

# Unannounced Care Inspection Report 14 March 2017



## Killynure House

Type of service: Residential care home  
Address: 26 Church Road, Carryduff, BT8 8DT  
Tel no: 02895 042 960  
Inspector: Kylie Connor

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Killynure House took place on 14 March 2017 from 11.00 to 16.00.

The inspection sought to assess progress with any issues raised during and 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.

### **Is care safe?**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

One recommendation was stated for the second time in regard to reviewing the adult safeguarding policy and procedure.

### **Is care effective?**

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Eileen Moran, acting senior care assistant and Esther Brimage, trust manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast Health and Social Care Trust Martin Joseph Dillon	<b>Registered manager:</b> Ann Doherty – Acting
<b>Person in charge of the home at the time of inspection:</b> Eileen Moran, Acting Senior Care Assistant	<b>Date manager registered:</b> Acting Manager
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 40

## 3.0 Methods/processes

The following records were analysed prior to the inspection: the previous care inspection report and Quality Improvement Plan and notifications of accident and incidents.

During the inspection the inspector met with four residents, four care staff, Esther Brimage, trust manager, one ancillary staff, one kitchen staff, one volunteer and two resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Three staff supervision records
- Two staff appraisal records
- One staff induction record
- Five staff competency and capability assessments

- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Infection Prevention and Control records
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring report
- One Individual written agreement

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 20 September 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 20 September 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27(2)(t) <b>Stated:</b> Second time <b>To be completed by:</b> 20 December 2016	<p>The registered provider must ensure that all radiators/hot surfaces are individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p> <p><b>Action taken as confirmed during the inspection:</b>            The assistant services manager confirmed that, risk assessments had been carried out; the trust estates officer had completed improvement work to the heating system and the need for further actions is under consideration.</p>	<b>Met</b>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20(3)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 20 November 2016</p>	<p>The registered provider must ensure that any staff member who has the responsibility of being in charge of the home in the absence of the registered manager must have a competency and capability assessment pertaining to same in place.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records demonstrated that competency and capability assessments had been completed.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19(1)(a) Schedule 3(3)(k)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 October 2016</p>	<p>The registered provider must ensure that issues of assessed need documented in residents' progress record have a recorded statement of care / treatment given, with effect of same.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of three residents care files confirmed compliance.</p>	<b>Met</b>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 December 2016</p>	<p>The registered provider should revise the home's safeguarding policy and procedure to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the policy confirmed that this had not been addressed. Failure to achieve compliance may result in enforcement action.</p>	<b>Not Met</b>

#### 4.3 Is care safe?

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one staff induction record 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 staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and records were reviewed during the inspection.

The person in charge and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were made available following the inspection.

Discussion with the person in charge 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. Two staff files reviewed held copies of NISCC registration certificates. The adult safeguarding policy and procedure in place was not consistent with the current regional guidance and did not include the name of the safeguarding champion. A recommendation has been stated for the second time.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff 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 a sample of accident and incidents notifications, care records and complaints records confirmed that whilst there had been no suspected, alleged or actual incidents of abuse staff were aware of the need that these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The person in charge confirmed 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. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The person in charge confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Discussion with the person in charge and observation of equipment, records of individual equipment and aids supplied and maintenance records confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Mandatory 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 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 any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained. Staff stated that the home was in the process of being refurbished and that resident occupancy levels had been significantly reduced to facilitate this. A general inspection of the home was undertaken and parts of the home had been repainted. Residents were currently occupying this area while the remaining parts of the home which were closed off, were re-painted. The residents' bedrooms currently in use were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

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.

Care staff spoken with during the inspection made the following comments:

- "We can all get our training up to date (via use of computer in the home). I've had supervision and it will be once per month."
- "Staff morale has gone up since the decoration has begun."
- "We had fire training last week."
- "...a two day training in person centred care for residents with dementia in March and April 2017 and all care staff are going."
- "We are getting new curtains and furniture too."

Residents spoken with during the inspection made the following comments:

- "I find it very pleasant and clean and you get a good night's sleep."
- "I think it's lovely here, it's nice and the place is nice."
- "A whole new look (the re-decoration), it's lovely."

Ten completed questionnaires were returned to RQIA from residents, a resident's representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

## Areas for improvement

One area for improvement was identified in relation to reviewing the adult safeguarding policy and procedure.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They 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. The inspector advised that, the comprehensiveness of some residents' life histories should be improved. The inspector advised that all care files should contain a recent photograph 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 confirmed that a person centred approach underpinned practice. For example, one care record detailed a resident's choice of nightwear instead of pyjamas and staff discussed how doll therapy was being used effectively in the home.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The person in charge confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. For example, weekly audits of daily records, bath records and medication ensures that all action has been taken as required.

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. The person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives 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. These evidenced residents' involvement in planning celebrations and obtaining feedback from residents.



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. The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- “There is good communication. We interact well with each other.”
- “Teamwork is very good, we all get on very well.”

Ten completed questionnaires were returned to RQIA from residents, a resident’s representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The person in charge confirmed 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 were in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs, including daily preferences 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. This was further evidenced by the review of care records. For example, a care plan was in place for the management of pain and another for the management of an identified behaviour.

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. For example, the activity programme was displayed on a wall in a pictorial format.

The person in charge, staff and residents confirmed 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 confirmed their awareness of promoting residents’ rights, independence and dignity.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that they had choices in regard to participation in activities, clothing, food and rising and retiring times.

Discussion with staff and 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. For example, residents' meetings, annual reviews and monthly visits from an independent advocate.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, music activities, baking and seasonal arts and craft activities are used to assist residents recognise these times. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents visit the local library and staff stated that an orchestra came to play for the residents.

Residents spoken with during the inspection made the following comments:

- "They (staff) are good, very attentive, they look after you."
- "It's (food) good and fresh. I get what I want."
- "I think it's very good (bus runs)."
- "They do activities."

Ten completed questionnaires were returned to RQIA from service users, staff and a resident's representative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The person in charge outlined the management arrangements and governance systems in place within the home. RQIA had not been informed of changes to the acting manager arrangements in a timely manner. The inspector spoke to Fionnuala McClelland, assistant services manager following the inspection and appropriate notification was subsequently received. 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.

The person in charge confirmed that a range of policies and procedures was in place to guide and inform staff.

Discussion with staff confirmed that they had received training on complaints management and 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 complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Audit of accidents and incidents was undertaken. 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 appropriately 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. For example, training in regard to swallowing and in oral care.

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. One returned resident representative questionnaire indicated that they did not know who the manager was. The inspector advises that action is taken to address this with all residents' representatives.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that in the main, the registered providers respond 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 appropriately and that reflective learning had taken place. The registered manager 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 confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The person in charge confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from service users, staff and a relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eileen Moran, acting senior care assistant, Esther Brimage, trust manager, Fionnuala McClelland, assistant services manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 May 2017</p>	<p>The registered provider should revise the home's safeguarding policy and procedure to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.</p> <p>Failure to achieve compliance may result in enforcement action.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The revised adult safeguarding policy is available in Killynure House and includes details of the Belfast Trust Adult Safeguarding champion who is the Director of Social Work within Older peoples Services.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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