

Inspection Report

25 April 2023



Kingsland Care Centre

Type of Service: Nursing Home
Address: 252 Seacliff Road, Bangor, BT20 5HT
Tel no: 028 9127 3867

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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: Mrs Saundra Willis Date registered: Not registered
Person in charge at the time of inspection: Mrs Saundra Willis, Manager	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: 39
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 25 April 2023 from 09.35 am to 5.40 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 the dining experience and maintaining good working relationships.

Seven areas for improvement have been identified in relation to medicine management, the use of pressure relieving mattresses, supplementary records and competency/capability assessments. The total number of areas for improvement includes two that have been stated for a second time and four 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 observed 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 a visiting professional 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 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 Mrs Sandra Willis, Manager and Mr Christopher Walsh, Responsible Individual at the conclusion of the inspection.

4.0 What people told us about the service

Patients, staff, visitors and a visiting professional provided positive feedback about Kingsland Care Centre. 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 supported in their role.

Visitors told us they were very satisfied with the care provided by staff and management. They confirmed that they could discuss concerns with staff or the manager and were confident any issues raised would be addressed.

Questionnaires were received from patients and relatives providing feedback on the service and management team. The questionnaires note patients/relatives as “very satisfied” regarding the care as safe, compassionate, effective and well led. Comments recorded were shared with the manager after the inspection. No staff questionnaires were received within the timescale specified.

A patient spoken with commented: “The staff are good and the food is good. I enjoy attending the activities provided in the home and I have no concerns.”

A visiting professional told us that the staff are very helpful.

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

“Thank you to everyone who looked after ... We had peace of mind that Mum was comfortable, happy and being well looked after.”

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 3 May 2022		
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. Ref: 5.1	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. Ref: 5.1	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 3 Ref: Regulation 13(4) Stated: First time	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. Ref: 5.2.3	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. Ref: 5.1	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.	

Area for improvement 2 Ref: Standard 46 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Observation of a selection of patient record files evidenced that this area for improvement has been met.</p>	
Area for improvement 3 Ref: Standard 23 Stated: First time	<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>	Partially Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and will be stated for a second time.</p> <p>Refer to section 5.2.2 for details</p>	
Area for improvement 4 Ref: Standard 4.9 Stated: First time	<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>	Not Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be stated for a second time.</p> <p>Refer to section 5.2.2 for details</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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 provision of mandatory training was discussed 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 2022/2023 evidenced that staff had attended training regarding moving and handling, dysphagia awareness, infection prevention and control (IPC) and fire safety.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. The manager confirmed that all staff are to complete DoLS refresher training by 28 April 2023.

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.

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.

Care records regarding nutrition and weight were reviewed and 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.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

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 bedrails.

While care plans and risk assessments were in place for the use of pressure relieving mattresses, it was noted that not all mattresses are set in accordance of the patients' weight and the manufacturer's guidance. This was discussed with the manager as this area for improvement has been validated as partially met and is stated for a second time.

Supplementary records regarding personal care and bowel elimination were noted to be well documented. However, records for patients who require to be assisted by staff to reposition were reviewed and showed gaps in the recording in accordance with the frequency identified in their care plan. It was noted that on occasion, only one staff signature was recorded for patients who were assessed as requiring assistance to reposition by two staff. Robust management systems to assure the effective delivery and review of pressure relief was discussed with the responsible individual and the manager. Chris Walsh, Responsible Individual confirmed that staff training regarding reposition and pressure relief has been arranged. This area for improvement is stated for a second time.

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.

Patients were observed to be offered a selection of drinks, fruit, cake and biscuits from the mid-morning tea trolley by staff.

We observed the serving of the lunchtime meal in the dining room on the first floor. Staff had made an effort to ensure patients were comfortable throughout their meal. The daily menu was displayed showing patients what is available at each mealtime. 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. 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. Adequate numbers of staff 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.

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 and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as walking aids were seen to be clean and well maintained.

The kitchen, treatment rooms, sluice rooms and cleaning store were observed to be appropriately locked.

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. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

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

Visiting 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 preferences for what clothes they wanted to wear and where and how they wished to spend their time. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as Bible club, sing-a-longs, hand massage, arts and crafts.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in the management arrangements. Mrs Sandra Willis has managed the home since 1 September 2022. 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 and discussion with the manager 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).

The manager advised that staff supervision had commenced and arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Review of a selection of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty. However, wound competency/capability assessments were unavailable to view. This was discussed with the manager and 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, wounds, weight, accidents/incidents, the kitchen 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.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports are made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The manager confirmed that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Review of records evidenced that patient, patient representative and 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 and approachable.

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 two that have been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sandra Willis, Manager and Mr Christopher Walsh, Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: 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.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: From the date of inspection	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. 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 3</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 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: 5.1</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>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 23</p> <p>Stated: Second time</p> <p>To be completed by: 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: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: The Home has undertaken a review of all care prescriptions through an audit of all residents who are at risk of skin breakdown. This audit then informed the updating of all care prescriptions and supplementary charts for these residents. There is in place a review of these on a monthly basis.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: Second 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: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: Following the audit above, staff were invited to training to focus on documentation and the importance of accurately recording repositioning. Random audits on the repositioning charts has</p>

	been undertaken by the Home Manager who has invited staff to formal supervision events where any deficits in the standards of recording has been identified. Follow up with staff through HR process has been arranged where necessary.
Area for improvement 4 Ref: Standard 39 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that a robust system is developed and implemented which ensures effective managerial oversight of nurse competency and capability assessments. This relates specifically to wound competency assessments. Ref: 5.2.1
	Response by registered person detailing the actions taken: Training sessions have been arranged with the TVN specialist nurse for nursing staff and a scoping exercising has been undertaken to identify a suitable wound care competency.

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