



The Regulation and
Quality Improvement
Authority

Kingsland Care Centre
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**Unannounced Care Inspection
of
Kingsland Care Centre**

11 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 11 February 2016 from 10.25 to 17.45. RQIA were assisted by a lay assessor who, along with the inspector, met with residents to obtain their views on the quality of care provided within the home.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support
Standard 6: Privacy, Dignity and Personal Care
Standard 21: Health Care
Standard 39: Staff Training and Development.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 8 June 2016.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	13*

*The total number of recommendations includes two recommendations stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Susannah Curry, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larchwood Care Homes (NI) Ltd Christopher Walsh	Registered Manager: Susannah Curry
Person in Charge of the Home at the Time of Inspection: Susannah Curry	Date Manager Registered: 29 December 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 43
Number of Patients Accommodated on Day of Inspection: 41	Weekly Tariff at Time of Inspection: £581 - £680

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

- Standard 4: Individualised Care and Support, criterion 8**
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criterion 4

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with patient representatives
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- completion of five patient questionnaires
- evaluation and feedback

The inspector met with 11 patients individually, three patient representatives, three care staff, one ancillary staff member and two registered nursing staff.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- staff induction templates for registered nurses and care assistants
- four patient care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 14 October 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 8 June 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all notifiable events are reported to RQIA in accordance with Regulations.</p> <p>The two identified events which occurred in March 2015 must be reported to RQIA with all due haste.</p> <p>Action taken as confirmed during the inspection: Notifiable events have been reported to RQIA in accordance with regulations. The two identified events referred to above have been notified to RQIA.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 32</p> <p>Stated: First time</p>	<p>The registered manager must ensure that RQIA is formally notified of the changes to be made to the front door and that all documentation required as part of this application is approved prior to the activation of the keypad access device.</p> <p>Action taken as confirmed during the inspection: Documentation has been submitted and approved in relation to the changes to the front door as indicated above.</p>	Met

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.1</p> <p>Stated: Second time</p>	<p>The registered person should ensure that care plans are developed in consultation with the patient and/or their representative.</p> <hr/> <p>Action taken as confirmed during the inspection: Following recruitment of staff, at the beginning of February 2016 all patients in the home have been assigned a named nurse. The named nurse has the responsibility of ensuring patient/representative involvement in the care planning process. All existing care plans are being reviewed during patient care reviews. Management will monitor this through monthly documentation audits. The registered manager confirmed following the inspection that nine care reviews have taken place from January 2016.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 36</p> <p>Stated: First time</p>	<p>It is recommended that the registered persons review and update the following policies to ensure that they reflect best practice guidance;</p> <ul style="list-style-type: none"> • Communication policy should include reference to the regional guidance for breaking bad news • The palliative care policy and procedures should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. <hr/> <p>Action taken as confirmed during the inspection: The home's communication policy dated June 2014 had not been reviewed or updated.</p> <p>The palliative care policy had been reviewed and updated to include the above recommended guidance on 5 August 2015.</p>	Partially Met

<p>Recommendation 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>It is recommended that the registered person ensures that all grades of staff have access to training on the following;</p> <ol style="list-style-type: none"> 1. Palliative / End of life care 2. Breaking bad news communication skills 	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Five new staff members have received in-house training on palliative and end of life care during their induction. Discussion with the registered manager confirmed training is being sourced around palliative care and breaking bad news.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>It is recommended that the registered manager review and update the risk assessment re the identified patient in respect of leaving the home unaccompanied.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The risk assessment relating to the identified patient above had been reviewed and updated appropriately.</p>		

Areas for Improvement

The policy on communication should be reviewed and updated to include reference to the regional guidance for breaking bad news.

Training on palliative and end of life care and breaking bad news should be sourced for all grades of staff.

Number of Requirements:	0	Number of Recommendations:	2
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5.3 Contenance Management

Is Care Safe? (Quality of Life)

Policies and procedures were not in place to guide staff regarding the management of continence. A recommendation has been made for a policy on the Management of Continence to be developed and reflect current best practice guidance.

