



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Kingsland Care Centre
Establishment ID No:	1669
Date of Inspection:	26 January 2015
Inspector's Name:	Norma Munn
Inspection ID:	IN021199

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Kingsland Care Centre
Address:	252 Seacliff Road Bangor BT20 5HT
Telephone Number:	028 91273867
E mail Address:	sue.curry@larchwoodni.com
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
Registered Manager:	Susannah Virginia Curry
Person in Charge of the Home at the Time of Inspection:	Susannah Virginia Curry
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:	36 plus 2 in hospital
Scale of Charges (per week):	£581.00
Date and Type of Previous Inspection:	3 June 2014, Primary unannounced inspection
Date and Time of Inspection:	26 January 2015
Name of Inspector:	Norma Munn

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

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

- Discussion with the registered manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of policies and procedures
- review of competency and capability assessments
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Kingsland is a purpose built nursing home situated on the outskirts of the seaside town of Bangor. The home commands panoramic views over Ballyholme Bay from bedrooms and lounges situated to the front of the home. There is a small garden and patio area to the side and rear of the home, and adequate car parking is provided. Local amenities and transport services are available close by in the town.

The home is part of the Care Circle Care Homes group. Ms Susannah Curry is the newly appointed registered manager and has responsibility for managing all aspects of care and services provided for patients.

The nursing home provides accommodation for patients over both floors. There is a range of single and double rooms, some with en-suite facilities. Toilet and bathroom facilities are located throughout the home and are accessible to all communal and bedroom areas. A variety of sitting areas, which are tastefully decorated, are provided throughout the home and these are popular with the patients. Catering, dining and laundry services are all provided within the home.

The home is registered to provide care for a maximum of 43 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Kingsland Care Centre. The inspection was undertaken by Norma Munn on 26 January 2015 from 10:45 to 17:00 hours.

The inspector was welcomed into the home by Ms Susannah Curry, newly appointed registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Susannah Curry at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection of 3 June 2014.

As a result of the previous inspection one requirement and eight recommendations were issued. These were reviewed during this inspection. The inspector evidenced that the requirement and seven recommendations had been fully complied with. One recommendation had not been complied with and has been stated for a second time. Details can be viewed in the section immediately following this summary.

Assessments and care plans were reviewed with regard to the management of continence in the home. Areas for improvement were identified in relation to the care records reviewed and a recommendation has been made.

Policies and procedures for continence management were available in the home. However, the registered manager informed the inspector that current best practice guidance for continence care was not available in the home. A recommendation has been made.

Not all patients and/or their representatives had been involved in discussions regarding the ageing and planning of nursing interventions. A recommendation has been made.

Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of continence care, urinary catheters and the frequency with which the catheters within the home required to be changed.

From a review of the available evidence, discussion with relevant staff and observation, it was evidenced that the level of compliance with the standard inspected is substantially compliant.

Additional Areas Examined

Care Practices
Staffing
Patients and Relatives Comments
Staff Comments
Environment

Details regarding the inspection findings for these areas are available in the main body of the report.

Conclusion

At the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings.

As a result of this inspection three recommendations have been made and one recommendation made during the previous inspection has been stated for a second time.

The inspector would like to thank the patients, the registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues from Care Inspection on 3 June 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (3)	It is required that a nurse in charge competency and capability assessment is completed with each nurse delegated responsibility of the nursing home in the absence of the registered manager.	Review of competency and capability assessments evidenced that this requirement has been addressed	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	12.1	<p>It is recommended that the registered person ensures that evidence is maintained to validate that the patient's fluid intake is adequate to minimise the risks of dehydration.</p> <ul style="list-style-type: none"> • where the need is identified the patient's care plan should state the patient's daily fluid intake target amount • the patient's daily progress record should provide an effective reconciliation of the total fluid intake against the fluid target established • the patient's daily progress record should state the action to be taken if targets were not being achieved. 	<p>Review of care records evidenced that the patients' daily fluid intake target had been recorded in the care plan. The total fluid intake and any action taken had been recorded in the daily progress notes.</p>	<p>Compliant</p>
2.	6.4	<p>It is recommended that the registered person ensures that bowel function, reflective of the Bristol Stool Chart, is appropriately recorded in daily progress records.</p>	<p>Discussion with staff and a review of care records evidenced that bowel motions had been recorded in the daily progress notes in accordance with the Bristol Stool Chart.</p>	<p>Compliant</p>

3.	8.1	The Malnutrition Universal Screening Tool (MUST) should be undertaken for patients on the day of admission to the nursing home.	Discussion with staff and a review of one care record of a newly admitted patient evidenced that the MUST tool had been completed within 24 hours of admission to the home.	Compliant
4	3.4	Any documents from the referring health and social care Trust should be dated and signed when received.	Health and Social Care Trust documents reviewed had been dated and signed.	Compliant
5.	12.4	The daily menu should be displayed in a suitable format and in an appropriate location, so that patients and their representatives know what is available at each mealtime.	Observation and discussion with the cook confirmed that the daily menu was displayed in a suitable format in the dining areas.	Compliant
6.	12.12	The four week rotating menu planner should be dated to show when the current menu plan had been reviewed and/or implemented.	Review of the four weekly menu planner displayed evidenced the date of implementation.	Compliant
7.	8.6	All relevant staff should be provided with training in the safe management and care of patients with swallowing difficulties. Training should include the use of thickening agents.	Discussion with the registered manager and a review of the training records evidenced that staff attended training in dysphagia on 19 November 2014 and further training has been arranged for March 2015.	Compliant

8.	30.7	It is recommended that the nurse in charge of the home in the absence of the registered manager is clearly identified on the staff duty roster.	Review of the staff duty rotas weeks commencing 12 January 2015 and 19 January 2015 evidenced that the nurse in charge of the home in the absence of the registered manager had not been identified. This recommendation has been stated for a second time	Not Compliant
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous care inspection.

