

# Unannounced Care Inspection Report

12 January 2021



## Kintullagh Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 36 Westbourne Avenue, Carniny Road,  
Ballymena, BT43 5LW**  
**Tel No: 028 2565 4444**  
**Inspector: Mandy Ellis**

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 61 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Runwood Homes LTD</p> <p><b>Responsible Individual(s):</b> Gavin O’Hare-Connolly</p>	<p><b>Registered Manager and date registered:</b> Julie-Ann Jamieson</p> <p>Acting manager – application submitted</p>
<p><b>Person in charge at the time of inspection:</b> Julie- Ann Jamieson</p>	<p><b>Number of registered places:</b> 61</p> <p>There shall be a maximum of 1 named patient in Category NH-LD. There shall be a maximum of 3 named residents receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category LD– Learning disability PH – Physical disability other than sensory impairment</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46</p>

### 4.0 Inspection summary

An unannounced inspection took place on 5 January 2021 from 10.30 to 18.15 hours.

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 any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4*	1*

\*The total number of areas for improvement includes one under regulation which has not been met and is stated for the second time. One area for improvement under the standards was not reviewed as part of this inspection and is carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie-Ann Jamieson, Manager, Sarah Holmes, Deputy Manager and Gavin O'Hare-Connolly, Chief Operating Officer, 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 we met with eight patients and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. One staff member answered some of the questionnaire but not all; the detail of which was shared with the manager.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients 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.

Nine completed questionnaires were returned eight of the questionnaires indicated they were mostly or very satisfied with the quality of care in Kintullagh Care Home. One questionnaire returned was less satisfied with the quality of care received; all the responses from the questionnaires were shared with the manager.

- the duty rota from 4 to 17 January 2021
- the home's registration certificate
- three patients' care records
- five patients' supplementary care charts in regard to repositioning
- five patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an announced care inspection undertaken on 27 May 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> Second time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to those areas identified in this report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The domestic stores and laundry were appropriately locked on the day of inspection. Discussion with staff confirmed these areas remain locked when not in use.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. This relates specifically to the effective and meaningful review of patients' assessed needs against the home's registered categories of care.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed the patients currently in the home are in keeping with the registered categories of care.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that prescribed thickening agents for food and fluids are securely stored at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> Locks have been fitted to all the cupboards in the dining rooms to enable the safe storage of thickening agents however, thickening agents were observed in the dining room cupboard of the Beech unit: the cupboard was unlocked.</p> <p>This area for improvement was not met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified IPC shortfalls identified are resolved in order to minimise the risk and spread of infection. This relates specifically to the use of covers for both bedrails and light pull cords.</p> <p><b>Action taken as confirmed during the inspection:</b> Light pull cords were observed appropriately covered. The bed rail covers observed were intact.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	The registered person shall ensure that accidents/incidents are effectively monitored and analysed on a monthly basis in order to quality assure patient care and service delivery.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Accidents and incidents are monitored and analysed monthly. These audits were reviewed on inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> Second time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff receive individual, formal supervision/appraisal in keeping with best practice standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A supervision matrix was reviewed the matrix evidenced planned supervision or appraisal dates with staff; the matrix is also updated once staff have received their supervision / appraisal sessions.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that all rooms are used only in accordance with their designated purpose at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment confirmed all rooms viewed being used in accordance with their designated purpose.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 18 and 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regard to the management of restrictive practices:</p> <ul style="list-style-type: none"> <li>• a comprehensive and person centred care plan and risk assessment which details the nature, reason and duration for the restrictive measure; the care plan should also evidence appropriate collaboration with the patient, their representative and the multi-professional team, as necessary</li> <li>• regular review of the restrictive measure which demonstrates that it remains necessary, proportionate and the least restrictive intervention available</li> <li>• meaningful and effective completion of restrictive practice audits within the home and review by the manager</li> </ul>	<p style="text-align: center;"><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the identified patient's care records confirmed a person centred care plan and risk assessment were in place and under regular review. A monthly restrictive practice audit is conducted by the home manager to regularly review the use of restrictive measures.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regard to the post falls management of patients:</p> <ul style="list-style-type: none"> <li>• nursing staff will carry out and record the neurological observation of patients following any unwitnessed falls, in keeping with best practice standards</li> </ul>	<p style="text-align: center;"><b>Carried forward to the next care inspection</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	



<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, restrictive practice audits and dining experience audits.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Dining and restrictive practice audits are completed regularly and were reviewed on inspection.	

