

Inspection Report

26 September 2023



Killynure House

Type of service: Residential
Address: 26 Church Road, Carryduff, BT8 8DT
Telephone number: 028 9504 2960

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT) Registered Person/s OR Responsible Individual Dr Cathy Jack	Registered Manager: Ms Helen Purdy – registration pending
Person in charge at the time of inspection: Ms Helen Purdy - manager	Number of registered places: 36 The home is approved to provide care on a day basis only to 2 persons in DE category of care Monday to Sunday inclusive
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 36 residents. There is an enclosed garden for residents to access.	

2.0 Inspection summary

An unannounced inspection took place on 26 September 2023, from 9.20am to 4.15pm by a care inspector.

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

It was evident that staff had a good understanding of residents needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Specific comments received from residents and staff are included in the main body of this report.

Four new areas for improvement were identified during this inspection in relation to the management of staff allocations, use of Personal Protective Equipment (PPE), mandatory training and competency and capability assessments of staff left in charge of the home.

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

3.0 How we inspect

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

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

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

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

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

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

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they are happy living in the home, they felt well looked after and listened to. Residents commented positively about staff and management. Comments made by residents included "staff are good" and "I love it here". Residents who were less able to communicate were seen to look well cared for and to be comfortable and content in their surroundings.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that they felt supported by the manager, communication was good and there was good team working.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Following the inspection two questionnaires were received from a relative, who confirmed they were satisfied with the care provided at Killynure House.

5.0 The inspection

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

Areas for improvement from the last inspection on 2 March 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard N10 Stated: First time	The registered person shall ensure that resident/staff call points are provided in every toilet in the home.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Staff recruitment is managed by the Human Resources Department of the Belfast Health and Social Care Trust (BHSC). The manager was able to describe over sight of the recruitment process and systems for managing any new recruits to the home.

There were systems in place to ensure staff were trained and supported to do their job. A review of agency staff records confirmed that all staff had completed an induction within the home. A review of the staff training matrix evidenced that mandatory training for staff was overdue. This included, adult safeguarding, infection control, moving and handling and medication. This was discussed with the manager and an area for improvement identified.

The staff duty rota accurately reflected the staff working in the home and the duty rota identified the person in charge when the manager was not on duty. It was established that there were enough staff in the home to respond to the needs of residents in a timely way.

It was noted that the management of staff breaks for those staff allocated to provide one to one support for residents, required review by management. This is to ensure that when allocated staff go on their break, other care staff are made available to continue the one to one care for residents. This was discussed with the manager and an area for improvement identified. Additional information was forwarded to RQIA following the inspection regarding a named resident's needs. However, it is important that when required individualised one to one care is clearly set out in a residents care plan, to ensure staff have a full understanding of their role and responsibilities in providing the one to one care.

There were no competency and capability assessments in place for staff left in charge of the home in absence of the manager. This was discussed with the manager and an area for improvement identified.

There was a system in place to monitor staff registrations with the Northern Ireland Social Care Council (NISCC).

Staff spoke positively about teamwork, and confirmed that management support and communication between staff and management was good.

5.2.2 Care Delivery and Record Keeping

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

Staff were observed to respect resident's privacy and dignity, they knocked on doors before entering bedrooms and were responsive to requests for assistance.

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

Care records were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate. Daily progress records were completed by staff and detailed any outcome of visits from relevant professionals. Residents care records were held confidentially.

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

Some residents had been assessed as not having capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this. Information was provided to the manager about retaining a DoLS register for the home.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff ensured that residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff told us how they were informed for resident's nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

Kitchen and care staff communicated effectively in order to manage residents changing dietary needs. There was a choice of meals offered, menu was on display in pictorial format which is good practice in dementia care and the food was well presented. Residents said that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents bedrooms were personalised with photographs and other personal belongings. Bedrooms and communal areas were suitably furnished and comfortable for residents. Bathrooms were tidy and free from clutter. Storage rooms were well organised with plenty of supplies and securely managed.

Corridors were clean, free from clutter and fire doors were unobstructed.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. Review of fire training records highlighted that staff need to update their fire drill training. This was discussed with the manager and a previous area for improvement about mandatory training has been identified, see section 5.2.1.

