



The **Regulation** and
Quality Improvement
Authority

Kingsway
RQIA ID: 1261
299 Kingsway
Dunmurry
Belfast
BT17 9EP

Inspector: Karen Scarlett and Lyn Buckley
Inspection ID: IN023876

Tel: 028 9060 9930

**Unannounced Care Inspection
of
Kingsway**

7 December 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 7 December 2015 from 09.40 to 17.10.

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate.

Following the inspection, the Regulation and Quality Improvement Authority (RQIA) issued two failure to comply notices under Regulation 12 (1) (a) (b) and (c), in relation to the quality of nursing care and Regulation 13 (1) (a) and (b), in relation to the health and welfare of patients. Please refer to section 1.2 below for further information.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Following a care inspection on 16 April 2015, a number of concerns were identified in relation to staffing, completion of daily charts, the management of complaints and the use of restrictive practices. An urgent actions letter was issued on the day of inspection and the responsible person was invited to a serious concerns meeting at RQIA offices on 29 April 2015. An action plan was presented by the registered person and it was decided that a follow up care inspection would be carried out to assess compliance with the legislative requirements and care standards.

The follow up unannounced care inspection was carried out on 5 October 2015 and while some progress had been made, RQIA were again concerned that the quality of care and service within Kingsway was still below the minimum standards expected. However it was acknowledged that some progress had been made to address the concerns raised at the previous inspection on 16 April 2015 and that a temporary, acting manager had recently been appointed. Following the inspection a meeting was held with senior management in RQIA and further enforcement action was considered. A decision was made to allow the registered person a limited period of time to improve and a follow up inspection would be carried out to assess the level of compliance with legislation and minimum standards.

1.2 Actions/Enforcement Resulting from this Inspection

RQIA were concerned that the quality of care and service within Kingsway was below the minimum standards expected. Two requirements in relation to wound care and the completion of daily charts had each been stated for a third and final time at the previous inspection with no evidence of improvement. Following the inspection, a meeting was held with senior management in RQIA and it was agreed that a meeting with the registered person would be held with the intention of issuing two failure to comply notices in regards to the quality of nursing care and the health and welfare of patients. This meeting was held on 14 December 2015 at RQIA.

During the intention meeting the registered person submitted an action plan to address the identified concerns. It was acknowledged that while work was ongoing to address these concerns, RQIA were not fully assured that these had been sufficiently embedded into practice. Given the potentially serious impact on patient care it was decided that two failure to comply notices under Regulation 12 (1) (a) (b) and (c) and Regulation 13 (1) (a) and (b), would be issued with the date for compliance to be achieved by 16 February 2016.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	2

* The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Maria Gillespie, acting manager, and Christopher Walsh, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Care Circle Limited Mr Christopher Walsh (responsible person)	Registered Manager: See below
Person in Charge of the Home at the Time of Inspection: Mrs Maria Gillespie	Date Manager Registered: Mrs Maria Gillespie – temporary acting manager
Categories of Care: NH-I; NH-PH; NH-PH(E); NH-TI	Number of Registered Places: 69
Number of Patients Accommodated on Day of Inspection: 57	Weekly Tariff at Time of Inspection: £593 - £884

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection on 5 October 2015.

4. Methods/Process

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

- discussion with the manager
- discussion with the responsible person
- discussion with staff
- discussion with patients
- discussion with patients' representatives
- observation during a tour of the premises
- evaluation and feedback.

