

## **Primary Unannounced Care Inspection**

<b>Service and Establishment ID:</b>	<b>Killynure House (1002)</b>
<b>Date of Inspection:</b>	<b>3 February 2015</b>
<b>Inspector's Name:</b>	<b>Kylie Connor</b>
<b>Inspection No:</b>	<b>16629</b>

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of home:</b>	Killynure House
<b>Address:</b>	26 Church Road Carryduff BT8 8DT
<b>Telephone number:</b>	(028) 9504 6894
<b>Email address:</b>	Lynnee.mason@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mr Martin Dillon
<b>Registered Manager:</b>	Mrs Lynne Mason
<b>Person in charge of the home at the time of inspection:</b>	Mrs Lynne Mason
<b>Categories of care:</b>	DE
<b>Number of registered places:</b>	40
<b>Number of residents accommodated on day of Inspection:</b>	24 (and four residents in hospital)
<b>Scale of charges (per week):</b>	£461
<b>Date and type of previous inspection:</b>	12 June 2014 Secondary Unannounced Inspection
<b>Date and time of inspection:</b>	3 February 2015 10.05 am to 3.10 pm
<b>Name of Inspector:</b>	Kylie Connor

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff, residents representatives and visiting professionals
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	3 and the registered manager
Relatives	4
Visiting Professionals	2

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	21	8

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
**Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication**
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
**The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents**

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of service

Killynure House Residential Care home is situated centrally in the area of Carryduff. The residential home is owned and operated by Belfast Health and Social Care Trust. Lynne Mason is manager of the home and has been registered manager from 2010.

Care and accommodation is provided in single rooms for forty individuals with a diagnosis of dementia. Accommodation for residents is in a two storey building. Access to the first floor is via a passenger lift and stairs.

A number of communal lounges and seating areas are provided on both floors. A dining room, conservatory and visitor room are provided on the ground floor and an activity room is provided on the first floor. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. There is a hairdressing room, a secure garden and adequate car parking.

The home is registered to provide care for a maximum of forty persons under the following categories of care:

### Residential care

DE              Dementia

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of two residents.

## 8.0 Summary of Inspection

This primary unannounced care inspection of Killynure House was undertaken by Kylie Connor on 3 February 2015 between the hours of 10.05 am and 3.10 pm. Lynne Mason was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement made as a result of the previous inspection was examined and has been addressed. The detail of the actions taken by Lynne Mason can be viewed in the section following this summary.

Prior to the inspection, Lynne Mason completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Lynne Mason in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, visiting professionals, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Two issues were raised in staff questionnaires, discussed with the registered manager and a recommendation has been made. Visiting professionals spoke positively regarding staff attitude and their knowledge of residents' needs and preferences. Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be undergoing improvements.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Four recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, visiting professionals, registered manager and staff for their assistance and co-operation throughout the inspection process.

## **Inspection findings**

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint or restrictive practices are only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Killynure House was compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The home employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Killynure House is compliant with this standard.



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 June 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	3 (1) (c ) Schedule 1	<p>The registered person shall compile in relation to the residential home a written statement which shall consist of –</p> <p>A statement as to the matters listed in Schedule 1.</p>	Review of the statement of purpose and discussions with the registered manager confirmed this is addressed.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All residents have individual care plans, their needs and wishes are reflected in these. All staff read and have access to such care plans	Compliant
<b>Inspection Findings:</b> The home had a number of relevant policy and procedures in place including responding to residents' behaviour and behaviour that challenges staff or others, dated 1 May 2014 and procedure on restraint dated 19 November 2014. A review of the policy and procedures identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedures included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.  Observation of staff interactions, with residents and discussions with staff identified that informed values and implementation of least restrictive strategies were in place. A review of staff training records identified that all care staff had received training in behaviours which challenge which included a human rights approach.  A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.  Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. A review of the returned staff questionnaires identified that appropriate training is provided.	Compliant

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> If a resident displays "ill being" an "ABC" chart is completed to establish reason for behaviour and identify what will help the resident If uncharacteristic behaviour is displayed, the GP would be asked to carry out a home visit, infection would be ruled out, family informed, care manager informed and psycho geriatrician involved if necessary. We have also worked with the community mental health team for older people and the dementia nurse specialist from Knockbracken for further assessment and advice to help with behaviours. All behaviour issues raising vulnerable adult concerns are forwarded on to the Adult Safeguarding Team for further action if necessary. RQIA are informed of such incidents. Care plan and risk assessments compiled to reflect the issues and these are available for all staff to read	Compliant
<b>Inspection Findings:</b> The policies and procedures, reflected; <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.  Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records and discussions with visitors confirmed that they had been informed appropriately.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Care plans reflect all aspects of care and these are shared with the residents representative	Compliant
<b>Inspection Findings:</b>	
A review of care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a resident was on a specific behavioural programme this would be approved and be part of the residents care plan	Compliant
<b>Inspection Findings:</b>	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. However, a behaviour management strategy was in place. A review of a behaviour management strategy identified that they had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff have dementia training, vulnerable adults training and recently in response to sexualised behaviour received training in "sexualised behaviour"	Compliant
<b>Inspection Findings:</b> A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> <li>• Mapa on dates during 2014 and a number of scheduled dates for January to March 2015.</li> <li>• Training in regard to the home's categories of care; dementia and behaviours others find difficult every two years.</li> </ul> Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management strategy in place.	Compliant