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

Staff were observed carrying out effective hand hygiene at appropriate times. It was established, during the lunch time meal, that staff were not wearing PPE as per regional guidance. This was discussed with the manager and an area for improvement identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they are able to choose how they spend their day.

Residents spent time in the communal lounges watching TV and chatting to each other. Some residents preferred to spend time alone relaxing or engaging with individual activities such as using rummage boxes. Staff offered choices to the residents throughout the day for example food and drink options and where they wished to spend their time.

An activity planner was in place and visible for residents, it included a range of activities including gardening, tea party and bus outings. This planner was reviewed regularly and in line with the needs of the residents in the home.

Residents meetings were held regularly and agenda items for discussion included; activities, staff, food and the environment.

5.2.5 Management and Governance Arrangements

Ms Helen Purdy has been the acting manager of the home since 7 November 2022. The manager's application for registration with RQIA is progressing.

Staff spoke positively about the manager saying she was approachable and supportive of their needs and development. Staff also told us that communication was good from management and this helps morale within the staff team.

The manager spoke with enthusiasm about her role and duties in the home and how the staff team work well together to ensure the needs of residents were met.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment.

There was evidence of comprehensive auditing practices across various aspects of care and services provided in the home.

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

Each service is required to have a person, known as the Adult Safeguarding Champion, who has responsibility for implementing the regional protocol and the home's own safeguarding policy. The Assistant Services manager for the organisation was identified as the appointed safeguarding champion. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in details and action plans addressed in a timely fashion. These are available for review by residents, their representatives, statutory staff and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	4

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

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 1 December 2023	<p>The registered person shall ensure that there is a system in place to ensure staff complete mandatory training requirements.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new training matrix has been added to the governance dashboard of each residential home to include the names of all staff members alongside the dates mandatory training has been completed. Each staff member is responsible for identifying their own training needs and this will be discussed at supervision sessions. The Registered Manager will carry out an audit each month to ensure 90% or above compliance with training across the staff team.</p> <p>In addition to this, the ASM will monitor and record compliance during the monthly Regulation 29 visit</p>
Area for improvement 2 Ref: Standard 25 Stated: First time To be completed by: 1 November 2023	<p>The registered person shall ensure the number and ratio of management and care staff on duty at all times meet the care needs of residents. This area for improvement relates specifically to the provision of one to one care and how during staff breaks one to one care is maintained.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The management of staff breaks has been reviewed by the Registered Manager to ensure that care staff are made available to provide provide the prescribed level of supervision when the allocated staff member providing one to one support with the resident goes on a break.</p> <p>Any resident who requires one to one support has a detailed and robust care plan in place to ensure all staff have a full understanding of their role and responsibilities in providing one to one care and support for the resident.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2023</p>	<p>The registered person shall ensure that a competency and capability assessment is completed with any staff member who is left in charge of the home in the absence of the manager. These assessments should be reviewed within a meaningful timeframe.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A new competency framework has been devised which has now been introduced across all Trust statutory dementia homes. This framework ensures that, in the absence of the Registered Manager, the staff member in charge of the building has been assessed as competent and capable of managing and leading the staff team.</p> <p>This framework will be used in conjunction with regular staff supervision and the annual staff development review document which will remain a platform for ongoing monitoring and assessment of the capabilities of individual staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that the risk of infection for staff, residents and visitors is minimised and that staff wear the required PPE.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Infection prevention and control training has been completed by 90% of staff. Practical demonstration of donning and doffing of personal protective equipment is a rolling agenda item and takes place every morning at the team 'safety huddle'</p> <p>PPE audits are carried out daily and recorded by senior staff to ensure all staff are adhering to the appropriate PPE for the task they are completing.</p> <p>Hand hygiene audits are carried out daily to ensure that staff are aware of the 5 key moments for hand hygiene. In addition, a minimum of 10 staff are audited each week by the Deputy Manager/person in charge to ensure adherence to the uniform policy which gives clear guidance in relation to the wearing of jewellery, nail accessories and bare below the elbow.</p> <p>All issues with non-compliance are immediately addressed with the staff concerned. All audits are reviewed by the Registered Manager on a monthly basis and recorded on the governance dashboard detailing percentage of compliance and an action plan will be developed to address areas of non compliance. The Assistant Service Manager will review the audit matrix and action plan during the Regulation 29 visits and address any issues with the Registered Manager.</p>



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