During the inspection, the inspector met with fifteen patients, five care staff, two registered nurses and one patient's visitor/representative.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the last care inspection
- the returned quality improvement plan from the last care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- six patient care records and a number of daily charts
- staff duty rotas
- staff training records
- staff induction records
- staff meeting minutes
- registered nurses' competency and capability assessments
- induction records for agency nursing and care staff
- a selection of care audits
- complaints record.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 5 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Third and final time</p> <p>To be Completed by: 5 November 2015</p>	<p>It is required that the registered person shall ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients.</p> <p>Wound care must be delivered as prescribed and records maintained to evidence delivery.</p> <hr/> <p>Action taken as confirmed during the inspection: It could not be evidenced that wound care was being delivered as prescribed and records were not maintained in sufficient detail to evidence care delivery.</p> <p>This requirement has not been met and has been subsumed into a failure to comply notice. Please refer to Section 5.3.2 for further information.</p>	<p>Not Met and subsumed in to a failure to comply notice</p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (1) (a) Schedule 3, 2 (k)</p> <p>Stated: Third and final time</p>	<p>The registered person must maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts and daily fluid charts must be accurately maintained to evidence care delivered.</p> <hr/> <p>Action taken as confirmed during the inspection: A sample of repositioning charts and daily food and fluid charts were reviewed. It could not be evidenced that these were maintained accurately to evidence the care delivered.</p> <p>This requirement has not been met and has been subsumed into a failure to comply notice. Please refer to Section 5.3.3 for further information.</p>	<p>Not Met and subsumed in to a failure to comply notice</p>

<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>The registered persons must review staffing to ensure that suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>The registered persons must also ensure that the employment of any persons on a temporary basis will not prevent patients from receiving such continuity of nursing as is reasonable to meet their needs.</p>	<p>Not Met and subsumed in to a failure to comply notice</p>
<p>Action taken as confirmed during the inspection:</p> <p>Concerns were again identified in relation to staffing, the supervision of staff and the systems in place for effective communication between the staff and the manager. There were concerns that this was impacting of the continuity of care provided to patients.</p> <p>This requirement has not been met and, following discussion with senior management in RQIA, this has been subsumed in to a failure to comply notice. Please refer to Section 5.3.3 for further information.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 14 (5) & (6)</p> <p>Stated: Second time</p>	<p>The registered persons must review the use of lap belts and tilted chairs for individual patients to ensure this is the only practicable means of securing the patients welfare.</p> <p>In addition the circumstances/ decision making process for the use of restraint and the type of restraint used must be recorded including the nature of the restraint.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that the use of tilting chairs and lap belts had been discussed with patients' next of kin and there had been involvement of the multi-disciplinary team in the decision making process.</p> <p>This requirement has been met.</p>		

<p>Requirement 5</p> <p>Ref: Regulation 24 (1) (2) (3) & (4)</p> <p>Stated: Second time</p>	<p>The registered persons must have robust procedures in place for the management of complaints.</p> <p>Action taken as confirmed during the inspection: The complaints record was reviewed. Records of the complaints did not consistently include details of the complainant's full name, the details of the complaint, the result of investigations or that sufficient action was taken to address the actual complaint.</p> <p>This requirement has not been met. Given that this requirement is being stated for the third time, enforcement action was considered in discussion with senior management at RQIA. It was concluded that enforcement action would not be taken at present in relation to this requirement.</p> <p>This requirement has been stated for the third and final time.</p>	<p>Not Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27 (c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that equipment provided at the nursing home for use by patients is in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose for which it is to be used.</p> <p>Action taken as confirmed during the inspection: Wheelchairs were observed at this inspection and were found to be in good working order.</p> <p>The manager also confirmed that new specialist seating had been ordered for two identified patients whose chairs were worn and damaged.</p> <p>This requirement has been met.</p>	<p>Met</p>

<p>Requirement 7</p> <p>Ref: Regulation 27 (4) (b) & (d) (v)</p> <p>Stated: First time</p>	<p>The registered person must ensure that adequate precautions against the risk of fire are in place and that robust systems are in place to review the adherence to these precautions.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>At the previous inspection it was noted that a number of fire doors were wedged/ propped open using various methods. This was again noted at this inspection. One bedroom was being used as a storage area and the door was found propped open with an armchair. In addition, cardboard boxes were found stacked in the corridor on the first floor which led to a fire exit.</p> <p>The general environment of the home was observed to be cluttered and disorganised including offices, the library, communal seating areas on the first floor and nurses' station and offices in both units. The linen room on the first floor was particularly cluttered with numerous cardboard boxes, some partially opened and containing incontinence pads which had not been stacked on the shelves.</p> <p>Confidential patient records were found to be inappropriately stored in a basket on the linen room floor. This was brought to the attention of the manager and the responsible person who agreed to address this matter urgently. The responsible person confirmed at the meeting with RQIA on 14 December 2015, that these records were now stored in the manager's office awaiting archiving. A separate requirement has been made in relation to records management.</p> <p>Following the inspection and discussion with RQIA senior management, a decision was made to inform the aligned estates inspector of concerns in regards to the fire safety in the home for their information and action as required.</p> <p>This requirement has not been met and has been stated for the second time.</p>	<p>Not Met</p>
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

