

# Inspection Report

**Name of Service:** Killynure House

**Provider:** Belfast HSC Trust

**Date of Inspection:** 29 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

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| <b>Organisation:</b>  | Belfast Health and Social Care Trust (BHSCT) |
| <b>Responsible Individual:</b>  | Mrs Maureen Edwards                          |
| <b>Registered Manager:</b>  | Ms Helen Purdy                               |
| <b>Service Profile:</b><br><br><p>This home is a registered Residential Care Home which provides health and social care for up to 36 residents. The home provides care for residents living with dementia, physical disabilities and general residential care to those over 65 years of age.</p> <p>Residents bedrooms are located over two floors in the home. Residents have access to communal lounges, a dining room and outdoor space.</p> |  |

## 2.0 Inspection summary

An unannounced care inspection took place on 29 May 2025, from 9.00 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents 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.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement from the previous care inspection on 6 August 2024 were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are wonderful", "they are very attentive" and "the staff help". One residents comment about the temperature in their bedroom was shared with the management team for their review and action. Assurances were provided in writing following the inspection that this had been addressed.

Staff spoke positively about the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One questionnaire response was received from a resident following the inspection. They confirmed they were satisfied with the care and services provided in the home.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

A review of the staff duty rota evidenced it was not always in keeping with best practice guidance, for example; red pen was used to make amendments. An area for improvement has been identified.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. A pictorial menu was available for residents to view; this is good practice in dementia care.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

Observation of the planned activity, which was a musical reminiscence activity, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities. Residents enjoyed this activity and staff involved were excellent at supporting the residents to remember their own experiences of what the music meant to them.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Residents bedrooms on the ground floor had personalised images and memory boxes attached to the door, to support those residents living with dementia. These included family photographs, visual pictures of their favourite hobbies and music they enjoy. This is good practice in dementia care.

Observations identified concerns with environmental risk management. For example; two tea rooms were unlocked which had nail care supplies, sharps and cleaning chemicals, which were easily accessible to anyone entering the room. A cleaning trolley was observed unattended, with access to cleaning chemicals. These were brought to the attention of staff immediately who addressed at the time of inspection. An area for improvement has been identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Helen Purdy has been the registered manager in this home since 7 November 2022.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1           | 1         |

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Regulations (Northern Ireland) 2005   |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 14 (4)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>29 May 2025 | The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. Staff must be made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.  |
|  | This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals, nail care supplies, sharps and cleaning trolleys.<br><br>Ref: 3.3.4  |
|  | <b>Response by registered person detailing the actions taken:</b><br>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. This relates specifically to ensuring all rooms containing sharps and cleaning products are locked and that cleaning trolleys are not left unattended.<br><br>All staff will have up to date COSHH training and the Trust COSHH policy discussed with all staff at team meetings and supervision. Any issues with non-compliance immediately addressed with the relevant staff member.<br><br>The ASM will also monitor compliance during the monthly Regulation 29 visit |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2) (Dec 2022)                                      |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 25.6<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>29 May 2025     | The registered person shall ensure that changes made to the rota must be legible and maintained as per good record keeping principles.<br><br>Ref: 3.3.1   |
|  | <b>Response by registered person detailing the actions taken:</b><br>The registered person shall ensure that all rotas are legible. To support with this a supplementary document for recording of staff additional shift availability will be introduced. Furthermore, all changes to the rota will be reprinted to ensure these are clearly recorded and readable.   |

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|  | <p>All staff will adhere to NISCC Standards of conduct in relation to maintaining clear and accurate records. Staff responsibilities in relation to record keeping will be discussed with all staff at team meetings and supervision. Any issues with non-compliance will be immediately addressed with the relevant staff member.</p> <p>The ASM will continue to monitor compliance during the monthly Regulation 29 visit.</p> |
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***\*Please ensure this document is completed in full and returned via the Web Portal\****





The Regulation and  
Quality Improvement  
Authority

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