

Care Inspection Report

20 September 2016



Killynure House

Type of service: Residential Care Home

Address: 26 Church Road, Carryduff,

Tel no: 02895042960

Inspector: John McAuley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Killynure House took place on 20 September 2016 from 10:30 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were three areas for improvement identified. These were in relation to competency and capability assessments being in place for any members of staff being in charge in the absence of the registered manager, risk assessments on radiators / hot surfaces and revising the safeguarding policy and procedure.

Is care effective?

One area of improvement was identified. This was in relation to residents' progress records. A requirement was made for any issue of assessed need to have a subsequent recorded statement of care / treatment given and effect of same.

Is care compassionate?

No areas for improvement were identified during the inspection in respect of this domain.

Areas of good practice were found during reassuring comments received from discussions with two visiting relatives. Both these relatives spoke in complimentary terms about the provision of care and the kindness and support afforded by staff. Both informed the inspector that they felt confident and reassures that a good standard of care was being provided for.

Is the service well led?

No areas for improvement were identified during the inspection in respect of this domain.

Areas of good practice were found during reassuring comments received from discussions with staff members of various grades. Staff stated that they felt there was a good staff morale and teamwork in the home. That that they felt they were well trained for their roles and that they had no difficulties in seeking line management support.

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
Total number of requirements and recommendations made at this inspection	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mairead McCartan, the acting 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.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 July 2016.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust	Registered manager: Mairead McCartan
Person in charge of the home at the time of inspection: Mairead McCartan	Date manager registered: "Acting Manger"
Categories of care: DE – Dementia	Number of registered places: 40

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notification.

During the inspection the inspector met with nineteen residents, four staff members of various grades, two visiting relatives and the acting manager.

The following records were examined during the inspection:

- Staff training schedule/records
- Resident's care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Safeguarding policies and procedures

A total of ten questionnaires were provided for distribution to residents' representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 2 June 2016	All radiators/ hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.	Partially Met
	Action taken as confirmed during the inspection: The acting manager reported that estates services had implemented a programme of work with a number of radiators in the home, which reduced the excessive surface temperature. However at the time of this inspection there was found to be a number of radiators throughout different areas in the home which had excessive surface temperature. These posed as a risk if a resident were to lie against this in the event of a fall. In lieu of this risk, this requirement was stated for a second time.	
Requirement 2 Ref: Regulation 20(3) Stated: First time To be completed by: 2 May 2016	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.	Partially Met
	Action taken as confirmed during the inspection: Competency and capability was assessed from a programme of induction, training, supervision and appraisal. However actual assessments of competence and capability had not been put in place. This requirement was stated for a second time.	

4.3 Is care safe?

The acting manager 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 staff and two visiting residents' representatives.

On the day of inspection the following staff were on duty:

- 1 x acting manager
- 1 x senior care assistant
- 3 x care assistants
- 1 x administrator
- 3 x domestics
- 1 x cook

Discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. A schedule for mandatory training was maintained.

The acting manager confirmed staff who have the responsibility of being in charge are assessed as being competent and capable. This is through a programme of induction, supervision, appraisal and subsequent training. However an actual assessment of competence and capability was not in place for staff with this responsibility. A requirement has been stated for a second time for this to be put in place. Advice was given on such.

The home's adult safeguarding policies and procedures was dated January 2013. This policy and procedure detailed definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made for this policy and procedure to be revised to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.

Discussions with staff confirmed that they 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 acting manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The only obvious restrictive practices observed were that this home was a locked door facility. This was done in a discreet manner with no obvious detrimental effects. This provision is detailed in the home's the Statement of Purpose and Residents Guide.

An inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Challenging behaviour management plans were devised by specialist

behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The home was clean and tidy. Discussions with a domestic assistant confirmed that a schedule of cleaning was in place. There were many areas of the home which would benefit from redecorating, as these were tired and dated. The acting manager reported that plans are in place to do this after a programme of estates work has been completed.

A sample of residents' bedrooms was viewed. Many of these rooms were found to be in need of redecorating. Added to this there was a lack of personalisation in the rooms such as resident's personal memorabilia and photographs. The acting manager confirmed that plans are in place to address issues of personalisation with a planned meeting with residents' representatives.