<p>Requirement 8</p> <p>Ref: Regulation 13 (4) (a); (5) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that robust systems are in place and enforced to ensure that medicine is securely stored at all times and in such a way that others are prevented from using it.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The morning medicine round was observed in the lounge of the main unit. It was noted that the registered nurse had left medicines unattended on the top of the trolley as identified at the previous inspection. This presented a potential risk to the health and welfare of patients.</p> <p>In addition, two patients reported that medicines were being added 'covertly' to cups of tea. One of these patients stated that they had objected but the registered nurse ignored the objection and carried on. Please refer to section 5.3.5 for further information.</p> <p>There was evidence from discussion with patients and the complaints records that registered nurses had attempted to administer the wrong insulin. In each case the patient concerned was familiar with their medications and was therefore, capable of correcting the nurse and preventing the error. However, the potential for medication errors in patients who would lacked this ability was concerning.</p> <p>Following the inspection and discussion with RQIA senior management, a decision was made to inform the aligned pharmacy inspector for the home of these concerns for their information and action as required.</p> <p>This requirement has not been met and has been stated for a second time.</p>		

<p>Requirement 9</p> <p>Ref: Regulation 16 (1); 16 (2) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 5 November 2015</p>	<p>In relation to pain management the registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p>The patient's plan must be kept under review.</p>	Not Met
<p>Action taken as confirmed during the inspection:</p> <p>The care record of one patient receiving analgesia was reviewed. The pain assessment tool was blank and the care plan was not clear as to the pain management plan.</p> <p>This requirement has not been met and has been stated for the second time.</p>		
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 25.13</p> <p>Stated: Second time</p> <p>To be Completed by: 31 December 2015</p>	<p>A summative report of the home's patient satisfaction consultation process and learning outcomes should be developed and made available to patients and their representatives.</p> <p>Action taken as confirmed during the inspection:</p> <p>No summative report of the home's patient satisfaction consultation process was available. The responsible person stated that a revised questionnaire had been designed and issued on 27 November 2015 but was unable to give a completion date for the consultation process and the completion of the summative report.</p> <p>This recommendation was first made on 26 November 2013 and given that this recommendation was being stated for the third time, enforcement action was considered in discussion with senior management at RQIA. It was concluded that enforcement action would not be taken at present in relation to this recommendation. However, a requirement, in accordance with Regulation 17 (1) (2) and (3), has been made.</p>	Not Met

