



Unannounced Care Inspection Report 20 November 2020



Killynure House

Type of Service: Residential Care Home (RCH)

Address: 26 Church Road, Carryduff, BT8 8DT

Tel No: 028 9504 2960

Inspector: Elizabeth Colgan

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 residential care home registered to provide residential care for up to 40 residents.

3.0 Service details

<p>Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)</p> <p>Responsible Individual: Catherine Jack (registration pending)</p>	<p>Registered Manager and date registered: Ms Julie Grimes - acting</p>
<p>Person in charge at the time of inspection: Ms Julie Grimes</p>	<p>Number of registered places: 40</p> <p>The home is approved to provide care on a day basis only to 2 persons in DE category of care Monday to Sunday inclusive</p>
<p>Categories of care: Residential Care (RC) DE – Dementia.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 14</p>

4.0 Inspection summary

An unannounced inspection took place on 20 November 2020 from 09.40 to 15.40. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, environmental and hygiene issues, care records and quality improvement audits.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) and personal protective equipment (PPE) including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie Grimes, Manager and Louise Radcliffe, Assistant Services Manager, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with six residents and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten resident questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us Have we missed you cards' to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from the 8 November to 21 November 2020
- two care records
- notifications of accidents and incidents

- incident and accident records
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 18 February 2020. No further actions were required to be taken following the most recent inspection.

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 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.	Met
	Action taken as confirmed during the inspection: Review of the infection prevention and control issues identified during the previous inspection, confirmed that these had been addressed.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation confirmed that all parts of the home that the residents have access to were free from hazards to their safety.	

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record of the daily visitors to the home is recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation confirmed that a record of the daily visitors to the home is being recorded.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall notify RQIA of all accidents or incidents in the home in a timely manner.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation confirmed that the registered person had notified RQIA of all accidents or incidents in the home in a timely manner.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any proposed changes of use to the registered building are notified to RQIA in advance. This is in relation to two identified rooms that they were being used for storage by other services.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that any proposed changes of use to the registered building have been notified to RQIA in advance.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the format of the duty rota is reviewed and reflects ancillary staff on duty.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the duty rota confirmed that it reflected ancillary staff on duty.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 19 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of staff personal files confirmed that evidence was available from Human Resources to confirm that all recruitment and vetting procedures had been undertaken.	

6.2 Inspection findings

6.1.2 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 8 November 21 November 2020 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection.

Staff confirmed that staffing levels were maintained to ensure the needs of residents could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID–19 outbreak.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. The manager confirmed that a competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients.

Comments received from staff include:

- “COVID-19 has been difficult but has helped teamwork in the home.”
- “The manager is approachable and helpful.”
- “We are doing everything we can to protect the residents in the current situation.”

6.2.2 Infection prevention and control and personal protective equipment including the environment

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to residents, visitors and staff was minimised. We undertook a tour of the home and noted that the home was generally clean, tidy, uncluttered and well maintained. There were a number of environmental issues identified during this inspection which could impact on

other infection prevention and control (IPC) measures and effective cleaning practices. These have been also highlighted in a detailed plan from an infection prevention and control inspection carried out by the trust. This plan identifies major refurbishment is required in some areas of the home along with more in-depth cleaning requirements. This is an ongoing process and an area for improvement has been identified to ensure this plan is actioned as soon as possible.

We observed that PPE supplies were available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. Good practice was observed in relation to the auditing of the use of PPE on a two hourly basis by the person in charge.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all residents and staff had their temperature taken on a regular basis, records were available. We were advised that management completed regular observations of staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The manager demonstrated good knowledge and understanding of IPC procedures.

6.2.3 Care delivery

We observed staff practice in the home and interactions with residents were warm and kind. Staff showed good knowledge and understanding of residents' individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Most residents' were observed relaxing in a small seating area at the entrance while others were in communal sitting rooms. Residents' appeared comfortable, staff were available throughout the day to meet their needs and requests for assistance were answered promptly.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

6.2.4 Care records

A review of five residents' care records showed that these were generally maintained in line with the legislation and standards. The care 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, abbey pain scale, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records reflected the multi-professional input into the residents'

health and social care needs. Care records reviews need to be updated regularly to reflect the changing needs of the individual residents. This was discussed with the manager and an area for improvement was made.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for residents due to risks during the COVID-19 pandemic. The majority of residents made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed residents were provided with appropriate clothing protectors. Reviews of the menu choice evidenced residents were given a choice at each mealtime; this included residents who required a modified diet.

Feedback from residents indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to residents at intervals throughout the day.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had not been notified of an incident on 17 November 2020. The manager stated that she had sent the notification however this had not been received by RQIA at the time of the inspection. This incident was subsequently sent to RQIA following the inspection. As this has been an ongoing issue this area should be reviewed at a future inspection to ensure compliance in this area.

We reviewed a sample of monthly monitoring reports from March 2020 to August 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Action plans were included within the reports.

We reviewed a selection of quality improvement audits including falls, bedrails, wounds, IPC and hand hygiene and found that some of these had not been updated on a monthly basis. This was discussed with the manager and an area for improvement was made.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home's certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, environmental and hygiene issues, care records and quality improvement audits.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Throughout the inspection residents were attended to by staff in a respectful manner. Residents appeared comfortable, and those spoken with were happy in the home and with the care provided. Three areas of improvement were identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Grimes, Manager and Louise Radcliffe, Assistant Services Manager, 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 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: 20 January 2021(action plan and timescales)</p>	<p>The registered person shall ensure the environmental and hygiene issues outlined in the report and trust action plan do not impact on other infection prevention and control (IPC) measures and effective cleaning practices. Areas identified in the trust action plan should be prioritised and the action plan forwarded to RQIA with defined timescales for completion.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The inspector made reference to the radiators in the toilet areas and the need to have them cleaned by removing the covers. A request was made 27/11/20, job request number C975252, for PCSS to remove the covers. The job was completed 09/12/2020.</p> <p>The inspector was made aware of the outstanding areas of improvement and upgrading that is required in the Home. To ensure the safety of residents & staff, senior management have agreed to temporarily relocate residents while the work takes place. This is expected to happen by the end of February 2021 and the completion of the works is approximately 6 -8 weeks duration.</p> <p>The acting manager has not been assessing any potentially new admissions since 03/12/2020 in view of the planned works to minimise the number of residents impacted.</p> <p>A full project plan will be put in place, incorporating a communication strategy, to ensure the continued safe care of residents and to ensure all families are kept informed of plans/progress.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall that care records reviews are updated regularly to reflect the changing needs of the individual residents.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The registered manager has completed care plan audits as per the quality and auditing tool kit. Areas identified for improvement are detailed in the action plan and discussed with the key worker. Training is planned on Care Plan completion for all Band 5, 6 & 7 in the coming weeks. Following completion of this training, any areas for improvement identified during the auditing process will be discussed and documented in regular performance meetings/supervisions.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20:10</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2020</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>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed outstanding audits as per quality and auditing tool kit. A timetable is available to all staff which displays what audits have been completed and which are due.</p> <p>Senior Management will be reviewing all audits on a weekly basis until assurance is obtained that this is an embedded process.</p>

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



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