

# Unannounced Follow Up Care Inspection Report 4 July 2017



## Kingsway Nursing Home

Type of Service: Nursing Home  
Address: 299 Kingsway, Dunmurry, Belfast, BT17 9EP  
Tel no: 028 9060 9930  
Inspector: Dermot Walsh

[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 nursing home 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(s):</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Mrs Lesley McKillen
<b>Person in charge at the time of inspection:</b> Mrs Lesley McKillen	<b>Date manager registered:</b> 14 April 2017
<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 unannounced inspection took place on 4 July 2017 from 09.25 to 19.00 hours.

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

This inspection was carried out following information received from an anonymous telephone caller and an anonymous letter sent to RQIA. The purpose of the inspection was to identify possible breaches in the Nursing Home Regulations (Northern Ireland) 2005.

Concerns were raised in relation to the following:

- staffing arrangements
- management arrangements
- care practices

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing – including deployment
- management arrangements
- environment
- meals and mealtimes
- patients' care records
- staff training and development

The concerns raised in the letter and by the anonymous caller were not substantiated during the inspection and it was evident that patients' needs were being met in a safe, compassionate and effective manner.

Patients generally described living in the home, in positive terms. However, some patients were not satisfied that certain hospitality services which had previously been implemented within the home had now ceased and were only supplied when independently requested from individual patients.

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	6

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lesley McKillen, Registered Manager, and Amanda Mitchell, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection

No further actions were required to be taken following the most recent inspection on 26 January 2017.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 12 patients, 10 staff and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Twenty questionnaires for staff and relatives and 16 for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- minutes from staff/patient/relative meetings
- a sample of auditing records
- complaints records
- records pertaining to safeguarding
- staff training and development records
- duty rota for week commencing 26 June 2017
- three patient care records

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 26 January 2017**

The most recent inspection of the home was an announced care inspection. No areas for improvement were identified during this inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 26 January 2017**

There were no areas for improvement made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.3.1 Staffing arrangements**

The staffing arrangements in the home were reviewed in both nursing units. The registered manager confirmed the planned staffing levels and confirmed that the staffing levels were determined in conjunction with monitoring patient dependency levels. Discussion with staff and a review of the duty rota for week commencing 26 June 2017 evidenced that the planned staffing levels were generally adhered to in both units. Two staff consulted with were of the opinion that there was a high sickness rate in the home, especially at the weekends. The registered manager confirmed the arrangements in place to cover both units in the case of staff sickness absence. There was evidence that agency staff were used in the home to cover staff absence and vacancies. Discussion with the registered manager and staff confirmed that the same agency staff were employed where possible to allow for consistency of care.

Two staff consulted with were of the opinion that an additional care assistant in the nursing unit during the morning shift would allow for additional time to be spent with individual patients. The staff provided examples where they were of the opinion that patients' needs were not being met in a timely manner. Three patients consulted and one respondent within a relative questionnaire also expressed concerns in relation to staffing levels. Two patients, one from each unit, described waiting for prolonged periods of time for care needs to be attended to. All concerns were passed to the registered manager for review and action as appropriate. Patients' needs were observed to be met in a timely manner on inspection.

The registered manager confirmed that staff recruitment was ongoing and that four staff had been recently employed.

### Areas of good practice

An area of good practice was in relation to sickness management to ensure that planned staffing levels were adhered to.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.3.2 Management arrangements

The registered manager was responsible for the daily running of the home. To assist the registered manager a deputy manager and a clinical lead nurse had been appointed. The responsible person confirmed that they visited the home on a regular basis and a quality advisor from Healthcare Ireland was also providing a supporting role in the home. Management were observed to be visible within both units in the home. All staff consulted in both units confirmed that they were confident in raising any concerns with their line manager and/or the registered manager and would feel that their concerns would be listened to.

### Areas of good practice

An area of good practice was identified in relation to the management structures and the availability of the management.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.3.3 Staff training and development

Staff consulted confirmed that they were aware of their expected roles in the home and that they had been provided with sufficient training to meet their roles and responsibilities. Staff described training methods through electronic learning and face to face training. A quality improvement advisor was present during the inspection and confirmed that they attended the home regularly providing one to one training and facilitating staff inductions were required.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with staff and a review of records evidenced that appraisals had not been completed in 2017. This was discussed with the registered manager and identified as an area for improvement. A supervision planner was available for review with evidence of supervisions completed.

### Areas of good practice

An area of good practice was the availability and provision of staff training.

### Areas for improvement

An area for improvement under standards was identified in relation to the completion of staff appraisals.