Best practice guidance on continence care was available in the home for staff to consult from the National Institute for Health and Clinical Excellence (NICE) and Larchwood.

These included:

- Faecal Incontinence (NICE)
- The Management of LUTS in Men (NICE)
- Urinary Incontinence in Women (NICE)
- Insertion and care of Urinary Catheters (Larchwood)

Discussion with staff and the registered manager confirmed that staff had not received training in continence management. A recommendation has been made.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with the registered manager confirmed there were two registered nurses trained and assessed as competent in urinary catheterisation. Two additional registered nurses have received training in urinary catheterisation and are awaiting competencies/updates to deem them competent in performing the task.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse has been identified for the home. Training was being sourced for the intended continence link nurse to attend.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. However, the continence bowel assessments did not include the patient's normal bowel pattern. A recommendation was made.

The actual product requirement necessary to meet the continence needs of the patients was not consistently identified on the continence assessments and included within the continence care plans. A recommendation was made.

There was evidence in within four care records reviewed that Braden risk assessments and Malnutrition Universal Screening Tool (MUST) risk assessments had not been reviewed consistently on a monthly basis. All four care records had monthly reviews of Braden scores missed. One record had six reviews missed. One of the four MUST scores reviewed was missing three reviews. A recommendation was made.

One of the four continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. One care plan had been reviewed five times from its creation on 24 March 2015. The other two care plans missed monthly reviews. This was discussed with the registered manager and assurances were given that care plans would be reviewed on a monthly basis and this would be verified by management.

Repositioning charts had been completed for the patients who required them. However, a recommendation was made to further develop the recording of repositioning to record the frequency of repositioning required and to record actual condition of the patients skin on each repositioning.

Records reviewed also evidenced that urinalysis was undertaken monthly or as required and patients were referred to their GPs appropriately.

Is Care Compassionate? (Quality of Care)

During the inspection, staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

A policy on the management of continence should be developed and made available to staff.

Training on continence should be sourced for staff.

Continence bowel assessments should include the patients' normal bowel pattern.

Continence assessments and care plans should include the actual continence product required to meet the continence needs of the patient.

Risk assessments (MUST and Braden) must be completed and reviewed monthly.

Repositioning charts should include a record of the frequency of repositioning required and evidence skin checks at the time of repositioning.

Number of Requirements:	0	Number of Recommendations:	6
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5.4 Additional Areas Examined

5.4.1. Consultation with Patients, Representatives and Staff

During the inspection process, 11 patients, three patient representatives, three care staff, one ancillary staff member and two registered nursing staff were consulted with to ascertain their personal view of life in Kingsland Nursing Home. Five patient questionnaires were completed with the assistance of a lay assessor during the inspection. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Kingsland Nursing Home.

Some patients' comments received are detailed below:

'I really like it here.'

'I think sometimes they treat me too well. In my opinion it's very very good.'

'I am very very satisfied.'

'In here you can talk to the staff. It's great.'

'The staff are lovely here. They would do anything for me.'

'I don't think they could be any better here.'

Some patient representative comments received are detailed below:

'We were recommended to here and find the care very good.'

'The care here is very good.'

One patient representative was concerned regarding the management of patient visual checks as they had witnessed staff completing observation documentation in "bulk" at the nursing station. This was discussed with the registered manager who confirmed this practice was discouraged and gave assurances that they would investigate to ensure the practice observed did not continue.

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:

'I really love it here.'

'The support here is exceptional.'

'They (the patients) are lovely people.'

'I love it here.'

