



Unannounced Care Inspection Report 18 February 2020



Killynure House

Type of Service: Residential Care Home
Address: 26 Church Road, Carryduff, BT8 8DT
Tel No: 028 9504 2960
Inspector: Debbie Wylie and Gavin Doherty

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 40 residents.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Dillon	Registered Manager and date registered: Reni Jimmy Acting – No application required
Person in charge at the time of inspection: Mandy Andrews Senior Care Assistant After 4 pm Diane McGrath Senior Care Assistance	Number of registered places: 40 RC – DE 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	Total number of residents in the residential care home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 10.15 hours to 17.15 hours. This inspection was undertaken by the care inspector. A follow-up visit to the premises was undertaken by an estates inspector on 28 February 2020 from 14.00 hours to 14.45 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 environment, the dining experience, care records, staffing and training.

Areas requiring improvement were identified: infection prevention and control, control of substances hazardous to health, reporting of notifiable events to RQIA and recording of all visitors to the home.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	*2

*The total number of areas for improvement include two standards which have been stated for a second time

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

4.2 Action/enforcement taken following the most recent inspection dated 5 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 7 to 28 February
- staff training records
- a sample of staff in charge competency and capability records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits/records

- accident/incident records from 1 November 2019 to 17 February 2020
- monthly monitoring reports from October 2019 to January 2020
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance and recorded as met, partially met, or not 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 last care inspection dated 5 November 2019

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 13(4) Stated: First time	The registered person shall ensure that medications are safely and securely stored.	Met
	Action taken as confirmed during the inspection: Inspection of the medications room found that medications were stored safely and securely.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.5 Stated: Second time	The registered person shall ensure that the uneven paving within the external secure patio area is made good in order to minimise the risk of falls.	Met
	This area for improvement has not been met and has been stated for a second time. Action taken as confirmed during the inspection: A contract to replace the existing flagged area commenced on Friday 6 March 2020. This work will be completed before 31 March 2020.	
Area for improvement 2 Ref: Standard 25	The registered person shall ensure that the format of the duty rota is reviewed and reflects ancillary staff on duty.	Partially met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: The duty rota available did not include all ancillary staff and was not up to date for the current month.</p>	
<p>Area for improvement 3 Ref: Standard 19 Stated: First time</p>	<p>The registered person shall ensure that a summary of recruitment and vetting outcomes for all staff are retained in the home and are available for inspection.</p> <p>Action taken as confirmed during the inspection: Review of a recruitment file showed that evidence of recruitment and vetting outcomes was not retained in the file.</p>	Not met
<p>Area for improvement 4 Ref: Standard 27 Stated: First time</p>	<p>The registered person shall ensure that residents' toiletries are individually named and towels are not stored on open shelving in the identified bathroom.</p> <p>Action taken as confirmed during the inspection: Inspection of the identified bathroom found that there were no toiletries or towels stored.</p>	Met
<p>Area for improvement 5 Ref: Standard 7 Stated: First time</p>	<p>The registered person shall ensure that the consent assessment in the care records is completed.</p> <p>Action taken as confirmed during the inspection: Review of a sample of residents' care files found that consent assessments were completed.</p>	Met
<p>Area for improvement 6 Ref: Standard 20.10 Stated: First time</p>	<p>The registered person shall ensure that audits and timescales are reviewed to ensure that the arrangements in place monitor, audit and review the effectiveness and quality of care delivered to residents.</p> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to residents.</p>	Met

6.2 Inspection findings

6.3 Is care safe?

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

The person in charge confirmed that staffing levels were maintained to meet the assessed needs of residents in the home. This was evident during discussions with staff and from review of the staffing rota.

As part of the inspection we also asked residents, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned.

Staff confirmed that they had time to care for residents and they received regular training to help them to provide safe care. Training records reviewed confirmed that staff received regular mandatory training.

Residents looked well and were appropriately dressed. Clothing was clean and personal care had been attended to. Residents unable to express their opinions were found to be comfortable and relaxed.

Staff had excellent knowledge of residents' care needs and were seen to give safe and appropriate care throughout the day. Residents were assisted with drinks and snacks and supported with care.

The home was well lit, warm and well-presented throughout. Corridors were tidy and fire exits free from obstacles. Individual bedrooms were well decorated and personalised with residents' own belongings and memorabilia. There were lovely themed areas throughout the home including a library, sweet shop, sewing area and work area.

There were a number of areas available for hand hygiene throughout the home however this was not made use of regularly throughout the day of inspection. An area for improvement was made.

Three rooms containing chemicals and electrical equipment and the stairway leading to the upper floor of the home were accessible to residents. This was discussed with the person in charge and an area for improvement was made.

Review of the daily record of visitors to the home evidenced that this was not being fully completed. This was discussed with the person in charge and an area for improvement was made.

Staff were aware of their roles and responsibilities for reporting any concerns about residents' care or staff practice.

Areas for improvement

The following areas were identified for improvement in relation to control of substances hazardous to health (COSHH), infection prevention and control and the environment.

	Regulations	Standards
Total number of areas for improvement	3	0

6.4 Is care effective?

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

Staff spoke with confirmed that there was good effective team work in the home and regular communication of residents changing care needs through written reports and daily hand over reports. This was confirmed on review of the care records, daily progress notes and viewing of the hand over report on the day of inspection.

Staff told us they attended staff meetings for regular updates and sharing of information to assist with safe effective care. This was confirmed on review of the minutes of the most recent staff meeting.

We reviewed residents’ care records and saw that they were legible and contained resident’s photographs. Records showed that assessments, care plans and risk assessments were in place and appropriate for the individual needs of residents. There was also evidence that residents care was reviewed with other professionals on a regular basis when required.