<p>Recommendation 2</p> <p>Ref: Standard 11.7</p> <p>Stated: Third and final time</p>	<p>The registered nurse's competency and capability assessment should include pressure ulcer/wound care management and be reviewed annually by the registered manager.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Two registered nurses' competency and capability assessments were examined and these included pressure ulcer and wound care management. The assessment had been signed off appropriately.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.6</p> <p>Stated: Third and final time</p>	<p>It is recommended that all drinks offered are recorded as either consumed or refused.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>As previously stated, fluid charts were not kept accurately and did not reflect if fluids had been offered, consumed or refused.</p> <p>This recommendation has not been met and, following discussion with senior management in RQIA, has been subsumed into a failure to comply notice. Please refer to Section 5.3.3 for further information.</p>	<p>Not Met and subsumed in to a failure to comply notice</p>
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The rota should clearly identify the hours worked by the manager and the capacity in which the manager is working.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the nursing and care staff duty rota evidenced that the hours worked by the manager and the capacity in which she worked were clearly stated.</p> <p>This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 46, criterion 2</p> <p>Stated: First time</p> <p>To be Completed by: 5 November 2015</p>	<p>There should be an established system to assure compliance with best practice in infection prevention and control.</p> <p>Action taken as confirmed during the inspection: An infection and prevention and control audit had been completed on 25 November 2015. However, following discussion with the manager it became clear that the audit had been completed by the housekeeper and there was no evidence to indicate that areas identified for improvement had been addressed.</p> <p>A number of handwritten notes had been made on 'scraps' of paper which were not signed or dated. These listed matters requiring attention. Again there was no evidence of appropriate follow up.</p> <p>Further discussion with the manager confirmed that a "main infection control audit" had been conducted by the manager and the former clinical lead nurse. However, this audit was not dated, signed or completed in full. There was no action plan generated as a result of the findings.</p> <p>The system was insufficiently robust to ensure compliance with best practice in infection prevention and control. Taken together with the clutter and untidiness of the general environment there was insufficient evidence to validate compliance.</p> <p>This recommendation has not been met. Following discussion with senior manager in RQIA a requirement, in accordance with Regulation 13(7), has been made.</p>	<p>Not Met</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

<p>Recommendation 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The mealtime experience of patients should be reviewed to ensure that patients' nutritional needs are met in line with current best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The lunch time meal service was observed in the dining room of the main nursing unit. At the previous inspection concerns were identified including, the quality of the food, the presentation of the pureed meals, the length of time patients were waiting for assistance, meals transported to patients' rooms uncovered and the absence of a menu.</p> <p>Observations confirmed that none of these concerns had been effectively addressed. This recommendation has not been met and following discussion with senior management in RQIA, has been subsumed into a failure to comply notice. Please refer to Section 5.3.3 for further information.</p>	<p>Not Met and subsumed in to a failure to comply notice</p>
<p>Recommendation 7</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The complaints record should be urgently reviewed to ensure that these have been effectively addressed. This must be confirmed with the return of the QIP.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Evidence was submitted to RQIA with the return of the previous QIP. This confirmed that complaints, identified at the previous inspection, had been reviewed. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>Hospitality staff should receive support and supervision to clarify their roles and responsibilities in order to promote the delivery of quality care and services.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Minutes of a recent meeting with hospitality staff were reviewed. This clearly outlined the roles and responsibilities of the hospitality staff.</p> <p>This recommendation has been met.</p>	<p>Met</p>

5.3 Additional Areas Examined

5.3.1. Comments of Patients, Patients' Representatives and Staff

As part of the inspection process the views of patients, their representatives and staff were sought and their comments are included below.

Patients

Some patients spoken with commented that the care staff were "good" but that they were sometimes "short-staffed". Patient believed that this resulted in them having to wait for attention. Several patients reported that they could wait for up to 30 minutes for a response to their call bells. One patient reported pressing the call bell well in advance to ensure that they would be assisted to the toilet on time. Other patients stated that call bell responses were particularly slow during the mealtime periods and at night.

Patients spoken with, over the lunch time period, were not satisfied with the quality of the food and one patient complained that their dinner was often "covered in gravy," which they did not like. As previously stated, patients reported that food and drink was given out by the hospitality staff, but that they had to wait for care staff to come and assist them to eat and drink.

One patient commented that they had given up complaining to the manager, as "nothing changed."

Other comments included:

"I like it here."

"Taken as a whole it's very good."

"She (the registered nurse) just ignored me."

"She (the manager) told me off for not saying please."

There were other concerns identified in relation to patients' privacy, dignity and choice. Please refer to section 5.3.5 for further information on the actions taken by RQIA in relation to these concerns.

Patients' Representatives

Only one patient's representative spoke with the inspectors and they raised no concerns.

Staff

There was limited consultation with staff during the inspection and interactions with staff tended to focus on ensuring that specific care needs of patients were being addressed. One care assistant commented that they were happy working in the home and with the support provided by the manager.

5.3.2. Pressure Ulcer and Wound Care Management

Three patient care records were reviewed in relation to pressure ulcer and wound care management.