5.4.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- there were no coverings on identified pull cords
- rusting shower chairs, toilet aids and commodes in use
- commode cushions in disrepair
- identified toilet required cleaning
- unnamed toiletries in communal shower room

The above issues were discussed with the registered manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

5.4.3. Mealtime Experience

The mealtime experience for patients appeared to be a pleasant one. Staff were observed to be encouraging and assisting patients with their meals appropriately. Patients who required appropriate clothing protectors were observed to be wearing them. Patients were offered a choice of meal and drinks and food transferred to patients' rooms was covered on transfer. A menu was on display reflecting the food served. The food was well presented and looked nutritious. However, condiments were noted to be missing from the table and on one occasion the room was left unsupervised while food was being taken to patients' rooms. A recommendation has been made.

5.4.4. Topical preparations and medications

During a tour of the premises, a topical preparation was observed in a patient's bedroom. The label on the preparation did not match the named patient in the room. A recommendation was made that topical preparations are only used to treat the patient the preparation was prescribed for.

In a separate bedroom, a medicine cup containing five tablets was observed on a patient's table. It was not clear when the medication had been administered. A recommendation was made.

5.4.5. Regulation 29 monthly monitoring visits

During the inspection a review of the regulation 29 monthly monitoring reports was carried out. The reports reviewed were well detailed. However, the last recorded visit by the registered provider was noted to be October 2015. A monitoring report for December 2015 was sent to RQIA following the inspection. A requirement was made to ensure Regulation 29 monitoring visits are carried out at minimum monthly and the subsequent report is available in the home for review by RQIA, the registered manager, patients and/or their representatives or an officer of the trust.

5.4.6. Staff Induction

A review of the staff induction programme evidenced that registered nursing staff did not have a role specific induction booklet to complete. A generalised induction booklet was completed by all staff. This was discussed with the registered manager and it was agreed role specific induction booklets for registered nursing staff and for care staff would be developed relevant to their roles and responsibilities. A recommendation was made.

Areas for Improvement

More robust systems should be implemented to ensure compliance with infection prevention and control.

Patient mealtimes should always remain supervised by staff. Condiments suitable to patient choice should be made available on dining tables.

Topical preparations should only be used on the person or whom they are prescribed.

Prescribed administered medication should not be left unattended with patients.

Regulation 29 monthly monitoring visits must be carried out at minimum monthly and the subsequent report must be available for review in the home.

Staff induction programmes and documentation should be role specific and relevant to the roles and responsibilities of the individual's post.

Number of Requirements:	1	Number of Recommendations:	5
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Susannah Curry, 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/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. 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 29 (3) (5)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>Regulation 29 monthly monitoring visits to the home must be carried out at minimum monthly and the subsequent report must be made available in the home for review.</p> <p>Ref: Section 5.4.5</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Regulation 29 monthly monitoring events are carried out monthly and will be archived in the Home.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 36</p> <p>Stated: Second time</p> <p>To be Completed by: 14 May 2016</p>	<p>It is recommended that the registered persons review and update the following policy to ensure that they reflect best practice guidance;</p> <ul style="list-style-type: none"> • Communication policy should include reference to the regional guidance for breaking bad news <p>Ref: Section 5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Breaking Bad News Policy No: 01-357 last updated 12 June 2014 in place which references the Regional Guidelines(DHSSPS, 2003) End of Life Care Policy no: 01-352 last updated 05 August 2015 in place which references the Regional Guidelines (DHSSPS, 2003) A need for a general communication policy has been fed back to the Company for consideration.Kingsland have introduced a number of new systems to improve the flow of information and communication through introduction of monthly team meetings and newsletter. The Company also produce a monthly Newsletter.</p>
<p>Recommendation 2</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be Completed by: 31 May 2016</p>	<p>It is recommended that the registered person ensures that all grades of staff have access to training on the following;</p> <ol style="list-style-type: none"> 3. Palliative / End of life care 4. Breaking bad news communication skills <p>Ref: Section 5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Actioned Training Plan has been developed for 2016 for all staff which provides the required training at Induction and a rolling programme of updates. Kingsland is also currently involved in a Palliative Care practice development training programme for Nursing Homes in partnership with SE HSC Trust involving Nurses and Care Assistants.</p>

