

# Unannounced Care Inspection Report

## 8 August 2017



## Killynure House

**Type of Service: Residential Care Home**  
**Address: 26 Church Road, Carryduff, BT8 8DT**  
**Tel No: 028 9504 2960**  
**Inspector: Kylie Connor**

[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 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 residential care home with 40 beds that provides care for residents living with dementia. The home is registered for two day service places for persons living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust <b>Responsible Individual:</b> Mr Martin Dillon	<b>Registered Manager</b> See below
<b>Person in charge at the time of inspection:</b> Ann Doherty	<b>Date manager registered:</b> Ann Doherty – Not registered - no application required
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 40 2 day service places for persons living with dementia

### 4.0 Inspection summary

An unannounced care inspection took place on 8 August 2017 from 10:50 to 16:20.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff supervision, communication with residents and key stakeholders and listening to and valuing residents.

Areas requiring improvement were identified in regard to staff training, care plans for residents with diabetes and placing a recent photograph of the resident in their care records.

Residents said that they enjoyed the activities and food.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Ann Doherty, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 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: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with four residents, the manager, the assistant services manager, two care staff and one visiting professional.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for two new staff
- AccessNI records
- Staff supervision records for two staff
- Staff training schedule/records
- Three residents' care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager as part of the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 June 2017

The most recent inspection of the home was an unannounced finance inspection. The draft report had been issued. The QIP will be validated by the finance inspector at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 14 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16.1  <b>Stated:</b> Second time	The registered provider should revise the home's safeguarding policy and procedure to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.  Failure to achieve compliance may result in enforcement action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An assistant services manager confirmed that a safeguarding champion had been established and that the 2015 guidance and 2016 NIASP regional procedures had been adopted and implemented. Following the inspection, the assistant services manager forwarded to the inspector an updated local adult safeguarding procedure.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The manager stated that staff annual appraisals were scheduled to be completed during the next six weeks.

Discussion with staff confirmed that supervision and appraisal of staff was provided. A schedule for mandatory training and supervision was maintained and was reviewed during the inspection. It was identified that mandatory training was not up to date for all staff in the areas of moving and handling, adult safeguarding, infection prevention and control and food hygiene. The manager stated that fire safety training had been carried out and acknowledged that records had not been updated to reflect this. It was noted that additional training to meet the needs of residents in areas such as oral care and skin care had also lapsed. An area for improvement was made. Action was required to ensure compliance with the regulations.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to confirmed that they were registered with the Northern Ireland Social Care Council (NISCC),

The manager confirmed that the 2016 adult safeguarding procedures had been implemented. The assistant services manager confirmed that a safeguarding champion had been identified.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the 2016 procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems and pressure alarm mats. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH) and fire safety.

Staff training records confirmed that staff had not received annual refresher training in infection prevention and control (IPC) in line with their roles and responsibilities as referred to in section 6.4. Discussion with staff established that they were knowledgeable and had an understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed in some communal facilities in both written and pictorial formats. The manager agreed to review signage prompting hand hygiene throughout the home.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The manager and the assistant services manager stated that the re-decoration work taking place throughout the home was nearing completion. The home was fresh-smelling, clean and appropriately heated. A number of lights situated over hand-basins in bedrooms were not working. The manager

stated that she would address this matter as part of the re-decoration scheme. This may be reviewed at a future inspection.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The manager confirmed that the fire risk assessment was to be reviewed during the week.

Discussion with staff confirmed that staff completed fire safety training twice annually. Records had not been updated and the manager confirmed that this would be addressed. Staff stated that a fire drill was due to be carried out. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “They (staffing levels) are fine. There are only 11 out of 40 residents (living in the home at present) and a full-time staff team. Some (training) has lapsed (but training is booked). We do have a whistle-blowing policy. I do make staff aware of it”
- “I’ve done fire (training) recently and dementia awareness”
- “It’s (annual appraisal) been discussed at staff meetings and at supervision”
- “(During handovers) we go over (discuss) each resident individually”
- “They (staff) certainly know the residents very well”

Two questionnaires were returned to RQIA from staff. The respondents described their level of satisfaction with this aspect of care as satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and supervision.

### Areas for improvement

One area for improvement was identified in regard to staff training.

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

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome**

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.



A review of three care records confirmed that these were largely maintained in line with the legislation and standards. A care plan for the management of diabetes was not in place and two care records did not contain a photograph of the resident. Two areas of improvement were identified to comply with the standards.