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 4 to 17 January 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work.

Comments made by staff included:

- "I love it here. "
- "It's homely here. "
- "The manager is supportive. "
- "Teamwork is good in this home. "
- "I am happy enough. "
- "I like it here. "

### 6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

### **6.2.3 Infection prevention and control and the internal environment**

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

Locks had been fitted to all dining room cupboards so thickening agents could be safely stored following the last inspection. However, we observed thickening agents in a cupboard in the dining room of the Beech unit; the cupboard had been left unlocked. This was immediately brought to the manager's attention. This area for improvement will be stated for the second time.

Some members of staff were observed wearing inappropriate items of jewellery and nail polish; this was discussed with the manager for appropriate action. An area for improvement was identified.

### **6.2.4 Care delivery**

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- "I am getting well looked after. "
- "I feel safe here. "
- "Everyone is ok here.. the girls are kind. "
- "The girls are lovely. "
- "I have no issues. "
- "They are all marvellous. "

We observed the serving of the lunch time meal in both units. We saw staff attended to the patients' needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising. Patients spoken with commented positively about the quality of the food.

Review of three patients' care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Five supplementary care records were reviewed in relation to food and fluid intake and repositioning, the charts reviewed were consistently recorded. We discussed with staff the actions they would take if a patient is not eating or drinking well. The staff were able to clearly tell us how they would escalate any concerns to the nurse in charge, closely monitor and encourage the patient in respect to their eating and drinking.

### **6.2.5 Governance and management arrangements**

A review of audits carried out evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home. Audits reviewed included hand hygiene, PPE compliance, wound care, restraint, equipment, dining and falls audits. These audits included the development of action plans to address identified deficits as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

An up to date fire risk assessment was available in the home.

The complaint records were reviewed; no complaints had been recorded since September 2020. This was discussed with the manager how any expressions of dissatisfaction should also be recorded in these records in order to drive improvement and improve care delivery within the home. This will be reviewed on the next inspection.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The nursing registration records reviewed were up to date. However, records reviewed in regard to care staff registration identified a lack of robust managerial oversight. Two staff members had not registered with the Northern Ireland Social Care Council (NISCC) within the required time frame; this was addressed appropriately following discussion with the manager. An area for improvement was identified in regard to the robust checking of NISCC registration of staff members.

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies. However, a review of these records identified a number of accidents where RQIA were not notified. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. This was identified as an area for improvement.

### **Areas of good practice**

Areas of good practice were identified in relation to care delivery and staff interaction with patients.

## Areas for improvement

Three new areas for improvement were identified in regard to infection prevention and control, NISCC registration of staff and Regulation 30 notifications.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0

### 6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.

### 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-Ann Jamieson, Manager, Sarah Holmes, Deputy Manager and Gavin O'Hare-Connolly, Chief Operating Officer, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> with immediate effect	<p>The registered person shall ensure that prescribed thickening agents for food and fluids are securely stored at all times.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Secure locked cupboards provided in each unit dining area to safely store thickening agents. Staff nurse to hold key for same  Checked during walkrounds by management  Supervision completed with all staff regarding the importance of prescribed medication being locked for safety</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> with immediate effect	<p>The registered person shall ensure staff adhere to best practice guidance and do not wear inappropriate items of jewellery or nail polish.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Complete regular handwashing audits stating location of where carried out  Observe during walkrounds for non adherence to policy and HR process followed for any non-compliance.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21 (5)(d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> with immediate effect	<p>The registered person shall ensure a robust system is in place to monitor staff registration with NISCC within the required time frame.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff removed from off duty whilst awaiting proof of registration. The system has been reviewed from inspection. Actions section now available on audits to evidence home managers actions. Letter issued to those whos registration has almost expired with reply slip to inform manager of when registration is completed. Template also devised for newly appointed staff.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered person shall ensure RQIA is appropriately notified of any accident in the home where medical advice is sought.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Falls identified during daily flash meetings. 24 hour handover from staff also to be updated with information surrounding incidents. Manager/deputy manager to complete reg 30 for those who have had medical advice .</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2019</p>	<p>The registered person shall ensure the following in regard to the post falls management of patients:</p> <ul style="list-style-type: none"> <li>nursing staff will carry out and record the neurological observation of patients following any unwitnessed falls, in keeping with best practice standards</li> </ul> <p>Ref: 6.5</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

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



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