

**Unannounced Care Inspection  
of  
Killynure House**

**08 October 2015**

## 1. Summary of inspection

An unannounced care inspection took place on 8 October 2015 from 10.20 to 14.45. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. This inspection resulted in no requirements or recommendations being made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Belfast Health and Social Care Trust / Martin Joseph Dillion	<b>Registered Manager:</b> Lynne Mason
<b>Person in charge of the home at the time of inspection:</b> Reni Jimmy up until 13.30 and Jon Burwell until the conclusion of the inspection.	<b>Date manager registered:</b> 19 August 2011
<b>Categories of care:</b> RC-DE	<b>Number of Registered Places:</b> 40
<b>Number of residents accommodated on day of inspection:</b> 30	<b>Weekly tariff at time of inspection:</b> £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 and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ process

Prior to the inspection we analysed the following records: incidents register.

During the inspection we met with the person in charge, the assistant services manager, four residents, two care staff, one ancillary staff, one activity co-ordinator and one resident's visitor/representative.

Records inspected during the inspection included: three care records; policies and procedures associated with the areas inspected; the homes complaint and compliment records; staff training records in regard to fire safety; fire safety check records.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 2 February 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 20.6</b>	The statement of purpose should be reviewed.  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 residents' whereabouts.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of the Statement of Purpose, we confirmed that this recommendation had been addressed.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 13.4	The format of the programme of activities displayed should be improved so that residents and their representatives know what is scheduled.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A white board was in use on the day of the inspection. Following the inspection, the registered manager confirmed to us that a pictorial activity board had been received into the home. This recommendation had been addressed.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 13.9	Appropriate written consents should be obtained in regard to photography and other forms of media.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Consent had been obtained and held in the care records. This recommendation had been addressed.	
<b>Previous inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 20.10	Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary. The registered manager should review issues raised by staff in regard to staffing levels at night and the variety of activity equipment available.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following discussions with staff we confirmed that this recommendation had been addressed.	

### **5.3 Standard 14: The death of a resident is respectfully handled as they would wish**

#### **Is care safe? (Quality of life)**

Staff confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

Following an inspection of three residents' care records; we confirmed that these had been amended as changes occurred to residents' care or welfare. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. Needs assessments and care plans were appropriately signed.

Records we inspected detailed arrangements in place to discuss residents' or their representatives' wishes regarding any specific arrangements at the end of life. Spiritual and cultural wishes of the residents were recorded. When there had been discussion with the General Practitioner relating to a care pathway, staff confirmed that this would be noted within the care records.

#### **Is care effective? (Quality of management)**

The home had policies, procedures and guidance documents associated with the area of dying and death. The home did not have a copy of current best practice guidance on palliative care. Staff confirmed that these would be obtained without delay. Following an inspection of staff training records and discussions with staff we confirmed that training in end of life care was scheduled for a number of dates in October 2015.

In our discussions with staff they confirmed to us that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

#### **Is care compassionate? (Quality of care)**

Staff members reported to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate informed values that underpin care within the home as they related to dying and death of a resident.

Staff confirmed to us that if a resident was being cared for in the home at end of life, the family would be supported by staff and involved in all decision making. Staff reported to us that due to the individual capacity of residents in the home, most would be unaware of when residents are receiving end of life care.

Staff confirmed to us that arrangements are made to provide spiritual care for residents who are dying, if they so wish. Following discussions with staff, we confirmed that they were knowledgeable in how to create a suitable environment and deliver compassionate care.

Staff confirmed to us that the deceased resident's belongings would be handled with care and that his or her representative is consulted and assisted about the removal of the belongings.

### **Areas for improvement**

No areas of improvement were identified from the standard inspected. This standard was assessed as met.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.4 Theme: Residents receive individual continence management and support**

### **Is care safe? (Quality of life)**

The person in charge reported to us that staff receive training in continence management during induction. It was confirmed that if a training need was identified, this would be met. Staff were able to demonstrate knowledge and understanding of continence care.

