enjoyed it." and "I'm very happy here and have no concerns at all. The staff are nice and kind to me".

Relatives spoken with said, "The care is excellent and Mum's room is always clean. I can't find fault anywhere" and "I come in unannounced and never find any issues. Communication is good. Mum's well presented and the staff are attentive. She's in good hands".

Following the inspection we received five completed questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

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. There was evidence of robust systems in place to manage staffing.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed on the notice board, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard, advising patients of forthcoming events. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in daily activities as they prefer to plan their own time.

Activities for patients were provided which involved both group and one to one activities such as quizzes, puzzles, reminiscence sessions, visits from outside entertainers and arts and crafts.

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 were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients' of the date, time and place.

Equipment used by patients such as hoists were noted to be effectively cleaned.

Treatment rooms, sluice rooms, cleaning stores, the laundry room and the kitchen were observed to be appropriately locked.

Inappropriate storage of items and equipment was observed in a selection of communal bathrooms. Some items had the potential to be shared communally. An area for improvement was identified.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. However, inappropriate storage of combustible items was observed in the first floor stairwell. The manager confirmed post inspection, that all combustible items have been removed and stored appropriately. An area for improvement was identified.

Review of records evidenced that a Fire Risk Assessment had been carried out on 18 September 2024. It was noted that a staff fire evacuation drill was overdue. An area for improvement was identified.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Sandra Willis has managed the home since 1 September 2022.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

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

Patient and staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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
Total number of Areas for Improvement	2*	2

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sandra Willis, Registered Manager and Mrs Charmaine Hamilton, Responsible Individual, 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: 17 December 2024	The registered person shall ensure a robust daily monitoring system for the cold storage of medicines is maintained to ensure that the minimum and maximum medicine refrigerator temperatures are recorded, the thermometer is reset every day and medicines are stored in accordance with the manufacturers' instructions. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 27 (4) (c) Stated: First time To be completed by: From the date of inspection 23 January 2025	The registered person shall provide adequate means of escape by ensuring combustible items are not inappropriately stored in stairwells and that this is closely monitored. Ref: 3.3.4
	Response by registered person detailing the actions taken: All combustible items have been removed from the Stairwells. A new external storage facility has been placed on the grounds of Kingsland. Staff communication at the Staff Meetings to reinforce the importance of not storing combustibles in the stair wells which will be monitored on a daily basis during walk about and by the Regional Manager on Monthly Regulation 29 Visits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: From the date of inspection 23 January 2025	The registered person shall ensure that items and equipment in bathrooms is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance. Ref: 3.3.4
	Response by registered person detailing the actions taken: All plastic Urinals have been disposed of and disposable urinals are now in stock for resident use. This has been communicated to all staff at staff meeting.

Area for improvement 2 Ref: Standard 48.8 Stated: First time	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year and that an up to date record is maintained. Ref: 3.3.4
To be completed by: 14 March 2025	Response by registered person detailing the actions taken: A new Matrix for 2025 for Fire Drills and Fire Evacuation Drill has been devised, with a plan to have all staff participate in a fire evacuation drill before the year end.

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



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