

Inspection Report

6 August 2024



Killynure House

Type of service: Residential

Address: 26 Church Road, Carryduff, BT8 8DT

Telephone number: 028 9504 2960

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT) Registered Person/s OR Responsible Individual Dr Cathy Jack	Registered Manager: Ms Helen Purdy
Person in charge at the time of inspection: Helen Purdy	Number of registered places: 36 The home is approved to provide care on a day basis only to 2 persons in DE category of care Monday to Sunday inclusive
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 36 residents. The home is divided over two floors, accessible by a lift and residents have access to communal lounges, dining areas and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 6 August 2024, from 9.30 am to 4.15 pm by a care inspector.

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

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

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

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

3.0 How we inspect

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

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

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

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

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

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

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “you couldn’t get any better”, “staff are super” and “the home is very clean”.

Residents who were less well able to communicate looked well cared for, comfortable and content in their surroundings and in the company of staff.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive and available for advice and guidance.

Five questionnaire responses were received from residents following the inspection. This confirmed they were satisfied with the care and services provided in the home.

5.0 The inspection

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

Areas for improvement from the last inspection on 26/10/23		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that there is a system in place to ensure staff complete mandatory training requirements.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 25 Stated: First time	The registered person shall ensure the number and ratio of management and care staff on duty at all times meet the care needs of residents. This area for improvement relates specifically to the provision of one to one care and how during staff breaks one to one care is maintained.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 25.3 Stated: First time	Action taken as confirmed during the inspection: The registered person shall ensure that a competency and capability assessment is completed with any staff member who is left in charge of the home in the absence of the manager. These assessments should be reviewed within a meaningful timeframe. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 35 Stated: First	Action taken as confirmed during the inspection: The registered person shall ensure that the risk of infection for staff, residents and visitors is minimised and that staff wear the required PPE. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. A review of the staff training matrix highlighted that some mandatory training for staff was overdue. This was discussed with the management team who explained that some training had been postponed due to the implementation of the Encompass system across the Belfast Health and Social Care Trust (BHSCT). The manager provided written assurances to RQIA following the inspection that some of the mandatory training had been completed with the remainder booked for those staff requiring it. This will be reviewed at the next care inspection.

A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team.

Care records were mostly well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Residents living in the home had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff; these records were person centred. The outcome of visits from any healthcare professionals were recorded. Residents care records were held confidentially.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff ensured that residents were comfortable, had a pleasant social experience and a meal that they enjoyed.

However, it was noted that one staff member continued to kneel while assisting a resident with their lunch. Another staff member leaned around a resident when assisting them with cutting their food. This is not good practice and was discussed with the management team for their consideration.

There was a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

Advice was provided to the management team to ensure that all meal times are over seen by an allocated meal time co-ordinator from the care staff team. This is to ensure that the meal time experience runs smoothly and tasks delegated as appropriate. This will be reviewed at the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, nicely decorated and comfortable for residents. Bedrooms were tidy and personalised where necessary with photographs and other personal belongings for residents. Communal areas were well decorated, nicely furnished and homely. It was noted that staff were busy replacing decorative items around the home, to add further homely touches for residents to enjoy, this is to be commended. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 19 February 2024 and all actions have been completed as required. Fire drills were also completed as required.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choice to residents throughout the day which included food and drink options and where and how they wished to spend their time. Some residents choose to spend time in the communal lounges watching TV and chatting to staff. Other residents preferred to spend time alone relaxing in their bedrooms. It was noted that staff actively engaged residents in meaningful conversations throughout the day, this is good practice.

Residents spoke positively about the provision of activities in the home with the majority of residents telling us they really enjoyed getting involved with the activities offered. An activity planner was in place for residents and their representatives to view. Activities offered in the home included, weekly bus outings to areas of local interest, dancing, gardening, hairdressing, religious services, cinema and pamper sessions. Residents were observed actively engaging in musical bingo during the inspection which they all appeared to enjoy. The activity coordinator was enthusiastic about their role in the home and discussed creative ways of providing activities for residents in the home.

Resident's meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were not always action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. This was discussed with the manager and an area for improvement identified.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Helen Purdy has been the Manager in this home since 7 November 2022.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about the residents, care practices or the environment. Staff confirmed that there were good working relationships between staff and the home's management team.

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

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

There was evidence that the Manager ensured that complaints were managed correctly and that records were maintained. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Social Work Lead for the Belfast Health and Social Care Trust (BHSCT) was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Although there was evidence that staff meetings had been held, these had not been formally recorded. This was discussed with the manager and an area for improvement has been identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. There were discrepancies noted in relative's feedback, with the same content recorded for a three-month period. This was brought to the attention of the Assistant Services Manager who agreed to review. This will be reviewed at the next inspection. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 1.5 Stated: First time To be completed by: 1 October 2024	The registered person shall ensure that robust records are maintained following residents' meetings; to include actions identified, person responsible and date to be achieved by. Ref: 5.2.4
	Response by registered person detailing the actions taken: The registered person shall ensure that robust records are maintained following residents' meetings which will include all actions identified, person responsible and date actions to be achieved by. These will be closely monitored through the manager's audit system. The ASM will also monitor and record compliance during the monthly Regulation 29 visit.
Area for improvement 2 Ref: Standard 25.8 Stated: First time To be completed by: 1 October 2024	The registered person shall ensure that staff meeting records are well maintained to include minutes of discussions and actions agreed. Ref: 5.2.5
	Response by registered person detailing the actions taken: The registered person shall ensure that minutes from staff meetings are recorded and disseminated to all staff. Records will include all actions identified, person responsible and date actions to be achieved by. Compliance will be closely monitored by the Assistant Service Manager during the monthly Regulation 29 visit.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care