Section 5

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken as part of the assessment process within the home.</p> <p>The outcome of these assessments, including the type of incontinence product to be used, was incorporated into the patients' care plans on continence care. However, one patient who had been assessed as requiring a catheter did not have a care plan in place for catheter care. Another patient who required a catheter had one overarching care plan in place for catheter, bowel and elimination needs. A recommendation has been made to ensure that separate care plans are in place for each individual assessed need.</p> <p>The care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected.</p> <p>Review of care plans evidenced that not all patients and/or their representatives had been involved in discussions regarding the ageing and planning of nursing interventions. A recommendation has been made.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home on the day of the inspection</p>	<p>Substantially compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

The following policies and procedures were in place;

- continence management / incontinence management
- stoma care
- catheter care

Discussion with staff revealed that they had an awareness of these policies and procedures.

However, staff spoken with were not aware of best practice guidance documents in relation to continence care. A recommendation has been made to ensure that best practice guidelines relating to continence is made readily available for staff to be used on a daily basis

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not assessed	Not assessed
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager confirmed that staff were assessed as competent in continence care. Several registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances. One registered nurse was deemed competent in male catheterisation. Staff informed the inspector that advice and support for continence management can be sourced from the continence nurse in the local Trust if required. Regular audits of the management of incontinence had been undertaken and the findings acted upon to enhance already good standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially Compliant
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6.0 Additional Areas Examined

6.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

6.2 Staffing

Review of the duty rota weeks commencing 12 January 2015 and 19 January 2015 identified the numbers of staff on duty were just below the RQIA's recommended minimum staffing guidelines on two morning shifts. Discussion with staff confirmed that this deficit in care staff numbers was due to staff sickness. The registered manager gave assurances that staffing levels are kept under review to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.

6.3 Patients Comments

Twenty two patients were spoken with individually and the majority of others in smaller groups. Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful, that needs were met in a timely manner, that the food was generally good and plentiful and that they were happy living in the home. One patient raised concerns regarding staffing levels and two patients commented that the food could be improved. Comments made were referred to the registered manager to address.

Examples of patients' comments were as follows:

"They always find time for me"

"It is friendly here and I am happy"

"The food could be better"

"My room is kept clean"

6.4 Staff Comments

Seven staff including registered nurses, care staff and ancillary staff were spoken with. Staff responses in discussion indicated that staff received an induction, completed mandatory training, were knowledgeable in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

6.5 Environment

A tour of the premises was undertaken which included the majority of patients 'bedrooms, bathrooms, shower and toilet facilities and communal areas. The majority of bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling and appropriately heated throughout.

The domestic trolley containing cleaning chemicals was observed for a short time to be unattended in a vacant bedroom with the door closed. The registered manager gave assurances that domestic staff would be reminded to keep cleaning chemicals stored in a safe place in accordance with Control of Substances Hazardous to Health Regulations (COSHH)

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Susannah Curry, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Kingsland Care Centre

26 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Susannah Curry, registered manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.1	It is recommended that the nurse in charge of the home in the absence of the registered manager is clearly identified on the staff duty roster Ref: Section 4.0 , Follow up from previous inspection	Two	Nurse in charge is clearly identified in on the staff duty roster. The duty roster is displayed in the Reception area of the Home. The name of the Nurse in Charge is also displayed on the Notice Board and updated daily.	Ongoing
2	19.1	The registered person should ensure that separate care plans to manage continence are in place for each individual assessed need Ref: Section 5.0, standard 19.1	One	This has been completed for the Resident identified. Care Plan Audits will commence in the coming months starting in April 2015.	By 23 February 2015
3	19.1	The registered person should ensure that care plans are developed in consultation with the patient and/or their representative Ref: Section 5.0 Standard 19.1	One	The Named Nurse Register is being updated. Administration will inform relatives by letter mid-March 2015. Updated photos of all staff (Nurses/Carers) will be displayed in each Resident's Room.	By 23 February 2015

4	19.2	<p>The registered manager should ensure that additional best practice guidelines on continence management are made available to staff to use on a daily basis</p> <p>Ref: Section5.0, standard 19.2</p>	One	<p>A resource area has been identified where RCN, Crest, NICE Guidance will be available. Staff awareness will be raised through weekly/monthly clinical forums/Journal Club commencing in March 2015.</p>	<p>By 23 February 2015</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sue Curry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Norma Munn	9 March 2015
Further information requested from provider			