It could not be evidenced that pressure ulcers were being identified in a timely manner. In one case, significant pressure damage was identified by a visiting health care professional and not by the nursing home staff.

It could not be evidenced that care records in relation to pressure ulcer and wound care were maintained accurately or that care was being delivered in a consistent and timely manner. For example, the wound care assessment charts in use were not consistently completed and evidence was not available to confirm that pressure ulcers and wounds had been dressed with the required frequency.

Patients had been referred to the specialist tissue viability nurse, but it was unclear if their recommendations were being followed. In one patient's record, four care plans were in place for the same pressure ulcers. Wound dressings observed were soiled and in need of attention. A registered nurse was unable to demonstrate knowledge of the wound care needs of one patient. Records reviewed and discussion with the manager evidenced that the grading of pressure ulcers was not in keeping with best practice.

The manager had initiated a wound care audit book but this did not accurately reflect the number of wounds or the condition of these wounds. The system was not robust, entries were inconsistently completed and the entries did not accurately record all of the information required.

These findings were discussed in detail with the manager and the responsible person during feedback to enable them to address the issues identified. An updated audit was presented during the intention meeting in RQIA on 14 December 2015. However, there were still areas of concern identified within this updated version and the registered person and manager were directed to best practice guidelines in pressure ulcer and wound care management.

Prior to the inspection the responsible person had informed RQIA of the concerns identified by the tissue viability nurse specialist in the south eastern health and social care trust in relation to pressure ulcer and wound care. At the inspection and during the subsequent meeting at RQIA on 14 December 2015, the responsible person confirmed that the tissue viability nurse specialist was continuing to review patients' wounds and support registered nurses. The responsible person advised during the meeting that he was planning to appoint a tissue viability link nurse for the home.

Given the continued concerns and the repeated failure to achieve compliance with this requirement, a meeting was held with senior management in RQIA. It was decided to invite the responsible person to a meeting at RQIA on 14 December 2015, with the intention of issuing a failure to comply notice. Following discussion at the meeting the registered person was informed of RQIA's decision to issue a failure to comply notice under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005, in relation to specific failings in the management of wounds and pressure ulcers.

5.3.3. Quality of Nursing Care

Concerns were identified regarding the quality of nursing care provided in Kingsway, in relation to patients' repositioning needs, the provision and management of food and fluids, the mealtime experience of patients and ongoing staffing difficulties.

5.3.3.1. Completion of Daily Charts

At the inspection on 5 October 2015, a requirement had been made for a third and final time in relation to the accurate completion of daily charts to evidence care delivery. Daily charts were again reviewed in relation to food and fluid intake and repositioning.

Repositioning charts were not being recorded accurately and long gaps were noted between entries. A gap of up to 17 hours was evidenced on one occasion. A review of another chart indicated that the patient had not been repositioned for 11 hours, with comments recorded such as, "hoisted to chair," "reclined chair" and "set up in chair". This would not provide sufficient evidence of pressure relief particularly when the patient had been assessed as "high risk" of pressure ulceration using a validated tool. Charts did not indicate the required frequency of repositioning for individual patients, as stated in their care plans, nor did the chart accurately reflect the actual position of the patient following repositioning.

Care plans contained conflicting information on repositioning frequency. For example, in one patient's record one care plan stated that the patient required two hourly repositioning and in another care plan it stated three hourly repositioning.

There was, therefore, potential for nursing staff to fail to prevent, identify or manage pressure area care and/or pressure ulcers appropriately.

Similarly, food and fluid intake charts were inconsistently recorded with evidence of long gaps between entries and in some cases no entries made for a number of days. Fluid charts were not always accurately totaled. Entries on the food and fluid charts for individual patients were compared to the progress notes made by the registered nurses. It was noted that entries made by registered nurses in the progress notes were not reflective of the information recorded on the food and fluid charts. For example, one registered nurse had recorded "Supper taken well. Fluid intake 350ml." The fluid chart indicated that the patient had taken 730 ml and the food chart indicated that the patient had "refused to eat anything." There were other examples of similar inaccuracies. Entries in the progress notes were often vague and meaningless, for example, "dietary and fluid intake recorded", with no indication if this was adequate. Registered nurses did not make any record of the action they had taken when food and /or fluid intake was inadequate.