When we spoke with staff they had a good knowledge of residents’ abilities and level of decision making. Staff had a good understanding of residents’ specific dietary requirements. This was evident when we observed that staff made sure snacks were available for residents and the assessed special diets were provided for residents who required this.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Residents unable to express their opinion and views were seen to be relaxed and comfortable. Interactions between residents and staff were observed to be respectful, caring and kind.

Residents able to voice their views told us:

- “I am so glad to be here.”
- “They are so good to me.”
- “They are just so pleasant.”
- “They bring you a tray in your room.”

Residents were responded to in a prompt and courteous manner by staff during the lunch time meal. A daily menu was clearly displayed in a format residents were able to understand. Residents were asked about their choice of meal, drink and preferred condiments. Staff were knowledgeable about residents’ preferences of portion size and need to cut up food. Staff asked residents if they were enjoying their meal and those able to, responded positively. Staff sat beside those residents who required assistance with their meal and chatted in a friendly and respectful manner. Snack were provided during the day with residents choosing their own drink and biscuit. Staff were knowledgeable about how each resident preferred their tea and coffee.

A variety of daily activities were shown on the noticeboard for residents to choose how they wanted to spend their day. On the day of inspection residents were listening to music and taking part in knitting in the sitting room. Residents told us that they enjoyed this activity and loved the colours of the wool they had chosen.

Review of a sample of residents’ records evidenced that residents consent had been sought regarding the use of their information and photographs. Records were stored confidentially and completed in a dignified manner.

We provided questionnaires for residents and relative to complete; none were returned.

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager of the home had not changed since the last inspection. The person in charge confirmed that residents admitted to the home were assessed to ensure that the correct care could be provided in the home to meet their needs.

Interaction between the person in charge and staff was observed to be respectful and relaxed with good communication regarding daily life in the home and residents’ care. Staff told us:

“I always go on training for my role.”
 “I love it here.”

The reports of the monthly monitoring visits were reviewed and evidenced to be completed on a monthly basis.

A review of the record of accidents incidents in the home evidenced that not all notifiable events have been reported to RQIA. Details were discussed with the person in charge and an area for improvement was made.

Inspection of two rooms identified that they were being used for storage by other services. RQIA had not been notified of this variation in use of rooms. This was discussed with the person in charge and an area for improvement made was made.

We saw that audits were undertaken regularly for the working practices within the home. These were well documented and reviewed to address any identified deficits in a timely manner.

No complaints had been received since the last inspection however on discussion the person in charge was aware of how to deal with complaints appropriately.

Areas for improvement

The following areas were identified for improvement in relation to: notification of changes to the use of rooms in the home and reporting of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	2	0

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, Person in Charge, as part of the inspection process. 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Upon exploring various methods of minimising the risk of infection, we have implemented some key changes and improvements will ensure that this is achieved. The newly implemented changes and improvements consist of:</p> <ul style="list-style-type: none"> • Newly installed, wall-mounted hand sanitiser dispenser fixed in the dining room. • All staff IPC training has been reviewed and is up to date. Staff are aware of their requirement to comply with hand hygiene. • Staff have been briefed about the importance of practicing good hand hygiene. Additionally, members of staff have read and signed the hand hygiene policy. • "7 Step Hand washing" and "5 Key Moments" posters have been displayed throughout the home. • Hand hygiene audits have been implemented and learning from same are discussed with staff.
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2020</p>	<p>The registered person shall ensure that all parts of the home that patients have access to are free from hazards to their safety and that all unnecessary risks as far as reasonably practicable.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The rooms identified on the day of inspection were unlocked immediately after the hazard was identified and the hazardous item placed in a locked cupboards.</p> <p>Reflective practice was undertaken with staff to ensure learning form this incident. The members of the senior team have implemented a daily process of monitoring the environment for actual or potential hazards.</p> <p>The Trust's estates department have been asked to supply and implement swipe activated access to the clinical room.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that a record of the daily visitors to the home is recorded.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff are informed via email to remind all the visitors to sign the visitor's book on entering the building. A notice has been printed and displayed on the front door to remind all visitors to sign the visitor's book.</p> <p>The manager will monitor completion of the visitors book and address issues of non-compliance.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall notify RQIA of all accidents or incidents in the home in a timely manner.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The RQIA guidance for notification of incidents have been discussed with all members of the senior team. In future all accidents or incidents that have occurred in the home, will be notified as per the guidance. Compliance of same will be monitored by the registered manager as part of her review of incidents and accidents.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27.11</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that any proposed changes of use to the registered building are notified to RQIA in advance.</p> <p>This is in relation to two identified rooms that they were being used for storage by other services.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered person has communicated this issue to the Assistant Service Manager. In future, any changes to the registered building will be notified to RQIA.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: 30 March 2020</p>	<p>The registered person shall ensure that the format of the duty rota is reviewed and reflects ancillary staff on duty.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The PCSS staff duty rota is now available alongside the Band 3 care staff rota. The manager will also ensure that the upcoming rota for PCSS staff is regularly obtained from the PCSS manager so that it can be reflected on the main rota.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 19</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a summary of recruitment and vetting outcomes for all staff are retained in the home and are available for inspection.</p> <p>Ref: 6.1</p>
<p>To be completed by: 30 March 2020</p>	<p>Response by registered person detailing the actions taken:</p> <p>A formatted table which complies with the RQIA standard 19 has been developed with the summary of recruitment and vetting outcomes for all staff and this will be retained in the home. The email that is forwarded from HR / BSO confirming the new staff members pre-employment checks have been completed will be printed and filed in the staff member's personal file.</p>

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



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