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

### 6.3.4 Communication

Staff confirmed that they attended a handover meeting at the commencement of their shift and that they received appropriate information to meet the needs of patients. The registered manager confirmed that an electronic handover sheet containing all relevant patient details had been developed and would be made available for all staff to improve the shift handover information.

Discussion with staff and a review of the minutes of staff meetings confirmed that these meetings had been conducted regularly and minutes were available for staff who were unable to attend the meeting to review. The registered manager confirmed that weekly management meetings were conducted.

There was evidence that patient and relative/representative meetings were conducted. Minutes of a meeting hosted in March 2017 were available for review and included information on the pre-mentioned planned changes to hospitality services. However, discussion with the registered manager confirmed that the minutes of the meeting had not been made available to any patients or their relatives/representatives, who were unable to attend the meeting. This was identified as an area for improvement.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. The majority of care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and engage with staff, patients and/or relatives at this time also.

The registered manager discussed the use of the diary to ensure that referrals to appropriate professionals were made in a timely manner.

### Areas of good practice

An area of good practice was the methods used for communication within the home.

### Areas for improvement

An area for improvement was in relation to the availability of the minutes from patient/relative/representative meetings for review by anyone unable to attend the meeting.

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

### 6.3.5 Care Practices

The majority of staff consulted spoke of good teamwork within the home. However, two staff commented that there was a high staff sickness rate in the home which affected the teamwork. An additional two staff commented that more organisation and direction from senior staff could be provided to direct teamwork. The quality improvement advisor confirmed that one to one training had been conducted with identified staff in regards to organisation and teamwork. During the inspection staff were observed to work well together.

All staff consulted confirmed that patient safety was a priority and that they would not or have never assisted a patient alone where the patient would require the assistance of two staff.

As previously stated, risk assessments determined the delivery of care through care planning. Three patient care records were reviewed. The majority of care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly. One patient required the need for a catheter to maintain continence. Records pertaining to the management of the catheter were conflicting. Records of catheter care had not been updated to reflect care provided. This was discussed with the registered manager and identified as an area for improvement.

Repositioning records were reviewed. Two out of three of the patients reviewed required a repositioning regime following individualised assessments. The frequency of repositioning conducted was in accordance with both patients' care plans. A shortfall was identified within repositioning records in that a record of the patients' skin condition at the time of repositioning had not been recorded. This was discussed with the registered manager and identified as an area for improvement.

The laundry provision was observed on inspection. A system was in place to ensure cross contamination did not occur between laundered and unlaundered clothing. Discussion with laundry staff confirmed that all laundry should be labelled and that any laundry received unlabelled was laundered and then placed in an identified area for patients/relatives to identify. It was confirmed by laundry staff that any clothing not claimed within three months was donated to charity.

The serving of lunch was observed in the dining room within the extension. Tables in the dining area had been appropriately set for the meal. A menu was on the table reflecting the food which was served. Food was plated in the kitchen and served from a heated food trolley. Patients consumed meals in their preferred dining area. The dining area was appropriately supervised. Staff wore aprons when serving or assisting patients with meals. Patients, where appropriate, wore clothing protectors. Staff were knowledgeable in regards to patients' nutritional requirements. Patients were assisted in an unhurried manner and were offered a varied selection of breakfast and lunch choices.

### Areas of good practice

Areas of good practice were identified in relation to risk management; care planning; laundry systems and the mealtime experience.

### Areas for improvement

Two areas for improvement under the care standards were identified in relation to catheter management and the information provided in the repositioning records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3.6 Environment

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. There were no malodours detected in any part of the home.

The premises were in the process of renovation. An application had been submitted to RQIA detailing the planned works and had been appropriately assessed and approved by RQIA prior to the work commencing. The registered manager described how disruption to patients', caused by the building works, were kept to a minimum.

During the review of the environment, doors leading to three identified rooms containing harmful chemicals were observed to be accessible to patients. This was discussed with the registered manager and an area for improvement under regulation was identified in relation to compliance with Control of Substances Hazardous to Health (COSHH) regulations.

Two sluice rooms were reviewed. There were no appropriate drying racks or drip trays observed in either room to comply with best practice in infection prevention and control. This was discussed with the registered manager and identified as an area for improvement under standards.

### Areas of good practice

An area of good practice was identified in relation to the improvement works planned and in the process of being implemented in the home.

## Areas for improvement

An area for improvement under regulation was made in regard to compliance with COSHH.

An area for improvement under standards was made in regard to compliance with infection prevention and control in decontamination of continence equipment.

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

### 6.3.7 Consultation with patients; staff and visitors

Ten staff members were consulted to ascertain their views of life in Kingsway. Twenty staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. One of the questionnaires was returned within the timescale for inclusion in the report.

