The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: City View Court

Provider: Kathryn Homes Ltd

Date of Inspection: 25 September 2024

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

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Mrs Helene Robinson
Service Profile: This home is a registered nursing home which provides general nursing care and dementia care for up to 40 patients under and over 65 years of age. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 25 September 2024 from 9:50 am to 5:50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "things are really good here" and "the staff are really good to me".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "staff are very approachable; I would have no problems with raising concerns with them if needed".

Following the inspection, no response was received from patient/relative or staff questionnaires within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. A review of one recruitment record evidenced that a check to ensure that the staff member was registered with the relevant regulatory body had not been confirmed prior to commencing employment and an area for improvement was identified. On review of the monthly audit of staff registration, it was evidenced that this member of staff had not been included in this check for a period of time. A further area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with staff confirmed that on occasions, the planned menu was not always adhered to due to a number of external factors. This was discussed with the management team and assurances were given that a record would be kept of any changes to the menu. This will be reviewed at the next care inspection.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard advising of future events. A small number of activity planners displayed in individual bedrooms were not the current programme, this was discussed with the management team and assurances were given that this would be addressed.

Patients' needs were met through a range of individual and group activities such as pamper afternoon, Bocia, hairdressing, puzzles and one to one time. Birthdays and annual holidays were celebrated. Pictures were displayed throughout the home of recent activities and events held.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A small number of pieces of equipment such as the underside of shower chairs and raised toilet seats were observed to be unclean. Also the underside of paper towel and toilet roll dispensers in a small number of toilets were unclean. This area for improvement has now been stated for a second time.

A small number of bedrails covers were found to be worn and in need of replacement. Confirmation was received after the inspection that these had been replaced.

Observation of the environment identified that two fire doors were propped open preventing them from closing in the event of the fire alarm being activated. An area for improvement was identified.

Observation of the environment identified concerns regarding the management of risks to patients. Food and fluids and a tub of thickening agent was observed unsecured and accessible to patients. This was identified as an area for improvement.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Helene Robinson has been the registered manager in this home since July 2024.

Patients and staff commented positively about the management team and described them as supportive and approachable.

It was clear from the records examined that the Management team had processes in place to monitor the quality of care and other services provided to patients.

Patients and their relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager would address their concerns.

Compliments received about the home were kept and shared with the staff team.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes one standard that has been stated for a second time and one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 27 (4) (b) **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff supervision was completed in relation to the importance of ensuring all fire doors are kept closed. This is monitored throughout the day by the management team
Area for Improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 30 September 2024	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: staff supervision was completed in relation to this. This was also a focus of the staff meeting. Management team continue to monitor throughout the day
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44 **Stated:** Second time **To be completed by:**	The registered person shall ensure the environmental cleanliness deficits identified in this report are addressed. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: All identified areas have been addressed and continue to be monitored daily through walk arounds and audits. All issues identified are recified at the time due to the nature of the needs of residents living with dementia

Area for Improvement 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 24 January 2023	The registered person shall review the management of distressed reactions, to ensure that patient specific care plans are in place and the reason for and outcome of administration are recorded on all occasions. Ref: 2.0
	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 3 **Ref:** Standard 35.6 **Stated:** First time **To be completed by:** 25 September 2024	The registered persons shall ensure that staff registration status checks are completed for all staff within the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff registration status are monitored monthly byt the management team. A robust system is in place to ensure that checks are completed as part of the onboarding process
Area for Improvement 4 **Ref:** Standard 38 **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that the registration status of staff is confirmed prior to commencing employment within the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: A robust system is in place to ensure that registration status checks are completed as part of the onboarding process

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