

Announced Post-registration Care Inspection Report 26 January 2017



Kingsway Nursing Home

Type of Service: Nursing Home
Address: 299 Kingsway, Dunmurry, Belfast, BT17 9EP
Tel no: 02890 609930
Inspector: Lyn Buckley

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced post registration care inspection of Kingsway Nursing Home took place on 26 January 2017, from 10:00 to 15:15 hours.

This inspection sought to assess progress with issues raised during and since the previous care inspection and to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 12 January 2017 ownership of the home transferred to Healthcare Ireland (Belfast) Limited.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Lesley McKillen, acting manager, and Ms Amanda Mitchell, Responsible Individual as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 31 August and 1 September 2016. Other than those actions detailed in the QIP there were no further actions required to be taken.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Healthcare Ireland (Belfast) Ltd/ Ms Amanda Celine Mitchell	Registered manager: Refer to box below.
Person in charge of the home at the time of inspection: Mrs Lesley McKillen	Date manager registered: Mrs Lesley McKillen – Acting Manager since 20 July 2016.
Categories of care: NH-I, NH-PH, NH-PH(E) and NH-TI	Number of registered places: 69

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

The inspector met with five patients individually and with others in smaller groups, four care assistants, three registered nurses and five support staff.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas for January 2017
- staff training records since previous inspection
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- records pertaining to consultation with staff, patients and relatives
- the home's Statement of Purpose
- one personnel file.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 31 August and 1 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection. Refer to the next section for details.

4.2 Review of requirements and recommendations from the last care inspection dated 1 September 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18, criterion 6 Stated: Second time	Records of release for patients using lap belts must be kept accurately and contemporaneously.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records demonstrated that this recommendation had been met.	
Recommendation 2 Ref: Standard 5 Stated: First time	The registered provider should consider options for how and where patients' daily care charts are held to ensure privacy to enable contemporaneous record keeping.	Met
	Action taken as confirmed during the inspection: Review of a number of patient records demonstrated that this recommendation had been met.	

4.3 Inspection findings

4.3.1 Transition to new ownership

Discussion with the responsible individual, manager, staff and patients evidenced that all were satisfied with the transition to the new ownership. Some of those consulted stated that the changes had been "seamless" and other said they were reassured that the manager had not changed.

A meeting had been held in early December 2016 to introduce the new owners and their senior management team to patients, relatives and staff. However, due to an infectious illness the home was closed to visitors for a period of time during December 2016; and the planned meeting schedules had to be postponed. Since the New Year a staff meeting was held on 16 January 2017 and the new senior management team had also made themselves available to

staff on a one to one basis. A relatives' meeting was planned for February 2017 and the date 'advertised' through the home. The responsible individual said it was disappointing that their planned meetings had not taken place due to the unexpected illness but she was pleased with the positive feedback received so far from staff, patients and relatives.

The home's Statement of Purpose had been updated to reflect the change of ownership and was available in the home.

The new owners have plans to improve the premises and an application to vary the premises will be submitted to RQIA once these plans are finalised.

Management and governance systems continue with a scheduled implementation in place to manage the changes to new documents and reporting processes.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.2 Staffing

The manager confirmed the planned staffing levels for the home and stated that these were kept under regular review, in response to changes in patients' dependencies. Duty rotas reviewed confirmed that planned staffing levels were adhered to.

Some staff consulted were of the opinion that they did not have a lot of time with patients. However, discussion with patients and observations of care delivery evidenced that patients' needs were being met in a timely manner and that staff were attentive, caring and knew their patients' preferences and wishes. For example, call bells were answered promptly and one care assistant had 'set up' the patient's chair and side table prior to the patient entering the lounge – anticipating need. Interactions between staff and patients were also observed to be appropriate, and there was evidence of good relationships.

Staff confirmed that they were expected to attend a handover report at the commencement of their shift and daily safety briefings held to review patient's ongoing health and wellbeing.

Review of one personnel file demonstrated good practice in relation to recruitment and selection and compliance with regulatory requirements.

Staff confirmed that they were expected to attend mandatory training. Discussion with the manager confirmed that the training planned prior to the previous care inspection had been completed. The responsible individual confirmed that a new computerised training program was to be implemented in the coming weeks. Staff would undertake e-learning via an intranet system and face to face training would be facilitated by the organisation's own trainer.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.3 Management of incident and accidents, complaints and record keeping

Review of accident and incident records evidenced that these were maintained in keeping with good practice and regulatory requirements. The manager undertook a review and an analysis of the falls and incidents occurring in the home on a monthly basis to identify patterns and/or trends. There was evidence that any deficits identified were addressed. This analysis informed the monthly visit undertaken on behalf of the provider and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 29.

Review of records evidenced that RQIA were appropriately notified of accidents or incidents occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.

Review of the complaints record evidenced that any complaints or concerns were recorded in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 24 and DHSSPS Care Standards for Nursing Homes: 2015.

Three patient care records were reviewed. Records were reflective of patients' assessed needs and kept under review.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.4 Premises

An inspection of the premises was undertaken and the lounges, dining room and a number of bedrooms were reviewed. The home was presented to a high standard of hygiene and cleanliness throughout. The rooms reviewed were well decorated, warm and comfortable. Fire exits and escape routes were observed to be free from obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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