The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **City View Court**

Provider: **Kathryn Homes Limited**

Date of Inspection: **10 April 2025**

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 Limited
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 10 April 2025 from 9:30 am to 4 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 25 September 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 four areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again. 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 "staff are lovely, they are very caring" and "I'm happy with everything and the food is excellent".

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.

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. It was established that safe systems were in place and well managed.

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. Some staff told us that they felt that the staffing levels for domestic provision particularly over the weekends was not adequate. While observations did not identify any concerns regarding the cleanliness of the home, a review of the duty rota over a four-week period evidenced that at times there appeared to be no domestic cover provided. This was identified as an area for improvement.

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 patients 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.

There was no daily menu displayed in the dementia unit's dining room and there was only one menu card on one of the tables in the general unit's dining room. This was identified as an area for improvement.

Patients' needs were met through a range of individual and group activities such as karaoke, arts and crafts, puzzles and ball games. Birthdays and annual holidays were celebrated.

The home currently has a part time activity therapist. There was no evidence that patients were provided with activities or that staff were allocated time to provide the patients with some form of activities on the days where the activity therapist was not working.

Discussion with care assistants identified their difficulties in finding time to provide activities on these days due to ongoing work demands. Examination of activity records evidenced gaps in recording and lacked detail in regards to patient participation. This was identified as an area for improvement.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, in two patients' care records, care plans and risk assessments had not been developed in a timely manner, this was identified as an area for improvement.

Care records reviewed 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.

Patients care records were held confidentially.

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.

Observation of the environment identified concerns regarding the management of risks to patients. Food and fluids were accessible in a number of bedrooms in the dementia unit. The hairdressing room was unlocked with access to hair products. This area for improvement has been stated for a second time.

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 for this home since 26 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	1*	4*

* the total number of areas for improvement includes one regulation that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helene Robinson, Manager 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 14 (2) (a) **Stated:** Second time **To be completed by:** 10 April 2025	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: 2.0 & 3.3.4 **Response by registered person detailing the actions taken**: Despite the residents being supervised while the in the Quigley doing activities, A key pad lock has been added to the hairdressing room in the Quigley room. Daily walkarounds will continue to ensure risk is reduced.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 31 May 2025	The registered person shall review the domestic provision within the home to ensure that there are adequate staffing levels including over weekends. Ref: 3.3.1 **Response by registered person detailing the actions taken:** Domestic provisions have been reviewed and weekends are fully covered in the home. This will be monitored
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 10 April 2025	The registered person shall ensure that a daily menu is displayed in a suitable format for patients. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Summer menu has now been implemented and the menus now reflect this. A3 menus are on display on the units until the TVs are updated with the summer menus. The TV menus were not in place as menus had just changed and were in process of being added to TV

Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:**	The registered person shall review the provision of activities in the home to ensure meaningful activities are provided for patients in the absence of an activity coordinator. A record should be kept of all activities that take place, the names of the person leading each activity and the patients who participate. Ref: 3.3.2
	Response by registered person detailing the actions taken: Paper documentation has now been implemented to help better document activities within the home. This is reviewed daily by the management team and signed off
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 April 2025	The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: An admission checklist is now in place and will be signed by home manager or Deputy manager on day 1 and day 5 of admission to ensure completion in a timely manor.

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

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