Following the inspection, the inspector forwarded the manager a copy of the Public Health Agency (PHA) Safety and Quality Reminder of Best Practice Guidance (February 2017) for the Management of Diabetes in Nursing and Residential Care Homes.

Care records inspected contained an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Staff spoke of their involvement in a dementia awareness training programme where their learning will gradually reshape their practice and the environment. The inspector advised the manager and assistant services manager of the need to submit a variation application to RQIA should there be any plans to alter the use of rooms where residents will be affected.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Further evidence of audit was contained within the monthly monitoring visits reports.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

A visiting district nurse and staff spoken with during the inspection made the following comments:

- "They (the staff) are very helpful. They are good. They work very well with the district nursing. There is very good communication between the home and the district nursing team." (district nurse)
- "There is a good team. They (staff) are very attentive towards the residents. We have one more senior to join the team at a later date. Use of bank staff will be reduced now." (staff)

Two questionnaires were returned to RQIA from staff. The respondents described their level of satisfaction with this aspect of care as satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews and communication between residents, staff and other key stakeholders.

### Areas for improvement

Two areas for improvement were identified in regard to care plans for residents with diabetes and photographs of residents in care records.

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

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Staff, for example, spoke of the importance of verbal communication and use of visual prompts to involve residents in decision-making.

The manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to demonstrate how residents' confidentiality was protected.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included, for example residents' meetings and care reviews.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff and residents spoke of a range of activities taking place, for example, singing, watching classic movies, reminiscence activities, walks in the garden. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example, a weekly bus run facilitated residents to visit local places of interest.

Staff and residents spoken with during the inspection made the following comments:

- “Oh yes (staff are helpful). I enjoy being here.” (resident)
- “You always get the kind of food you like. I love it here. It’s so pleasant and you can ask about things.” (resident)
- “There is a lot (of activities) going on.” (resident)
- “We are going to a dementia friendly movie with Queens University, for three residents, it’s ‘Some Like It Hot’.” (staff)
- “We are moving in the right direction.” (staff)
- “There has been a lot done to get things residents like to do.” (staff)

Two questionnaires were returned to RQIA from staff. The respondents described their level of satisfaction with this aspect of care as satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff, including those held on computer. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information available within the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Most staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example oral care and skin care. A number of gaps were identified and are addressed in section 6.4 of the report.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The manager was advised to ensure that the reports for May, June and July 2017 are obtained. The assistant services manager verified that these had been carried out.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The assistant services manager confirmed that a permanent manager had been recruited and will take up the position at the end of August 2017. The manager stated that she would be completing the annual quality review report in the next six weeks. This may be reviewed at a future inspection.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and that support was offered to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection made the following comment:

- “It’s great that we have Ann Doherty here for the guidance and the new manager starting at 31 August 2017.”

Two questionnaires were returned to RQIA from staff. The respondents described their level of satisfaction with this aspect of the service as satisfied.

Comments received were as follows:

- “Killynure House hasn’t had a regular manager for a long time. We have managed well but things will improve greatly when our permanent manager begins in September.”
- “Changes within the unit butterfly house Dementia Matter, too fast and unable to manage with on-going works, timescale to be revised.”

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Doherty, Manager, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 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.

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 20 (c) i  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	<p>The registered person shall ensure that all staff complete mandatory training and other training appropriate to the work they are to perform as detailed in the report; accurate records should be retained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The newly appointed registered manager has reviewed training records and where gaps have been identified in mandatory training, the training has been arranged. A training matrix is in place, the manager will audit monthly to ensure mandatory training is kept up to date. Governance report has been updated to provide assurance to senior management that staff are compliant with mandatory training requirements. Records of mandatory training are retained in individual staff files.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 11 September 2017	<p>The registered person shall ensure that a diabetes management care plan is developed for all residents diagnosed with diabetes.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            A individualised care plan which reflects the care and support the resident requires with managing their diabetes has been developed for residents with a diagnosis of diabetes. The Registered Manager will ensure that a diabetes care plan is completed in future for any resident admitted with diabetes.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 11 September 2017	<p>The registered person shall ensure that all care records contain an up to date photograph of the resident.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            All care records have been reviewed and now contain an up to date photograph of individual residents. The Registered Manager will monitor this on a monthly basis to ensure compliance.</p>

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



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