

Inspection Report

3 May 2022



Kingsland Care Centre

Type of Service: Nursing Home
Address: 252 Seacliff Road, Bangor, BT20 5HT
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Larchwood Care Homes (NI) Limited Responsible Individual: Mr Christopher Walsh	Registered Manager: Ms Ruth McKeown Date registered: 12 February 2019
Person in charge at the time of inspection: Ms Ruth McKeown	Number of registered places: 43
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 36
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 43 patients. Patients' bedrooms are located over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 3 May 2022 from 10.20 am to 5.50 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 relation to care delivery and maintaining good working relationships.

Seven areas for improvement have been identified in relation to record keeping, the use of pressure relieving mattresses, the safe storage of supplements prescribed for patients and best practice in relation to infection prevention and control. The total number of areas for improvement includes three regarding medication management, which are carried forward for review at the next inspection.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, patients' representatives, staff and visiting professionals are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 and 'Tell Us' cards 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 Ms Jennifer Wilson, Support Manager and Ms Ruth McKeown, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four patients individually, a small group of patients in the lounge, a patient's relative, six staff and two visiting professionals. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received one completed staff questionnaire. The questionnaire indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No patient or patient representative questionnaires were received within the timescale specified.

The following comment was recorded:

"Staff at Kingsland are passionate at delivering care to their beloved residents and management is very caring at both residents and staff needs."

Visiting professionals spoken with commented:

"This is our first time in the home. We find the staff very helpful as everything was organised over the phone and our visit went smoothly today."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"We are most grateful for your hard, hard work, care and attention towards ... We thank you day and night for what you do for her."

5.0 The inspection

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

The most recent inspection was undertaken by the pharmacist inspector on 28 September 2021. Three areas for improvement identified were not reviewed during this inspection and have been carried forward for review at the next inspection.

Areas for improvement from the last inspection on 28 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	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.	Carried forward to the next inspection
	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 13(4) Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	Carried forward to the next inspection
	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.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans for the management of pain are in place and are regularly reviewed for patients who are prescribed medications for the management of pain.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding adult safeguarding, moving and handling, emergency care, dysphagia awareness, infection prevention and control (IPC) and fire safety.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us 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. The manager's hours, and the capacity in which these were worked, were clearly recorded.

Staff told us they were aware of individual patients' 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.

5.2.2 Care Delivery and Record Keeping

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' 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.

It was observed that a number of patient record files were in an unsatisfactory condition and required to be replaced as this did not adhere to best practice regarding infection prevention and control. This was discussed with the manager and an area for improvement was identified.

Correspondence received from the manager on 5 May 2022 confirmed that all patient files have been replaced.

Review of care records regarding patients at risk of falls evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Care plans and risk assessments in relation to the use of pressure relieving mattresses were reviewed. It was noted that the pressure relieving mattress for one patient was not set in accordance of the patients' weight and the manufacturer's guidance. This was discussed with the manager. An area for improvement was identified.

Correspondence received from the manager on 5 May 2022 confirmed that the mattress has been set to the appropriate setting for the identified patient's weight.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Review of patients' supplementary charts who require to be repositioned, showed for one patient that there were gaps in the recording of the delivery of care. The chart showed that the frequency of the repositioning and the time recorded was inconsistent. This was discussed with the manager who advised she would address the matter with staff and an area for improvement was identified.

Patients' personal hygiene, bowel elimination records, food and fluid charts and night time checks were reviewed and showed that they were well documented.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. The manager advised that dieticians from the local Trust completed a two monthly, virtual ward round in order to review and monitor the weight of all patients in the home.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

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.

We observed the serving of the lunchtime meal in the ground floor, dining room. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The daily menu was displayed in the dining room on a chalk board showing patients what is available at each mealtime. Patients able to communicate indicated that they enjoyed their meal.

Two patients spoken with said:

"The staff are very good. They're attentive and kept very busy. My mobility has improved since I came in here and the food is very good too. They will get me something else if I don't want what is on the menu so I've asked for a salad instead for lunch today."

"I'm well looked after and the staff and the food is good. I've no issues."

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices. 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.

Observation of the open doorway of a vacant bedroom on the first floor, evidenced that six pharmacy boxes containing the monthly order of prescribed supplements and tins of food thickening agents for patients on modified diets were easily accessible and not stored securely. This could cause potential risk to the health and welfare of patients. This was discussed with the manager and the nurse on duty who immediately locked the door. An area for improvement under regulation was identified.

The treatment room, sluice room, cleaner's store and kitchen were observed to be appropriately locked.

It was observed that a number of wheelchairs and a walking aid were not effectively cleaned. This was discussed with the manager who advised that arrangements had been made for the disposal of the walking aid and collection of the wheelchairs as they were no longer required, by the local Trust.

Correspondence received from the manager on 5 May 2022 confirmed that all wheelchairs have been cleaned and that a weekly cleaning schedule has been implemented to ensure that equipment used by patients is monitored in order to keep them clean. Further communication from the manager on 22 June 2022 confirmed the disposal of the walking aid and that wheelchairs no longer in use have been collected by the Trust.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

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 were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients 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.

There was a range of activities provided for patients by the activity therapist. Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities, such as reminiscence sessions and a variety of games, arts and crafts.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

There were suitable systems in place to support patients to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, weight, wounds, falls, complaints and infection prevention and control (IPC) practices, including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mr Christopher Walsh, Responsible Individual was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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.

The manager advised that systems were in place to ensure that complaints were managed appropriately and that no complaints had been raised this year. Patients, patients' representatives and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The manager advised that staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive, approachable and advised that any concerns raised were addressed promptly.

Two staff members commented:

"I'm happy here and have everything I need to do my job. I had good training and induction and the manager is approachable.

"All's going well. I had a good induction and have good support by the staff and the manager."

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer Wilson, Support Manager and Ms Ruth McKeown, 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	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: From the date of inspection	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: 5.1 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.

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed: From the date of inspection</p>	<p>The registered person shall ensure that supplements prescribed for patients are stored safely in a secure place at all times in order to protect the health and welfare of patients.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Additional locked Storage has been allocated on the first floor within the home, in order to store stock safely.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that care plans for the management of pain are in place and are regularly reviewed for patients who are prescribed medications for the management of pain.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: From the date of inspection</p>	<p>The registered person shall ensure that patient record files are maintained and monitored to an acceptable standard in order to adhere to infection prevention and control best practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All files were replaced 04/05/2022. Additional files have been made accessible for staff to access/replace should the need arise. Nurses will carry out a fortnightly check of files when updating paperwork</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed: From the date of inspection</p>	<p>The registered person shall ensure that care plans and risk assessments are in place for the use of pressure relieving mattresses and that mattresses are set in accordance of the patients' weight and the manufacturer's guidance.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care prescriptions for the use of pressure relieving mattresses and pump settings have been reviewed and accurate. This will be checked monthly when the named nurse updated each residents care prescription</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that supplementary care records specifically repositioning charts are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All residents care prescriptions have been reviewed and are collating with supplementary charts. This will continue to be reviewed monthly by the named nurses</p>

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