A review of care records found insufficient evidence that patients' weight loss was being identified and appropriately managed.

The failure to accurately record food and fluid intake for patients identified as being at risk of malnutrition and dehydration, could have potentially serious consequences for patients.

Given the continued concerns and the repeated failure to achieve compliance with this requirement, a meeting was held with senior management in RQIA. It was decided to invite the responsible person to a meeting at RQIA on 14 December 2015, with the intention of issuing a failure to comply notice. Following discussion at the meeting the registered person was informed of RQIA's decision to issue a failure to comply notice in relation to the quality of nursing care and other service provision under Regulation 12 (1) (a), (b) and (c) of the Nursing Homes Regulations (Northern Ireland) 2005.

5.3.3.2. Mealtime Experience of Patients

A recommendation made at the previous inspection in relation to the mealtime experience of patients has not been met.

Patients spoken with complained about the quality of the food provided. No menu was on display and neither patients nor staff knew what was to be served for lunch. The presentation of the pureed meals continued to be poor and neither patients nor staff could identify the components of the meal.

Food was observed to be transported from the kitchen to patients' rooms uncovered, on trays and trolleys, which could result in the meal being served cold.

It was observed that not all patients were receiving timely assistance with their meals. One patient's meal had been served and they were sleeping at the table for a lengthy period. When the inspector asked a care assistant if this patient would receive assistance the care assistant commented that the patient "did not really eat lunch" and no encouragement or assistance was subsequently offered. In another case the inspector had to offer a patient a drink and dessert. In addition, patients stated that hospitality staff would leave food and drink in front of them but they had to wait for assistance from a care assistant to enable them to eat and drink.

Registered nurses were not present in the dining room to lead or direct the care of patients. There were concerns that care and hospitality staff were not being effectively deployed or supervised in order to ensure that patients' nutritional needs were being met.

These findings were concerning taken together with previously stated concerns around the recording of fluid and nutritional intake, the lack of follow up of deficits by registered nurses and the lack of evidence regarding the effective management of patients' weight loss.

This recommendation had not been met and has been subsumed in to a failure to comply notice under Regulation 12 (1) (a), (b) and (c) of the Nursing Homes Regulations (Northern Ireland) 2005.

5.3.3.3. Staffing

A requirement in relation to staffing had been stated for a second time at the inspection on 5 October 2015. There was evidence that ongoing difficulties with staffing were negatively impacting on the continuity of care for patients.

The manager and responsible person stated that a number of senior nursing staff had recently resigned. However, they confirmed that recruitment of registered nurses was ongoing. They explained that they were reliant on agency nurses but that they had 'a pool' of agency nurses who frequently worked in the home and knew the patients. A review of the nursing and care staff duty rotas confirmed this. The manager stated that agency staff were inducted on their first shift in the home. However, a review of agency induction forms found these to be poorly completed and not all had been signed by the agency nurse undergoing induction.

There was no evidence that robust systems were in place to facilitate effective communication between the registered nurses and the manager or that issues identified in relation to patients were being appropriately escalated. There were concerns that this lack of communication was affecting the continuity of care for patients.

In addition, concerns were identified with the deployment and management of staff at mealtimes to ensure that patients' nutritional needs were met. Please refer to section 5.3.3.2 above, for further information on mealtimes.

This requirement had not been met and has been subsumed in to a failure to comply notice under Regulation 12 (1) (a), (b) and (c) of the Nursing Homes Regulations (Northern Ireland) 2005.

5.3.4. Restrictive Practice

A previous recommendation in relation to the decision making process and documentation of restrictive practices had been met. However, "release schedules" put in place for two patients with lap belts were found to be inconsistently completed. For example, a time was recorded for the application of the lap belt but none for its removal. The restraint chart did not detail the actual times required for the release of the lap belt. A recommendation has been made.