<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
This would be the case and may involve other members of the multi disciplinary team, health and safety team or the Adult safeguarding team.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from 1 December 2014 to 1 February 2015 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All staff have attended Management of aggression training specifically tailored for by the Trust for dementia residential units. Restraint would be used as a last resort as in line with Trust policy titled "Restrictive Practice"	Compliant
<b>Inspection Findings:</b> Discussions with staff, visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that physical restraint was not used and restrictive practices were only used as a last resort to protect the residents or other persons. A number of residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations/OR were aware that action had been taken or measures have been put in place to minimise the impact of these limitations. Observations and discussions with staff confirmed that restrictive practices in place include the use of locked doors, lap belts, locked wardrobes and observation of a residents' whereabouts. A review of the home's Statement of Purpose evidenced that some types of restraint and restrictive practices used in the home are described. A recommendation has been made.	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Activity room identified Daily activity schedule identified in line with residents likes/dislikes and abilities. A care assistant is identified on a daily basis to carry out activities with residents Participation in activities is recorded on an activity sheet recommended by Sterling University dementia services Our activity worker resigned in December 2013	Substantially compliant
<b>Inspection Findings:</b> The home had a procedure on activities, dated 1 May 2014. Residents spoke positively of activities. A review of care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Recording sheet records the residents emotions during the activity.</p> <p>The activity programme identifies morning, afternoon and evening activities</p> <p>We have established in 2013 links with Artscentre in the form of Skylarks and access to their resident artist and musicians</p> <p>In 2013 we also established links with the Ulster Museum who came to Killynure and completed an arts project the 2 pictures made by residents as a result of this are displayed in the main dining room. This link is to be maintained with regular visits to the museum to view new displays and enjoy a cup of tea</p> <p>There is a weekly interdenominational service every Sunday</p> <p>The priest attends to distribute Holy Communion on a weekly basis</p> <p>Residents can listen to spiritual/religious music as desired.</p> <p>Community based activities accessed by residents families</p> <p>Links are maintained with the local community via weekly bus runs every Thursday and also on Tuesdays from May to August</p> <p>Friends of Killynure support our parties at Christmas, Easter, Halloween, St Patricks etc.</p> <p>Needs assessed on an ongoing basis</p> <p>There is a lady who attends every Tuesday night to do nail care and hand massage</p> <p>We had a girl who brought her dog "Basil" in for pet therapy for a number of Fridays unfortunately she moved jobs and had to discontinue her visits</p>	<p>Compliant</p>
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities take place as stated above.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Residents views are sought in regular residents meetings. Suggestions can also be made by residents families. Residents who spend a lot of time in their room are facilitated by having rooms on the ground floor in zone 3 where there is a lot of activity and they can see what is going on or people can call in on them or stop and chat with them when they are going past	Compliant
<b>Inspection Findings:</b> A review of the record of activities provided and discussions with staff and residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident/relatives meetings, one to one discussions with staff and care management review meetings.	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The daily schedule of activities is displayed on the notice board in the main Square in the home	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection the programme of activities was on display in the entrance hall. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware activities took place. The programme of activities was not presented in an appropriate format to meet the residents' needs. It is not in a pictorial format and a recommendation has been made.	Substantially compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> There is an activity store with pre-prepared activities We have an art room Staff are allocated activities on a daily basis and support any activities that are run in the home by external providers	Compliant
<b>Inspection Findings:</b> The home employs an activity co coordinator for three to four sessions per week. Activities are also provided each week by designated care staff. The activity coordinator and care staff confirmed that there was an acceptable supply of activity equipment available and that the activity room is used for some activities including arts and crafts. A number of returned staff questionnaires indicated that more variety of activity equipment is needed. The registered manager confirmed that improvements are being made from funds raised by the 'friends of' group.	Compliant