As detailed in the summary of the previous quality improvement plan there was found to be a number of radiators throughout different areas in the home which had excessive surface temperature. These posed as a risk if a resident were to lie against this in the event of a fall. A requirement was made for a second time for this risk to be acted upon appropriately.

The home had an up to date fire risk assessment in place dated 14 July 2016. Evidence was in place to confirm that the acting manager was dealing with the eight recommendations made from this assessment.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills on a regular up to date basis. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There were three areas for improvement identified. These were in relation to competency and capability assessments being in place for any members of staff being in charge in the absence of the registered manager, risk assessments on radiators/hot surfaces and revising the safeguarding policy and procedure.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

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

An inspection of a sample of four residents' care records was undertaken. These records included an up to date assessment of needs, life history, risk assessments and care plans. 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 resident. Residents' representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Areas of improvement were identified in the inspection of residents' progress records of well-being. A number of these records contained statements of assessed need, such as poor

mobility and ill health but there was no subsequent record of care/treatment given and effect of same. A requirement was made for this issue to be acted upon.

Records were stored safely and securely in line with data protection.

The acting manager 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 /representatives meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Areas for improvement

One area of improvement was identified. This was in relation to residents’ progress records. A requirement was made for any issue of assessed need to have a subsequent recorded statement of care / treatment given and effect of same.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

The acting manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The inspector met with a large number of residents throughout this inspection. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home and their relationship with staff.

Residents appeared comfortable, content and at ease in their environment and interactions with staff.

The inspector also met with two visiting relatives at the time of this inspection. Both these relatives spoke in complimentary terms about the provision of care and the kindness and support afforded by staff. Both informed the inspector that they felt confident and reassured that a good standard of care was being provided for.

Discussion with staff confirmed that they felt that residents were well cared for and that needs were acted upon appropriately.

Discussion with residents, two visiting relatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. For example bedroom doors were knocked before entering and staff were sensitive about handing over information.

There was found to be a lack of diversional and stimulating activities in place. However the acting manager was able to demonstrate plans she had to address this. For example on the morning of this inspection she had been to another care facility to examine their types of activity provision in place. Residents at the time of this inspection were found to be content and at ease but certainly would have benefitted from an increased focus on activity provision.

Discreet observations of care confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Areas for improvement

No areas for improvement were identified during the inspection in respect of this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. The home is recruiting a permanent registered manager but in the meantime the acting manager will be full time based in the home from her substantive registered manager's position.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff.

Discussions with staff members of various grades during this inspection found that they felt there was a good staff morale and teamwork and in the home. Staff stated that they felt they were well trained for their roles and that they had no difficulties in seeking line management support.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed.

An inspection 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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.

Discussion with the acting manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of the reports of last three months found these to be maintained in an informative detailed manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The acting manager confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection in respect of this domain..

Number of requirements	0	Number of recommendations	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 Mairead McCartan acting 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 to care.team@rqia.org.uk 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	
Statutory requirements	
Requirement 1 Ref: Regulation 27(2)(t) Stated: Second time To be completed by: 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>Response by registered provider detailing the actions taken: Manager has completed risk assessment, ensuring all radiators/hot surfaces have been individually risk assessed in accordance with current safety guidelines. Request for all radiators to be covered has been made to Estates Department.</p>
Requirement 2 Ref: Regulation 20(3) Stated: Second time To be completed by: 20 November 2016	<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> <p>Response by registered provider detailing the actions taken: Assistant Service Manager has liased with inspector to discuss requirement. A competency checklist has been completed and approved by RQIA .this has been put into effect for all SCA including Bank staff. This is in addition to inductio, training supervision, personal development review and audit.</p>
Requirement 3 Ref: Regulation 19(1)(a) Schedule 3(3)(k) Stated: First time To be completed by: 20 October 2016	<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> <p>Response by registered provider detailing the actions taken: Manager has discussed with all staff and made them aware that issues of assessed need documented in residents' progress record must have a recorded statement of the care/treatment given and the effect of same.</p>
Recommendations	
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 20 December 2016	<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>Response by registered provider detailing the actions taken: The home's safeguarding policy and procedure is to be revised at next policy group meeting, to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.</p>

****Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address****



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