An audit of the restrictive practices in use in the home was requested from the manager. The manager confirmed that this had not been completed. A further recommendation has been made in this regard.

5.3.5. Dignity, Privacy and Patient Choice

Observations and discussion with the patients evidenced concerns regarding the protection and promotion of patients' dignity, privacy and choice.

Trolleys on the first floor of the nursing unit were 'stocked' with a number of laundered incontinence pants and ladies' hoisery. Further stocks of laundered incontinence pants and hoisery were found in in the linen store. These items were not labelled and had the potential to be shared. During the meeting with RQIA on 14 December the responsible person stated that all laundered net pants and hosiery had been removed and a new system is to be introduced to ensure that this is addressed.

It was noted that two patients' call bells had been ringing for at least ten minutes. On investigation one patient was found, by the inspectors, in their bedroom in a state of partial undress, on the commode, in front of a window which looked out on to the main road; the curtains had not been closed. One armrest of the commode was missing and the brakes had not been applied. The patient confirmed that they had been waiting for assistance for approximately 30 minutes. One inspector covered the patient and remained with them whilst the other inspector sought assistance. When challenged, a care assistant stated that the patient "did not like the curtains pulled". However, the patient indicated the contrary and the inspector insisted that the curtains be closed prior to the delivery of personal care.

A review of the complaints record evidenced two patients' complaints in respect of delayed call bell response times.

In addition, one patient reported that staff could be heard shouting to one another, in front of other patients, as they decided who would help them to the toilet and described being spoken to in a patronising manner by the manager who 'chastised' them for not saying please. Another patient described having medication put into their tea against their wishes and the nurse carrying on stating "it will do you good."

This incident and other concerns regarding privacy, dignity and choice were discussed in detail with Maria Gillespie, manager, and Christopher Walsh, responsible person, during feedback. Concerns in relation to call bell response times and lack of prompt attention to continence needs were identified at the inspection on 16 April 2015. Given this and the seriousness of the concerns raised at this inspection, actions to address patients' privacy, dignity and choice have been included within a failure to comply notice under Regulation 12 (1) (a), (b) and (c) of the Nursing Homes Regulations (Northern Ireland) 2005.

5.3.6. Management Arrangements

The current manager is in post on a temporary basis as the home awaits the appointment of a new, permanent manager. The responsible person confirmed, in a telephone call on 8 December 2015, that the new manager intended to commence induction on 14 December 2015 prior to commencing as the manager officially on 4 January 2015. The current manager will stay in post until this date.

An application for registration with RQIA has been received in respect of the new manager.

Areas for Improvement

A recommendation has been made that records of release schedules for patients using lap belts must be kept accurately and contemporaneously.

A recommendation has been made that regular audits of incidences of restraint and/or restrictive practices should be undertaken to monitor and where possible reduce their use.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Maria Gillespie, manager, and Christopher Walsh, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 24 (1) (2) (3) & (4)</p> <p>Stated: Third and final time</p> <p>To be Completed by: 7 January 2016</p>	<p>The registered persons must have robust procedures in place for the management of complaints.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The new Home manager has been made aware of the company policy and process for the management of complaints. Complaints are now monitored by the Home Manager in line with this policy. Namely that all relevant details in respect of complaints are collated and appropriate investigations or responses are issued and detailed in the complaints log.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (4) (b) & (d) (v)</p> <p>Stated: Second time</p> <p>To be Completed by: 14 December 2015</p>	<p>The registered person must ensure that adequate precautions against the risk of fire are in place and that robust systems are in place to review the adherence to these precautions.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Door wedges have been removed from the Home. The Home has purchased door alarms for relevant rooms. Staff have been made aware of the importance of ensuring that doors are not wedged open. The Home Manager undertakes a "round" in the Home at least daily to monitor compliance. A programme of decluttering is taking place.</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (4) (a); (5) (a)</p> <p>Stated: Second time</p> <p>To be Completed by: 7 January 2016</p>	<p>The registered person must ensure that robust systems are in place and enforced to ensure that medicine is securely stored at all times and in such a way that others are prevented from using it.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All registered staff have been made aware on daily monitoring rounds by the Home Manager that trolleys must be secured and locked appropriately. A receptacle has been requested for the storage of empty boxes that are often left on top of trolleys awaiting the nurse to reorder.</p>
<p>Requirement 4</p> <p>Ref: Regulation 16 (1); 16 (2) (b)</p> <p>Stated: Second time</p>	<p>In relation to pain management the registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met. The patient's plan must be kept under review.</p>

