

**Unannounced Care Inspection
of
Killynure House**

2 March 2016

1. Summary of inspection

An unannounced care inspection took place on 2 March 2016 from 10:45am to 2pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

Two areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These were in relation to competency and capability assessments for staff with responsibility of being in charge and risk assessment of radiators/ hot surfaces.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with the Acting Registered Manager Esther Brimage as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Belfast Health and Social Care Trust Martin Joseph Dillon	Registered Manager: Esther Brimage (Acting)
Person in charge of the home at the time of inspection: Reni Jimmy Senior Care Assistant until 1:30pm then Esther Brimage	Date manager registered: Registration pending
Categories of care: RC-DE	Number of registered places: 40
Number of residents accommodated on day of inspection: 22	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' Views and Comments Shape the Quality of Services and Facilities Provided by the Home.

4. Methods/Processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with all the residents, three visiting relatives, four members of staff and the registered manager. .

We inspected the following records: three residents' care records, accident/ incident reports, monitoring visit reports, record of residents meetings and fire safety records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced follow up pharmacy inspection dated 25 January 2016. The completed QIP was returned and approved by the pharmacist inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No requirements or recommendations resulted from the last care inspection dated 8 October 2015.

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is Care Safe? (Quality of Life)

Staff confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents in accordance with their capabilities they reported to us that their views were actively sought and incorporated into practice.

The staff confirmed that residents and their representatives' meetings are in place. Their views and wishes were actively sought and recorded. These records were available during the inspection. These meetings were put in place to plan and discuss activities, food provision and address any areas of concern.

Care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is Care Effective? (Quality of Management)

We found that there was a range of methods and processes in place where residents and their representatives' views were sought. These were reflected within the care management reviews, record of residents meetings and the registered provider monthly visits. Staff confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

An inspection of the monthly monitoring reports on the behalf of the registered person was undertaken. These were found to be recorded in informative detail with good account of resident and representative consultation.

Copies of review forms were present within each care record. Residents and their representatives attended and participated in their care management review.

Is Care Compassionate? (Quality of Care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Discussions with three visiting relatives were all complimentary in regard to the provision of care, the kindness and support received from staff and the general ambience of the home.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for Improvement

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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Additional Areas Examined

5.4.1 Residents' Views

We met with all the residents. In accordance with their capabilities, residents expressed and indicated that they were happy and content with their life in the home. A number of residents were able to articulate their views.

Some of the comments made included statements such as;

- "I love it here"
- "Everyone is very good to me"
- "No problems or complaints, they are all great"
- "Things are marvellous".

5.4.2 Staff Views

We spoke with four staff members individually, in addition to the acting registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

5.4.3 General Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a reasonable standard.

There were a number of radiators throughout the home, including residents' bedrooms that had radiators that were excessively hot too touch. These posed as a significant risk if a resident were to lie on this in the event of a fall. A generic risk assessment dated December 2015 was in place pertaining to this. However the level of risk continued as found by the excessive temperature of the radiators on the day of this inspection. A requirement was made for all radiators/ hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.

5.4.4 Staffing

The staffing levels at the time of this inspection consisted of;

- 1 x acting registered manager from 14:20
- 1 x senior care assistant
- 4 x care assistants
- 1 x catering assistant
- 3 x support services 1 x laundress
- 1 x administrator

From general observations of care practices and discussions with staff these levels were found to meet residents' dependency needs, taking accounting the layout of the home. The senior in charge of the home in the absence of the registered manager had not a competency and capability assessment in place for this responsibility. A requirement was made in this regard.

5.4.5 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

A planned programme of activity was in place, with a number of residents found to have enjoyment from. A visiting hairdresser was also in attendance with residents benefitting and enjoying this service.

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Residents' care to dress and appearance was found to appropriately met,

Areas for Improvement

There were two areas of improvement identified with these additional areas examined. These were in relation to risk assessments for radiators/ hot surfaces and competency and capability assessments for any person in charge of the home.

Number of requirements:	2	Number of recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Acting Registered Manager Esther Brimage 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 Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). 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 should be completed by the registered person/ registered manager and 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 **care.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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 2 June 2016	All radiators/ hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.		
	Response by Registered Person(s) detailing the actions taken: Estates Department have risk assessed hot surfaces and radiators in line with current safety guidelines. The outcome of assessment resulted in the reduction of the mixed flow temperature circuit in the home which has reduced the risk of scalding. Individual radiators are now at an acceptable temperature minimising risk.		
Requirement 2 Ref: Regulation 20(3) Stated: First time To be completed by: 2 May 2016	Any staff member who has the responsibility of being in charge of the home in the absence of the registered manager must have a competency and capability assessment pertaining to same in place.		
	Response by Registered Person(s) detailing the actions taken: . All senior staff complete an intensive induction and attend mandatory training which ensures that they are competent and capable to manage the home in the absence of the Registered Manager. Level of competency and performance is assessed by manager on an on-going basis and any issues regarding performance or level of competency are addressed with individual staff member. All staff have a personal contribution and development plan in place and receive annual appraisal. Staff also participate in regular supervision and reflective practice sessions to share learning and improve practice. All areas of performance are audited to ensure compliance and competency.		
Registered Manager completing QIP	Mairead McCartan (Acting)	Date completed	19/05/16
Registered Person approving QIP	Martin Dillion	Date approved	3/6/16
RQIA Inspector assessing response	John McAuley	Date approved	15/06/16

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