

# Inspection Report

**27 January 2022**



## Killynure House

**Type of service: Residential Care Home**  
**Address: 26 Church Road, Carryduff, BT8 8DT**  
**Telephone number: 028 9504 2960**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Belfast Health and Social Care Trust (BHSCT)  <b>Responsible Individual:</b> Dr. Catherine Jack	<b>Registered Manager:</b> Mrs Helen Taggart - Acting
<b>Person in charge at the time of inspection:</b> Mrs Helen Taggart	<b>Number of registered places:</b> 40
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 16
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 40 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 27 January 2022, from 10.10 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and tidy and there was a homely atmosphere. The home has been recently refurbished.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One area requiring improvement was identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Killynure House was safe, effective, compassionate and that the home was well led. Addressing the area for improvement will further enhance the quality of care and services in Killynure House.

The findings of this report will provide the Registered Persons with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Helen Taggart and Louise Radcliff at the conclusion of the inspection.

### **4.0 What people told us about the service**

Seven residents and six staff were spoken with during the inspection.

No comments were received from staff via the online survey. No questionnaires were received from relatives or residents.

Residents commented positively about living in the home. One resident told us, "I love it here, we are well looked after". Another resident spoke of how, "We are all spoilt, the food is good and the girls are good to us".

Staff told us that they were happy working in the home, the staffing levels were good and they felt supported by the Manager and the training provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the environmental and hygiene issues outlined in the report and trust action plan do not impact on other infection prevention and control (IPC) measures and effective cleaning practices. Areas identified in the trust action plan should be prioritised and the action plan forwarded to RQIA with defined timescales for completion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall that care records reviews are updated regularly to reflect the changing needs of the individual residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20:10  <b>Stated:</b> First time	The registered person shall ensure that audits and timescales are reviewed to ensure that the arrangements in place monitor audit and review the effectiveness and quality of care delivered to residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employment records highlighted that there was no evidence of pre-employment checks for two staff on the day of inspection. This was discussed with the Manager and identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

### 5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care Manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

There were some areas of the home requiring attention. A ceiling tile in a shower room and a vent in a toilet needed to be repaired. This was discussed the Manager who agreed to have it attended to.

The home had been recently refurbished. The downstairs activity room had not been completely finished, with exposed pipework and walls requiring painting. This was discussed with the Manager. Since inspection RQIA have been assured this work had been completed.

The first floor 20 bedrooms were not being used on the day of inspection. There was a temporary screen over the entrance to the stairs leading to the first floor. This was discussed with the Manager who explained the screen had been risk assessed by the Trust. This was also discussed with the RQIA estates inspector.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

#### **5.2.4 Quality of Life for Residents**

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. The activities programme ranged from painting, listening to music to poetry and crafts.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

Mrs Helen Taggart has been the acting Manager in this home since 2 December 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Residents said that they knew how to report any concerns and said they were confident that the Manager would address this. Review of the home's record of complaints confirmed that these were well managed and used as a learning method. This is good practice.



Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care Manager and to RQIA.

Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Helen Taggart, Registered Manager and Louise Radcliff, Interim Service Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall put in a put a system in place to ensure a checklist is available evidencing all pre-employment checks are completed , and be available for inspection.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager will ensure a check list at home level is in place for all new starts from the 1 March 2022, their signature and date will be added to BSO/HR email correspondence that they have read and agree all checks have been completed. Correspondance relating to pre employment checks will be printed and added to the staff member file.</p>

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



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