<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Needs and abilities are taken into account when preparing activities, as are likes and dislikes. Those who do not wish to participate but want to watch are facilitated. Activities are planned to last short time spans due to poor concentration. They are planned to retain skills	Compliant
<b>Inspection Findings:</b>	
The activity co coordinator/care staff and registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Anyone providing an activity within the home would be monitored and provide proof of qualifications as per their contract via the trust. A member of staff is always allocated to remain with and assist any outside persons undertaking activities within the home. hairdresser attends the home every Friday and provides proof of insurance every year on its renewal	Compliant
<b>Inspection Findings:</b> The registered manager confirmed that contracted in persons provide activities such as hair care, musical activities. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity and that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant

<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Appropriate information is passed onto any external staff who come into the home to undertake activities whilst being careful to maintain confidentiality. Feedback would also be sought from anyone having contact with residents	Compliant
<b>Inspection Findings:</b>	
The registered manager and staff confirmed that a system was in place to inform any person contracted to provide activities of any change in residents' needs which could affect their participation in the planned activity.	Compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All activities are recorded as previously stated on sheet recommended by University of Sterling	Compliant
<b>Inspection Findings:</b> A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was no evidence that appropriate consents were in place in regard to photography and other forms of media. A recommendation has been made.	Substantially compliant

<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme would have been reviewed by the activity worker, in the absence of one the staff will ask residents views in the regular residents meetings	Substantially compliant
<b>Inspection Findings:</b>	
A review of the programme of activities identified that it had been reviewed at least twice yearly. The registered manager and activity coordinator or care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and some were aware that changes would be made at their request.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with seven residents individually and observed others throughout the inspection. Residents were observed relaxing in the communal lounge areas, others were observed enjoying a group memory activity whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "They are very well mannered girls and very pleasant."
- "There is lovely baking, cakes and scones, the smell is beautiful."
- "I'm very happy, you will enjoy it."
- "The girls are nice, I've no bother. If you want something, they are there."
- "They are always doing something for me and they come in and ask is everything alright."

### **11.2 Relatives/representative consultation**

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "We are over the moon with here and she has put on weight."

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with three staff of different grades and eight staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. A number of returned staff questionnaires indicated an issue with staffing levels at night and the variety of activity equipment. A recommendation has been made.

Comments received included:

- "I like it (the home). It's good."
- "A waking senior would be more adequate."
- "Staff meetings encourage staff to put forward ideas to improve the quality of life of clients at Killynure. Residents meetings are held and views are taken on-board."

- “Care workers are very caring towards residents. She (Lynne Mason) is a great manager. It’s a brilliant home.”

#### **11.4 Visiting professionals’ consultation**

The inspector spoke to two professionals who visited the home. They expressed satisfaction with staff attitude and knowledge of residents.

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought.

#### **11.8 Environment**

The inspector viewed the home alone and inspected a number of residents’ bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents’ bedrooms were observed to be homely and personalised. Some décor and furnishings were found to have been replaced and/or improved. The registered manager stated that new settees and chairs have been ordered for lounges, the family room, handrails and the external area at the entrance to the home is to be repainted and new flooring will be fitted in the upstairs hallway.

#### **11.9 Guardianship Information/Resident Dependency**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

Resident dependency was reviewed and discussed with the registered manager who confirmed that residents are transferred to nursing homes in a timely manner.

#### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 5 August 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on various dates from August to October 2014. The registered manager stated that training is being scheduled for staff during February 2015. The records also identified that an evacuation had been undertaken and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

#### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Lynne Mason which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Lynne Mason, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Killynure House

3 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Lynne Mason, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20.6 (Ref:10.7)	<p>The statement of purpose should be reviewed.</p> <ul style="list-style-type: none"> <li>The information in the homes statement of purpose should be further developed to include all types of restraint/restrictive practices including: lap belts, locked wardrobes and formal observation of a residents' whereabouts.</li> </ul>	One	Statement of purpose has been updated and a copy e-mailed to the inspector to include restrictive practice with regard to lap belts , locked wardrobes, and formal observation.	By return of QIP
2	13.4	The format of the programme of activities displayed should be improved so that residents and their representatives know what is scheduled.	One	Activity board sourced via supplies department. Manager waiting to receive order details from Procurement	31 March 2015
3	13.9	Appropriate written consents should be obtained in regard to photography and other forms of media.	One	This will be completed as part of the admission procedure and for all existing residents by 1 <sup>st</sup> May 2015.	1 May 2015
4	20.10	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <ul style="list-style-type: none"> <li>The registered manager should review issues raised by staff in regard to staffing levels at night and the variety of activity equipment available.</li> </ul>	One	A new activity coordinator has taken up post, she has organised the materials for activities	31 March 2015



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Lynne Mason
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillon Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Kylie Connor	31/3/15
Further information requested from provider			