



# Announced Variation to Registration Care Inspection Report 22 June 2018



## Kingsway Nursing Home

Type of Service: Nursing Home (NH)  
Address: 299 Kingsway, Dunmurry, Belfast, BT17 9EP  
Tel No: 028 9060 9930  
Inspector: Lyn Buckley

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

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 69 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Ms Amanda Celine Mitchell	<b>Registered Manager:</b> Mrs Karen Agnew
<b>Person in charge at the time of inspection:</b> Mrs Karen Agnew – registered manager	<b>Date manager registered:</b> 13 April 2018
<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 registered places:</b> 69

### 4.0 Inspection summary

An announced variation to registration inspection of Kingsway Nursing Home took place on 22 June 2018 from 10:30 to 12:30 hours. An estates inspector accompanied the care inspector; their inspection findings can be found in the premises management inspection report.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005; The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess the completion of works detailed in an application submitted to RQIA on 13 April 2018 for a variation to the registration of Kingsway Nursing Home. The internal alterations and refurbishment included the addition of a first floor communal lounge/dining room, four bedroom to include ensuite facilities and alterations to the reception area, laundry, and other communal spaces.

The variation to registration to Kingsway Nursing Home was granted from a care perspective following this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Karen Agnew, registered manager, and Ms Mandy Mitchell, responsible individual, as part of the inspection process and can be found in the main body of the report.

\*However, following a review of the previous care inspection findings one area for improvement have been carried forward for review at the next care inspection. Please refer to section 6.2 for details

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent inspection dated 4 June 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2018. Following this inspection the registered persons were required to attend a serious concerns meeting at RQIA on 7 June 2018. Following discussion regarding the inspection findings RQIA were satisfied with the assurances provided by the registered manager and the responsible individual; and the decision was made to take no further enforcement action at that time. For details please refer to the care inspection report for 4 June 2018.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the application to vary the registration of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing.
- the previous care inspection report.

During the inspection the inspector review the areas within the home that had been refurbished or altered. We did not meet with patient or staff during this inspection.

The following records were examined during the inspection:

- duty rota for week commencing 18 June 2018
- the home's statement of purpose
- the home's patient guide.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 4 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2018. The areas for improvement requiring 'immediate action' were reviewed during this inspection. Other areas for improvement were carried forward for review at the next care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 4 June 2018

Areas for improvement from the last care inspection		
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 27 (4) <b>Stated:</b> Second time <b>To be completed by:</b> Immediate action required.	The registered person shall ensure that fire safety measures are in place and appropriately managed/monitored to ensure compliance with the home's fire risk assessment and fire regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the home's environment and discussion with the registered manager and responsible individual evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time <b>To be completed by:</b> Immediate action required	The registered person shall ensure that the daily staffing levels and skill mix meet the assessed needs of each patient in a timely manner.  The registered person must address the issue of staff excusing delayed care delivery.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staffing arrangements and discussion with the registered manager and responsible individual confirmed that this area for improvement had been met and would remain under review as the occupancy of the home increased.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (1) and (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018.</p>	<p>The registered person shall ensure that recruitment and other records referred to in Regulation 19 (1) and (2) are, at all times available for inspection.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of the home's environment and discussion with the registered manager and responsible individual evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that all patient information about their health, well being and personal choices is maintained securely in accordance with the patients' right to privacy and confidentiality, regulations and professional codes/standards of practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with the registered manager and responsible individual evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that medications are securely stored at all times. In particular medicine trolley should be secured to the wall when not in use.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with the registered manager and responsible individual evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### Environment

The works associated with the variation had been completed to a high standard and had been furnished appropriately, ready use by staff and patients.

The works reviewed consisted of the following:

- redesign of the front entrance and reception area
- four bedrooms which had been altered to include ensuite facilities
- new office accommodation
- improvements to the laundry on the first floor
- new treatment room on each floor
- additional first floor communal space
- new visitor's toilet.

Each bedroom was completed to a high standard of décor and included an adjustable bed, bedside unit with a lockable drawer, a chest of drawers, a wardrobe which was secured to the wall and an additional seat. Management confirmed that as each room was occupied the furniture could be rearranged or adapted dependent upon the patient assessed needs and preferences. In two bedrooms we asked that the layout be reconsidered to enable access to both sides of the bed.

Each bedroom, ensuite toilet/shower and communal space used by patients had a nurse call device. These were tested and confirmed as fully operational and reflective of the room number/identification.

New lounge and dining accommodation on the first floor provided patients with various seating options. The registered manager confirmed that two new heated trolleys had been purchased to ensure the food service would continue to be of a high standard.

Each floor of the home now had a dedicated and fully equipped treatment room. Access to the treatment room was controlled by a key padded lock. The registered manager confirmed that all nursing staff were aware of the access code and could provide the code to care staff in an emergency situation.

### Infection Prevention and Control Measure (IPC).

Observations of all new and existing areas within the home and discussions with the registered manager and responsible individual evidenced there were no concerns or areas for improvement identified from a care perspective regarding IPC measures.

One issue regarding access to the wash hand basin in the ground floor treatment room was identified. The estates inspector confirmed that the issue had been addressed. Refer to premises inspection report for details.

### Fire Prevention and Safety

Fire exits and fire doors were maintained as required. Management confirmed that staff had completed a fire drill/training which incorporated the new areas and the new room numbering system.

## Staffing

Staffing arrangements were discussed. The registered manager confirmed the planned staffing levels for the home's current occupancy of 34 patients and the planned staffing levels for the home when fully occupied. Management had taken the decision to operate the home as two units; ground floor and first floor. The names of the units were to be decided through consultation with patient, staff and relatives. The registered manager had a plan in place to manage the transition to the new unit layout.

## Statement of Purpose and Patient Guide

The Statement of Purpose was reviewed and required to be updated. The registered manager confirmed that they did not want to finalise the documents until after the inspection was completed. It was agreed that both the Statement of Purpose and Patient Guide would be revised and a copy of each would be forwarded to RQIA by email.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.4 Conclusion

The application to vary the registration of Kingsway Nursing Home was granted from a care perspective following this inspection.

## 7.0 Quality improvement plan

No areas for improvement were identified during this inspection. However, a review of the QIP from the previous care inspection, undertaken on 4 June 2018, resulted in one area for improvement carried forward for review during the next care inspection. Details were discussed with Mrs Karen Agnew, registered manager, and Ms Mandy Mitchell, responsible individual, as part of the inspection process.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

#### Area for improvement 2

**Ref:** Regulation 19 (1) and (2)

**Stated:** First time

**To be completed by:**  
30 June 2018.

The registered person shall ensure that recruitment and other records referred to in Regulation 19 (1) and (2) are, at all times available for inspection.

**Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.**

Ref: 6.2



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

Assurance, Challenge and Improvement in Health and Social Care