

# Inspection Report

18 May 2021



## Kingsland Care Centre

**Type of Service: Nursing Home**  
**Address: 252 Seacliff Road, Bangor, BT20 5HT**  
**Tel no: 028 91 273867**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Limited  <b>Responsible Individual:</b> Mr Christopher Walsh	<b>Registered Manager:</b> Ms Ruth McKeown  <b>Date registered:</b> 12 February 2019
<b>Person in charge at the time of inspection:</b> Ms Maggie Sirakova, Staff Nurse 11.05 am to 12.35 pm Ms Jennifer Wilson, Support Manager 12.35 pm to 6.40 pm	<b>Number of registered places:</b> 43
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40
<b>Brief description of the accommodation/how the service operates:</b> 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 18 May 2021 from 11.05 am until 6.40 pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to care delivery, the environment and maintaining good working relationships.

One new area for improvement has been identified in relation to the provision of nurse call bells.

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, people who visit them, relatives and staff are included in the main body of this report.

The findings of this inspection provided RQIA with assurance that care delivery and service provision within Kingsland Care Centre was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **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 previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were provided to the Support Manager at conclusion of the inspection and the Manager, post inspection.

### **4.0 What people told us about the service**

During the inspection we spoke with six patients, both individually and in small groups and 12 staff. 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. Staff told us that while short notice sick leave could affect staffing levels at times, efforts were made to provide cover for these shifts.

No questionnaires were received from patients, patients' representatives or staff within the timescale specified.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 6 August 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health in order to ensure that patients are protected from hazards to their health.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of two sluice rooms highlighted that they had ineffective locks; in addition, both rooms were observed to be left unlocked, unattended and contained substances which should be stored securely.  This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27.4 (c)  <b>Stated:</b> First time	The registered person shall ensure that fire exits are kept clear and are free from obstruction.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the environment evidenced that fire exits were kept clear and were free from obstruction.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of pull cords throughout the home, evidenced that pull cords were fitted with washable covers in order to adhere to infection prevention and control best practice.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	The registered person shall ensure that all employed staff receive training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of records evidenced that this training had been undertaken by staff.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

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

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received regular training in a range of subjects including dementia, moving and handling, infection prevention and control and fire safety.

Staff said there was good team work and that they felt well 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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said that staff were attentive, they were well looked after and there was a varied and ongoing range of activities provided in the home.

There were safe systems in place to ensure staff were registered with the appropriate bodies and trained properly to ensure that patients' needs were met by the number and skill mix of the staff on duty.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

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. The responsible individual was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident that they could report concerns about patients' safety and poor practice. There were robust arrangements in place regarding the potential use of restrictive practices.

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were appropriately trained for their role in keeping patients safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

We observed the internal environment of the home and noted that the home was comfortably warm, well decorated, 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 patients to make these choices. In one identified patient's bedroom, a wall was marked and in need of redecoration. This was discussed with the manager. Correspondence from the manager post inspection confirmed the room was subsequently repainted.

It was noted that two patients who choose to stay in their own bedrooms, lacked the provision of a nurse call lead. This was discussed with a registered nurse who immediately ensured that both patients had a nurse call lead provided so that they could call for assistance if required. An area for improvement was identified.

In an identified bathroom, two commode chairs, were seen to be rusted around the wheels and could not be effectively cleaned. This was discussed with the manager who advised she would address the issue. Correspondence from the manager post inspection, confirmed that both commode chairs had been disposed of.

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 findings of the inspection provided assurance that patients were comfortable within the home; while the environment was clean and tidy, the quality of the environment will be further improved through compliance with the areas for improvement highlighted.

#### **5.2.4 How does this service manage the risk of infection?**

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.

Review of records, 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. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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.

Cards and letters of compliment and thanks were displayed in the home. One of the comments recorded included: "A huge thank you to you all for providing amazing care and compassion to ... We as a family appreciate you all more than words can say. It has been an extremely difficult year for you all, with many challenges from day to day but you have continued to be heroes to us."

The findings of the inspection provided assurance that there were effective systems in place regarding the management of infection.

#### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care and nutrition.**

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 patient's needs including, for example, dietary recommendations and 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.