To be Completed by: 7 January 2016	Ref: Section 5.2
	Response by Registered Person(s) Detailing the Actions Taken: All care plans are in the process of being reviewed and additional training is being sought by external nursing lecturer to support best practice.

<p>Requirement 5</p> <p>Ref: Regulation 19 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 19 December 2015</p>	<p>The registered person shall –</p> <p>(a) maintain in respect of each patient a record which include the information, documents and other records specified in Schedule 3 relating to the patient;</p> <p>(b) ensure that the record referred to in sub-paragraph (a) is kept securely in the nursing home.</p> <p>Ref: Section 5.2</p>
<p>Requirement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be Completed by: 7 January 2016</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> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The records identified in the laundry area of the home were immediately removed following the inspection. The New Home manager is reviewing the secure storage of documentation, retention and distruction processes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff have been reminded at staff meetings that their attention to infection prevention and control measures are paramount. There has been external training sourced by the Home. The domestic staff have been instructed to clear away any products located in communal areas of the Home and safely dispose of these. Individual personal care items have been purchased by the Home for each resident. The Home Manager is engaged in daily rounds during which there is attention given to an examination of areas in regard to infection prevention and control. Net pants which were being laundered within the Home were immediately removed from the laundry room on the day of the inspection and tights and socks were removed to the lost property storage in the Home. Net pants at this time are not laundered and reused. New laundry bags were purchased for each resident and labelled to ensure that socks, tights and underwear are returned to residents to whom they belong.</p>
<p>Requirement 7</p> <p>Ref: Regulation 17 (1) (2) and (3)</p> <p>Stated: First Time</p> <p>To be completed by: 31 March 2016</p>	<p>(1) The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <p>(2) The registered person shall supply to the RQIA a report in respect of any review conducted by him for the purpose of paragraph (1) and make a copy of the report available to patients.</p> <p>(3) The system referred to in paragraph (1) shall provide for consultation with patients and their representatives.</p>

	Ref: Section 5.2		
	<p>Response by Registered Person(s) Detailing the Actions Taken: As outlined in the report questionnaires were issued to relatives and residents of the Home. At time of writing approximately 16 responses have been returned. The Home will devise from all response returned a summary report and will as requested make this available to the RQIA and residents and relatives.</p> <p>2 meetings have taken place in January with relatives of residents in Kingsway and actions from these meetings will be published to benchmark progress in the Home.</p> <p>The New Home manager has arranged monthly meetings with relatives to enable improved communication and ensure that there are in place mechanisms to address areas of concern.</p>		
Recommendations			
<p>Recommendation 1</p> <p>Ref: Standard 18, criterion 6</p> <p>Stated: First time</p> <p>To be Completed by: 7 January 2016</p>	<p>Records of release schedules for patients using lap belts must be kept accurately and contemporaneously.</p> <p>Ref: Section 5.3.4</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: The release schedules for the two residents who are subject to the use of lapbelts for their assessed care needs are reviewed by nursing staff and feedback at safety briefings.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 18, criterion 7</p> <p>Stated: First time</p> <p>To be Completed by: 7 January 2016</p>	<p>Regular audits of incidences of restraint and / or restrictive practices should be undertaken to monitor and where possible reduce their use.</p> <p>Ref: Section 5.3.4</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: The restraint register is under review by the new Home Manager and will be reviewed monthly or as required by the changing needs of the residents.</p>		
Registered Manager Completing QIP	Bernadette Gribben	Date Completed	21/01/16
Registered Person Approving QIP	Chris Walsh	Date Approved	21/01/16
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	22/01/16

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:

