

Unannounced Care Inspection Report 18 January 2018



Killynure House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Dillon	Registered Manager: Lesley McKay
Person in charge at the time of inspection: Reni Jimmy, Senior Care Assistant until 15.00 Diane McGann, Senior Care Assistant from 15.00	Date manager registered: Lesley McKay - application received - "registration pending".
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 40 2 day service places for persons living with a dementia

4.0 Inspection summary

An unannounced care inspection took place on 18 January 2018 from 11.20 to 17.40.

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

The inspection assessed progress with any areas for improvement identified during and (remove if no previous QIP) since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the décor on the ground floor of the home, communication with residents and key stakeholders and listening to and valuing residents.

Areas requiring improvement were identified in regard to staffing levels and communication and relationships within the staff team.

Residents said that they were happy with their lifestyle in the home, with the standard of care, food and activities. A resident's representative said that they, 'had nothing but praise for the staff here. They are first class.'

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Diane McGann, person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following records: the previous care inspection report, the returned QIP, notifiable events and communication in respect of the home since the previous care inspection.

During the inspection the inspector greeted residents and spoke to one district nurse, two senior care assistants and two care staff. Following the inspection, the inspector spoke to the assistant services manager.

A lay assessor, Clare Higgins, was present during part of the inspection, completing questionnaires with two residents and one resident's representative. The lay assessor commented on one questionnaire, 'I witnessed some lovely interaction with the staff (with residents). All very friendly and accommodating.'

Questionnaires were also provided for distribution to residents and their representatives for completion and return to RQIA. No further questionnaires were returned within the requested timescale.

A poster was provided detailing how staff could complete an online questionnaire within the following two weeks. No questionnaires were completed within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision schedules
- Staff training matrix
- Two residents' care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Programme of activities
- Policies and procedures manual

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (c) i Stated: First time	The registered person shall ensure that all staff complete mandatory training and other training appropriate to the work they are to perform as detailed in the report; accurate records should be retained.	Met
	Action taken as confirmed during the inspection: Inspection of a training matrix and discussion with staff evidenced that improvements had been made and actions had been taken to address gaps. Compliance was confirmed.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a diabetes management care plan is developed for all residents diagnosed with diabetes.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of one resident's care records.	
Area for improvement 2 Ref: Standard 8.6 Stated: First time	The registered person shall ensure that all care records contain an up to date photograph of the resident.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of residents' care records.	

6.3 Inspection findings

6.4 Is care safe?

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

The person in charge advised of the staffing levels for the home. Staff stated that whilst the occupancy in the home had been between twelve and eight residents, dependency levels had been high for a number of residents over a period of several months. Staff raised a number of concerns in regard to how staffing levels and recent changes to recording systems had impacted on their ability to meet all of residents' assessed needs. Staff identified that when staffing levels decreased from three care staff on a shift to two care staff, it was not possible to carry out residents baths/showers and that the frequency of formal observations of a number of residents significantly impacted on their ability to provide care and support to residents. Furthermore, staff highlighted that when two care staff were on duty, senior care assistants spent time on the floor supervising and assisting residents while care staff had their breaks, showered or bathed residents, which in turn impacted upon their role. As a result of this, one senior care assistant described how one staff member's supervision was repeatedly postponed. An area for improvement was identified in regard to staffing levels. Other issues raised by staff are referred to in section 6.5 and 6.7 of the report.

A review of the duty roster confirmed that it accurately reflected the staff working within the home and who was in charge in the absence of the manager. It also evidenced that there were sometimes two and sometimes three care staff on shifts as identified by staff.

Review of completed induction records and discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with the person in charge confirmed that they had implemented the NISCC Induction Standards and that new care staff applied to register with NISCC within one month of commencing employment.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was provided. The person in charge gave assurances that the training matrix was in the process of being updated but that all staff were nearly up to date.

Discussion with the person in charge and staff confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to reported that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the Operational Procedures, September 2016) and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff established that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The person in charge advised that there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met; staff reported that a number of residents had been assessed for nursing care.

The person in charge confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems and pressure alarm mats. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

Discussion with the person in charge and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed. Discussion with staff confirmed that during dementia training, staff received training in managing behaviours that challenge.

The person in charge reported there were risk management policy and procedures in place. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were maintained and reviewed regularly including Control of Substances Hazardous to Health (COSHH) and Fire Safety. The person in charge advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene practice were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

A general inspection of the ground floor of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and heated in line with the legislation and standards. The first floor of the home is currently not in use.

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

The home had an up to date fire risk assessment in place dated 9 August 2017. Following the inspection, the manager confirmed by email that recommendations were either noted to be addressed or actions had been taken to address.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire evacuation had been completed on 5 December 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff, a resident and a resident’s representative spoken with during the inspection made the following comments:

- “Yes, I am very safe here.” (resident)
- “It (induction) was good. The staff were very good (supportive).” (staff)
- “You’re trying to split yourself in two (very busy during shift).” (staff)
- “Yes, I am very happy knowing she is safe here.” (representative)

Three completed questionnaires were returned to RQIA from residents and a resident’s representative. Respondents’ satisfaction with this aspect of care was not completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, infection prevention and control and the home’s environment on the ground floor.

Areas for improvement

One area was identified for improvement in regard to staffing levels.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the person in charge confirmed that staff in the home responded to and met the assessed needs of the residents.

A review of two care records confirmed that these were largely maintained in line with the legislation and standards. Staff raised issues in regard to a number of changes that had been introduced in relation to assessment and monitoring records to be completed for all residents, even when there was no identified need. A social care model of assessment and care planning is encouraged in residential care and this was discussed with Fionnuala McClelland, Assistant Services Manager, who gave assurances that this would be reviewed and addressed.

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

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff established that a person centred approach underpinned practice.

Records were stored safely and securely in line with data protection.

The person in charge reported that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Evidence of audit was contained within the monthly monitoring visits reports.

Discussion with the person in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Discussion with staff confirmed that improvements were necessary in regard to the effectiveness of communication received from the manager to staff and communication between staff. During a telephone call on 2 February 2018, Fionnuala McClelland reported on what actions had been taken since the inspection and confirmed that an action plan was in place.

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

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff, residents and a resident's representative spoken with during the inspection made the following comments:

- "We all work together." (staff)
- "We all know our residents very well." (staff)
- "One senior can tell you one thing and one then says another....you don't know where you are." (staff)
- It (the décor on the ground floor) looks well." (staff)
- "We go and help staff on the floor." (staff)
- "There were 24 residents last year and now there is 8 but the physical work is no different." (staff)

Three completed questionnaires were returned to RQIA from residents and a resident's representative. Respondents' satisfaction with this aspect of care was not completed.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Staff spoke about the importance on on-going dialogue with residents to explain and prompt residents while for example assisting with personal care.

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

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

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

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

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff spoke about how residents were enjoying the improvements made to the environment and spoke about the sewing area, the sweet shop and baking in the 'little kitchen'. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, a representative and a visiting professional spoken with during the inspection made the following comments:

- “Yes, the staff are all very friendly.” (resident)
- “The staff are all very caring and attentive.” (resident)
- “Yes, the staff are first class.” (representative)
- “Very friendly staff.....very caring towards the residents.” (visiting professional)

Three completed questionnaires were returned to RQIA from residents and a resident’s representative. Respondents’ satisfaction with this aspect of care was not completed.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The person in charge outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of a recent complaint had not recorded an outcome. Assurances were provided by the person in charge that this would be made good.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and with the exception of two incidents, had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The two identified notifications were submitted to RQIA following the inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were reviewed and actioned.

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Following the inspection, discussion with Fionnuala McClelland, confirmed that managerial staff would be provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff identified that whilst there were good working relationships within each group of staff in the home, there were a number of communication issues that needed to be addressed to improve working relations in the home. Staff specifically identified issues in regard to how changes had been made to recording systems and how these changes had been communicated with them. The lack of effectiveness of this change process was highlighted. An area for improvement was identified to comply with the standards.

Three completed questionnaires were returned to RQIA from residents and a resident's representative. Respondents' satisfaction with this aspect of care was not completed.

One area for improvement was identified in regard to improving communication and working relationships in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diane McGann, Senior Care Assistant, as part of the inspection process and following the inspection with Fionnuala McClelland, Assistant Services Manager. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2018</p>	<p>The registered person shall ensure that the dependency levels of residents are monitored in order to inform staffing levels, thus ensuring that all residents' needs are met, including residents having a shower/bath.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The dependency levels of all residents are monitored and staffing levels adjusted as necessary to meet resident need on a daily basis.. New documentation and audit process is in place to ensure that all residents needs are being met including bathing/showering.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that issues raised by staff in regard to communication issues are addressed to ensure that the home delivers services effectively.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Meetings have taken place with manager and staff team to discuss and address communication issues within Killynure House . ASM is closely monitoring this and addressing issues as they arise to ensure this does not impact on service delivery to residents.. A value base / team work shop is being arranged with BHSCT training team to improve team work within Killynure House. Learning and development opportunities are also being arranged for individual staff members as necessary.</p>

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



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