Some staff comments were as follows:

- “I love this home and the patients.”
- “I really like it here.”
- “It’s alright. Morale can be low.”
- “Low staff morale can be overwhelming for new staff.”
- “Work can be stressful at weekends.”
- “It’s good to get back to staffing balance again.”
- “I really do like it here.”

Twelve patients were consulted. Sixteen patient questionnaires were left in the home for completion. Two of the patient questionnaires were returned. Both respondents indicated that they were satisfied with the care provided.

Some patient comments were as follows:

- “The home is very good. Staff are very helpful.”
- “The home is in transition. There is a big issue with staff at weekends.”
- “Sometimes have to wait long time before call buzzer answered.”
- “It’s reasonable here. There are a lot of staff changes and new laws.”
- “I have to wait a long time to get hoisted into chair after mealtimes.”
- “The care is very good here.”

One patient representative was consulted during the inspection. Twenty relative questionnaires were left in the home for completion. One of the relative questionnaires was returned.

Some patients’ relative/representative comments were as follows:

- “Staff go out of their way to accommodate me.”
- “Separate relatives’ meeting would be better to allow for opinions and suggestions. Early notification of meetings would be beneficial and an agenda.”

All comments made above were passed to the registered manager for their review and action as appropriate.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to privacy, dignity and respect afforded to patients and staff interaction with patients.

### Areas for improvement

No areas for improvement were identified in this area during the inspection.

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

### 6.3.8 Governance

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception. The registered manager confirmed that any learning gained from complaints was discussed during staff meetings.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified. A review of records pertaining to safeguarding evidenced that these had been maintained appropriately. RQIA had also been notified appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents and bedrails. The registered manager confirmed that care record audits had not been completed since January 2017. The previous care record audit identified shortfalls; there was no evidence of a review of the action plan to ensure shortfalls identified had been actioned. Furthermore, there was no evidence that a resuscitation audit conducted in June 2017 had been reviewed. This was discussed with the registered manager and identified as an area for improvement.

### Areas of good practice

Areas of good practice were identified in relation to the management of complaints and adult safeguarding.

## Areas for improvement

An area for improvement under the care standards was identified in relation to auditing.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lesley McKillen, Registered Manager, and Amanda Mitchell, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

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 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.  <b>Ref: Section 6.3.6</b>  <b>Response by registered person detailing the actions taken:</b> Keypad locks have been installed to all areas where chemicals may be stored.
<b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2017	The registered person shall ensure that a system is developed to ensure that staff appraisals are conducted annually.  <b>Ref: Section 6.3.3</b>  <b>Response by registered person detailing the actions taken:</b> Staff appraisal planner is in place and appraisal meetings commenced. Meetings for all staff who are now overdue appraisal will be held by 15.9.17.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2017	The registered person shall ensure that minutes derived from patient/relative meetings are made available for review by any person unable to attend the meeting.  <b>Ref: Section 6.3.4</b>  <b>Response by registered person detailing the actions taken:</b> Resident meeting held on 28 <sup>th</sup> June 2017. Copies of these minutes have been posted on noticeboards, left at reception and verbally shared with all residents. This sharing will continue with future meetings.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 4 August 2017	The registered person shall the identified patient's catheter management is recorded consistently and is in accordance with the patient's catheter management care plan.  <b>Ref: Section 6.3.5</b>  <b>Response by registered person detailing the actions taken:</b> Any inconsistencies have been addressed in records where resident presently has a urinary catheter in situ. A focus learning regarding catheter management including management of records is currently being covered with all nurses.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 July 2017</p>	<p>The registered person shall ensure that skin checks are evidenced and recorded when patients are repositioned.</p> <p><b>Ref: Section 6.3.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Daily Care Records have been reviewed to prompt record of skin condition each time assistance to reposition is given. The requirement regarding records of skin condition and expected content has been covered with all nurses and care staff within a communication brief and clinical supervision session. An audit has been devised to audit the completion of daily care records and this will include record of skin condition made.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<p>The registered provider should provide drying racks and drip trays in the sluice rooms in keeping with the management of infection prevention and control.</p> <p><b>Ref: Section 6.3.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Drying racks and drip trays are in place in all sluice areas.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure that when action plans are developed to address shortfalls identified during audit that the action plans are reviewed to ensure that the actions have been completed.</p> <p><b>Ref: Section 6.3.8</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Focus learning regarding audit completion has been covered with the Registered Manager and Deputy Manager and is being rolled out to all staff who may complete audits. Senior management will review completion of audits during provider and other support visits to monitor adherence.</p>

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



**The Regulation and  
Quality Improvement  
Authority**

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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



@RQIANews