Following an inspection of residents' care records we confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and discussion with the person in charge we confirmed that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### **Is care effective? (Quality of management)**

The home had a policy and procedure relating to continence management. Following an inspection of three care records we confirmed that continence needs were documented. Staff members were knowledgeable regarding where guidance and advice could be sought.

In our discussion with staff and through an inspection of care records we confirmed that no residents had reduced skin integrity associated with poor continence management. The home was fresh-smelling.

### **Is care compassionate? (Quality of care)**

In our discreet observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they related that staff members provide care and support in a sensitive, kind and caring manner.

In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence. Staff members were able to describe how care is delivered in a compassionate manner and to articulate those values that underpin care within the home as they related to continence management and support.

## Areas for improvement

No areas of improvement were identified within this theme. This theme was assessed as met.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.5 Additional areas examined

### 5.5.1 Residents' views/ returned questionnaires

We met with six residents individually. No questionnaires, issued on the day of the inspection were returned to RQIA within the timescale for reporting. In accordance with their capabilities, all residents indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I would say that very much." (That the staff are kind, caring and polite.)
- "I get around. There is people that you know every day."
- "They ask if you want a shower. They know."
- "Very easy to talk to."
- "We voice our opinions about different things." (at residents meetings)
- "The food is high quality."

### 5.5.2 Staff views / returned questionnaires

We met with three care staff and one administrative staff. They spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. One staff questionnaire was returned to RQIA within the timescale for reporting. The majority of the feedback reflected what staff during the inspection reported to us. The respondent indicated a number of areas that they were unsatisfied with: the time available to talk to residents; with the promotion of resident choice and independence; that care is individualised. These views were shared with the registered manager.

Some comments included:

- "We approach matters quite openly."
- "(We are there) to make sure they (residents) are happy and content."
- "They choose what they want to wear and care for themselves to the best of their ability."

### 5.5.3 Residents representatives / visitors views

We met with one visitor who spoke positively in regard to staff attitude, the care and support delivered to a resident in the home.

A comment included:

- "They (the staff) have all been very kind and she is happy with the food she is getting."

#### **5.5.4 Visiting professionals**

We met with one assistant care manager who spoke positively in regard to staff attitude, communication with the home and the care and support delivered to residents.

Some comments included:

- “They (the staff) are very prompt in letting us know.”
- “They have worked very well with (a resident) who was very unsettled. (The resident) is very content now.”

#### **5.5.5 Environment**

Following an inspection of the environment, the home was found to be clean, tidy and decorated to a good standard. One pull-cord was observed to be discoloured and was not wipe-able. The senior care assistant confirmed that this would be replaced. Staff informed us that new sofas had been provided in two living rooms.

#### **5.5.6 Care practices**

In our discreet observations of care practices we evidenced 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.

#### **5.5.7 Accidents / incidents**

Following an inspection of an audit of accidents and incidents from 1 July 2015 to the date of the inspection, we confirmed that these had been managed appropriately.

#### **5.5.7 Complaints / compliments**

Inspection of complaint records dated between 1 April 2014 and 31 March 2015, we confirmed that they had been managed appropriately.

We inspected compliment records from April 2015 to and September 2015 and confirmed that residents' representatives had expressed their thanks for the care and attention given to their relative.

#### **5.5.8 Fire safety**

Following a review of staff training records, we can confirm that staff had attended fire safety training on 1 September 2015 and during March 2015. Two fire drills had taken place on 2 March 2015. Staff confirmed that further fire drills would be scheduled.

Records of fire safety checks were up to date. The last annual fire risk assessment had been completed on 14 January 2015. There were no obvious fire risks observed following an inspection of the environment.



## Areas for improvement

No areas of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Lynne Mason	<b>Date completed</b>	03/11/15
<b>Registered Person</b>	Martin Dillon	<b>Date approved</b>	21/12/15
<b>RQIA Inspector assessing response</b>	Kylie Connor	<b>Date approved</b>	21/12/15

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**