



Unannounced Care Inspection Report 6 August 2020



Kingsland Care Centre

Type of Service: Nursing Home (NH)
Address: 252 Seacliff Road, Bangor, BT20 5HT
Tel No: 028 91 273867
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 43 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Limited Responsible Individual: Christopher Walsh	Registered Manager and date registered: Ruth McKeown – 12 February 2019
Person in charge at the time of inspection: 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: 30

4.0 Inspection summary

An unannounced inspection took place on 6 August 2020 from 09.50 to 17.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- The environment/Infection Prevention and Control
- Staffing and care delivery
- Patients' records
- Governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ruth McKeown, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with eight patients individually, small groups of patients in lounges, three patients' representatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 27 July to 9 August 2020
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints and compliments records
- incident and accident records
- one patients' activity participation record
- three patients' reposition charts
- four patients' supplementary care charts including food and fluid intake charts, daily care, night-time checks and bowel management charts
- two patients' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of three patients' reposition charts evidenced that they were well documented. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the patients dining experience is enhanced specifically in the presentation of meals to patients and the equipment used.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the lunchtime meal on the first floor evidenced that this area for improvement has been met. For further details refer to section 6.2.2	

Area for improvement 3 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that robust systems are established in respect of the auditing of patient care records and infection prevention and control measures in the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of care plan and infection prevention and control audits from 1 June to 21 July 2020 evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The manager advised that a refurbishment programme of the home had been undertaken during the past year and was ongoing.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

Observation of the sluice room on the first floor evidenced that the door was unlocked and cleaning materials could be easily accessed. The key pad system to lock the door had not been activated in order to comply with health and safety procedures and legislation. This was discussed with the manager and an area of improvement under regulation was identified.

Pull cords in bathrooms throughout the home were seen to be uncovered and could not be easily cleaned in order to adhere to infection prevention and control best practice. This was discussed with the manager and an area for improvement was identified.

An identified fire exit on the ground floor was observed to be cluttered with three wheelchairs, two specialised chairs, a number of storage boxes and a Hoover that would cause an obstruction should the home need to be evacuated in an emergency. This was discussed with the manager and an area for improvement under regulation was identified.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 27 July to 9 August 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of

the patients. It was noted that a reduced number of domestic staff were on duty on a few occasions. This was discussed with the manager who advised this was due to the allocation of annual leave.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and were appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

We observed the serving of the lunchtime meal on the first floor from a heated trolley. Staff advised that due to social distancing guidelines, patients were having their meals delivered on trays to their rooms and that those who wished to have their meal in the dining room would also be accommodated. The food appeared nutritious and appetising and was covered on transfer. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff deployed throughout the unit, were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. 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 menu for the day offering patients a choice of meal was displayed in a suitable format.

After lunch, the activity therapist and care staff were observed to facilitate outside visits in the patio area in order to keep patients and their visitors safe by adhering to government guidelines regarding social distancing during the pandemic. The activity therapist advised that patients recently enjoyed a surprise visit from a local choir who sang to them from the car park. One patients' record regarding activity participation was reviewed and was found to be well documented.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Kingsland Care Centre. Three patients' representatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought the opinion of patients and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Six patients commented:

"The food is very good and the staff are good."

"Staff are very obliging and the food is good."

"The food's ok. They will get me something else if I ask. I've no concerns. Staff are good."

"I'm well looked after and well fed."

"The food's brilliant."

"I've no complaints. I have a comfortable chair and bed. It's a good place to be."

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. The manager advised that she provides 'flash meetings' in order to update staff on current information.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"To the best caring staff. Thank you for all for your loving care of our mother. Words cannot express our gratitude."

"Thank you so much for your care for ... over the years. We really appreciate your support and all the amazing work you do."

6.2.3 Patient records

Review of two patient's care record evidenced that care plans regarding falls management 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.

Three patients' reposition charts were reviewed and were found to be well documented.

Review of four patients' supplementary charts in relation to food and fluid intake, daily care, night-time checks and bowel management were observed to be well maintained.

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.

6.2.4 Governance and management

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.

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).

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. We discussed staff training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). The manager advised that she had completed training regarding DoLS level two and three. Registered nurses had completed DoLS level two but not all employed staff in the home had completed DoLS level two training. An area for improvement was identified.

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, nutrition, the use of bedrails, infection prevention and control (IPC) practices including hand hygiene, personal protective equipment (PPE), the environment, decontamination of hoists, shower chairs, commodes and mattresses and a clinical waste bin audit.

We reviewed accidents/incidents records from 29 February to 31 July 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of a selection of records from 30 July 2019 to 16 July 2020 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding the documentation of care plans and patients' supplementary charts, risk management, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

Four areas requiring improvement were identified in relation to Control of Substances Hazardous to Health (COSHH), fire exits to be kept clear of obstruction, Infection Prevention and Control (IPC) and the provision of Deprivation of Liberty Safeguards (DoLS) training for all employed staff.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

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 regarding the use of personal protective equipment. Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding governance arrangements and maintaining good working relationships.

Correspondence received on 14 August 2020 from Chris Walsh, Responsible Individual, advised that all unnecessary or unused items in stairwells have been removed to ensure safe egress from the building in the event of an emergency and that all call bells in the home have been covered with plastic sleeves.

Enforcement action did not result from the findings of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nuala Green, Managing Director and Ruth McKeown, Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All Chemicals were removed on the day of inspection and alternate cleaning products provided. Sluice risk assessments in place for doors being unlocked. Daily checks carried out by home manager.</p>
Area for improvement 2 Ref: Regulation 27.4 (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that fire exits are kept clear and are free from obstruction.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Guidance sought from Fire Inspector-fire exits cleared to allow easy access to fire doors.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46.2 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All pull cords now covered with washable covers.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2020</p>	<p>The registered person shall ensure that all employed staff receive training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staff now trained in DoLS- training completed 15/9/20.</p>
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Please ensure this document is completed in full and returned via Web Portal



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