Review of patients' supplementary, care records in relation to nutrition, personal hygiene and continence care evidenced they were maintained in keeping with best practice.

There was a system in place to ensure that accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

We observed the dining experience for patients on the first floor; we noted that this meal time provided patients with an opportunity to socialise together. 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. There was a variety of drinks available. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to patients who needed varying degrees of assistance with eating and drinking. Staff assisted patients in an unhurried manner and a registered nurse had responsibility for overseeing the mealtime. Patients said that they enjoyed lunch.

However, some staff told us that yoghurts, a varied range of cereals, fresh fruit and a selection of fruit juice were not always on the breakfast trolley. This was discussed with the manager following the inspection who said that the breakfast service would be reviewed.

Following the inspection, the manager provided RQIA with a patient survey which focused on patients' dining experience. While the survey findings highlighted a high level of patient satisfaction with their dining experience, some areas for improvement were noted. The manager advised that patients' suggestions and choices had subsequently been shared with the chef and care staff in order to improve the overall dining experience for patients.

Comments recorded from patients during the survey are as follows:

"We get offered too much food."

"I would like a fry on a Saturday."

"I don't like porridge".

"I take the same breakfast every morning, I really enjoy breakfast".

"I would like to see more variety of fruit juices - maybe some mixed fruits."

The findings of the inspection provided assurance that patients received the right care at the right time and that staff promoted patients' privacy and dignity. Patients spoke positively about their dining experience in the home; the quality of dining arrangements will be further improved by implementing any identified learning from a recent patient survey undertaken by the manager.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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 care records were held confidentially.

There were systems were in place to ensure that care records were regularly evaluated, updated to reflect any changes in patients' needs and to ensure that staff were aware of any changes.



### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for food and drink options. Patients told us that they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of their 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 home's activity therapist including: social, community, cultural, religious, spiritual and creative events. A weekly activity schedule was on display, in the reception area of the home, and advised patients of planned activities. 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.

After lunch, the activity therapist and care staff enthusiastically hosted a quiz for patients who were encouraged to participate while adhering to current social distancing measures; this good practice is commended.

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 and Care Partner 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.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Since the last inspection there has been no change in management arrangements. Ms Ruth McKeown has been the manager of the home since 12 February 2019. Ms Jennifer Wilson, Support Manager, attended the inspection as the home manager was on planned leave.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed to review, for example, IPC including hand hygiene, weights, pressure relieving mattresses, antibiotic therapy, and complaints. The audits contained clear action plans where required.

The manager confirmed that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Review of the home's complaint audit records evidenced that systems were in place to ensure that complaints were managed appropriately. The manager advised that complaints were seen as an opportunity for the team to learn and improve.

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

Staff commented positively about the management team and described them as supportive and very approachable.

Staff said:

“Anything we need Ruth (manager) will organise. She’s approachable and I have faith that she will follow up on everything.”

“I have everything I need to do my job and I love it here. The manager is supportive and has grown into her role.”

“I have no concerns. Ruth’s great. She’s understanding and a good manager.”

“Ruth is a great support and her door is always open for all of us.”

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.

There were effective systems were in place to monitor the quality of care delivery and service provision within the home; these were used by the management team to help drive improvement in the home.

## 6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The home was clean, tidy and well maintained with one identified area requiring refurbishment being addressed following the inspection.

Correspondence from the manager post inspection confirmed sluice rooms have working key pads and all rooms have call bells.

The outcome of this inspection concluded that three existing areas for improvement have been met and one regulation has been stated for a second time. One new area for improvement has been identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

Thank you to the patients and staff for their assistance and input during the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

One new area for improvement has been identified in which action is required to ensure that all patients have effective access to the nurse call system.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	0

\* The total number of areas for improvement includes one under regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer Wilson, Support Manager as part of the inspection process and Ms Ruth McKeown, Manager, post inspection. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed:</b> Immediate action required</p>	<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: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Keypads have been renewed to Sluice room doors, substances remain chained to the wall and now have secure units assembled around the substances.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>The registered person shall ensure that all patients have access to the nurse call system; this relates to the provision of nurse call leads within patient bedrooms, as appropriate.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All bedrooms have been allocated call bells. HM has included a weekly maintenance check on this and included this is the nursing staffs admission checklist.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)