<p>Recommendation 3</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be Completed by: 30 May 2016</p>	<p>A policy on the management of continence should be developed, reflect current best practice guidance and made available to staff on completion.</p> <p>Ref: Section 5.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy on Promoting & Managing Continence No:01-336 is in place (last updated 12 June 2014) and best practice guidance for Insertion and Care of Urinary Catheters Policy No: 01-364 (last updated 12 June 2014) available for staff in Best Practice Resource Folder.</p>
<p>Recommendation 4</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be Completed by: 31 May 2016</p>	<p>It is recommended that the registered person ensures that all grades of staff have access to training on continence management.</p> <p>Ref: Section 5.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Continence Link Nurse has been identified to further develop best practice guidance in conjunction with SE HSC Trust Continence Nurse Specialist. Continence training has been scheduled for all staff in 2016.</p>
<p>Recommendation 5</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: First time</p> <p>To be Completed by: 14 April 2016</p>	<p>The registered person should ensure that patient continence assessments and care plans are fully completed and include the patients' normal bowel pattern.</p> <p>Ref: Section 5.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: From 01 April 2016 monthly audits will be undertaken to monitor compliance.</p>
<p>Recommendation 6</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.</p> <p>Ref: Section 5.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: From 01 April 2016 monthly audits will be undertaken to monitor compliance.</p>

<p>Recommendation 7</p> <p>Ref: Standard 21 Criteria (6)</p> <p>Stated: First time</p> <p>To be Completed by: 14 April 2016</p>	<p>MUST and Braden risk assessments must be completed at minimum monthly or as a patients' condition changes.</p> <p>Ref: Section 5.3</p>
<p>Recommendation 8</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that repositioning charts contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>The frequency of repositioning should also be recorded on the chart.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: From 01 April 2016 monthly audits will be undertaken to monitor compliance.</p>
<p>Recommendation 9</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.4.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: From 01 April 2016 monthly audits will be undertaken. Infection Prevention and Control Champions identified to support compliance.</p>
<p>Recommendation 10</p> <p>Ref: Standard 12 Criteria (6) (15) (22)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that:</p> <ul style="list-style-type: none"> • The entire mealtime in the dining area is appropriately supervised by staff to ensure any risks involved with eating and drinking are managed. • Condiments are provided on the dining table or patients' trays suitable to patient tastes. <p>Ref: Section 5.4.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Actioned Residents are supervised at all times in the dining room. Catering team now meeting the expected requirements.</p>

<p>Recommendation 11</p> <p>Ref: Standard 28 Criteria (1)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that topical preparations are only administered to the person for whom they are prescribed.</p> <p>Ref: Section 5.4.4</p>		
<p>Recommendation 12</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>Medicines must be managed in compliance with legislative requirements and professional standards and guidelines. Tablets should never be left unattended with a patient and should only be signed for when ingestion of the administered medication has been witnessed by the administrator of the medication.</p> <p>Ref: Section 5.4.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Actioned during verbal feedback to staff following RQIA inspection on 11 February 2016</p>		
<p>Recommendation 13</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be Completed by: 31 May 2016</p>	<p>Induction programmes for registered nurses and care assistants should be role specific pertaining to their roles and responsibilities. An induction booklet for registered nursing staff should be developed.</p> <p>Ref: Section 5.4.6</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A review of the induction programme is to be undertaken to ensure it is relevant to the role of the staff member..</p>		
<p>Registered Manager Completing QIP</p>	<p>Sue Curry</p>	<p>Date Completed</p>	<p>23/03/2016</p>
<p>Registered Person Approving QIP</p>	<p>Chris Walsh</p>	<p>Date Approved</p>	<p>04/04/16</p>
<p>RQIA Inspector Assessing Response</p>	<p>Dermot Walsh</p>	<p>Date Approved</p>	<p>06/04/2016</p>

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