



Unannounced Follow Up Care Inspection Report 18 December 2018



Kintullagh Care Home

Type of Service: Nursing Home (NH)
Address: 36, Westbourne Ave, Carniny Road, Ballymena, BT43 5LW
Tel No: 028 2565 4444
Inspector: Lyn Buckley

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Runwood Homes Limited Responsible Individual: Mr Gavin O’Hare-Connolly	Registered Manager: See box below
Person in charge at the time of inspection: Registered Nurse L Getty from 07:30 to 08:00 hours Deputy Manager N Doherty from 08:00	Date manager registered: Mrs Julie-Ann Jamieson – registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD– Learning disability. PH – Physical disability other than sensory impairment.	Number of registered places: 61 comprising: 57 – NHI and PH 1 – NH-LD 3 – RC-I, MP(E) and PH(E) 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 (RC).

4.0 Inspection summary

An unannounced inspection took place on 18 December 2018 from 07:28 to 12:30 hours.

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.

The inspection focused on assessing the level of the progress and/or compliance with the areas for improvement identified during the last care inspection on 8 and 9 October 2018 and discussed at the serious concerns meeting of 15 October 2018.

We can confirm that all areas of improvement identified during the October 2018 inspection have been complied with.

There were no areas for improvement identified during this inspection.

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

The term ‘patient’ is used to describe those living in Kintullagh Care Home which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie-Ann Jamieson, manager, and Nula Doherty, deputy manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 8 and 9 October 2018. As a result of this inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Kintullagh Care Home were below the standard expected. A decision was taken to invite the registered persons to a serious concerns meeting in relation to the management of staffing, staff deployment on a day to day basis and the management of short notice leave to ensure staffing deficits did not impact on the delivery of safe and effective care. This meeting took place at RQIA on 15 October 2018. At this meeting RQIA were provided with appropriate assurances that all areas of improvement identified would be addressed. A decision was made that RQIA would take no further enforcement action at this time; however an unannounced inspection was scheduled in the near future to ensure that the assurances given were fully actioned and the home had returned to compliance.

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 the inspector met with 15 patients and 15 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector also provided the manager with 'Have we missed you' 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.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- nursing and care staff duty rotas from 1 November 2018
- incident and accident records from 1 November 2018
- reports from monthly quality monitoring reports undertaken, since 1 November 2018, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- records to evidence how nursing staffs' registration with the Nursing and Midwifery Council (NMC) was checked and monitored
- governance records pertaining to falls and wounds occurring in the nursing home
- records to evidence the development of staff regarding their role and responsibilities.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 and 9 October 2018

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

6.2 Review of areas for improvement from the last care inspection dated 8 and 9 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall ensure that the assessed needs of patients are met by the number, qualification, competence and experience of the staff on duty.</p> <p>This includes clarification of the role and responsibilities of the nurse in charge of the nursing home, in the absence of the manager, when staffing deficits occur.</p>	Met

	<p>Action taken as confirmed during the inspection: We can confirm that that the assessed needs of patients were met by the number, qualification, competence and experience of the staff on duty at the time of the inspection.</p> <p>Review of nursing and care staff duty rotas from 1 November 2018, and discussion with patients, staff and the manager evidenced that staffing levels, as planned, were maintained.</p> <p>Records reviewed and discussion with nursing staff and the manager evidenced that meetings had been held to clarify roles and responsibilities.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall notify RQIA of any deficit in the planned staffing levels which cannot be 'covered' until further notice.</p> <p>Action taken as confirmed during the inspection: Review of the staff duty rotas from 1 November 2018 evidenced that RQIA were appropriately notified, on only two occasions, that short notice leave not been covered and the planned staffing numbers had been short by one member of staff on each occasion. Significant improvements were evidenced in the management of unplanned leave and this is discussed further in section 6.3.1.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (e) and (f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that persons working in the nursing home are provided with fire safety training commensurate with their role and function in the home and that this knowledge is embedded into practice.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with staff and the manager evidenced that this area for improvement had been met.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the issues identified during this inspection regarding infection prevention and control measures and practices are addressed and consistently adhered to.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observations, review of records and discussion with staff and the manager evidenced that this area for improvement had been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the management of modified diets and the terminology used is consistent to avoid confusion.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of one patient's care records, and records regarding menu choices were reflective of the recommendations prescribed by the speech and language therapist.</p> <p>Staff confirmed their awareness of the changes in describing food and fluid textures and that they had had training in November 2018 in this regard.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the manager is assisted to implement and maintain systems to enable them to have an accurate overview of the care and treatment of patients and other services provided by the nursing home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of records evidenced that this area for improvement had been met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the process for checking nurses' registration with the NMC includes details of the action taken and/or decisions made when concerns are identified.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 2 Ref: Standard 22.10 Stated: First time</p>	<p>The registered person shall ensure that following the monthly analysis of falls data that a record of the manager's evaluation of the data is recorded and includes details of any action taken; as part of the audit process.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 3 Ref: Standard 5.8 Stated: First time</p>	<p>The registered person shall ensure patient records are maintained confidentially.</p> <p>Action taken as confirmed during the inspection: Review of records, discussion with the manager and staff and observations evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 4 Ref: Standard 35.6 Stated: First time</p>	<p>The registered person shall review the use of microwaves, by care staff, to reheat patients' meals in accordance with food safety regulation and guidance.</p> <p>Action taken as confirmed during the inspection: Observations and discussion with the manager evidenced that microwaves had been removed from the dining rooms following a review. The manager confirmed that the reheating of patients' meals was to be completed by the kitchen staff and details recorded in accordance with food safety measures.</p>	Met
<p>Area for improvement 5 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that the staff duty rota clearly identifies the nurse in charge of the nursing home in the absence of the manager.</p>	Met

	Action taken as confirmed during the inspection: Review of duty rotas from 1 November 2018 evidenced that this area for improvement had been met.	
Area for improvement 6 Ref: Standard 16 Stated: First time	The registered person shall ensure that the record of complaints includes details of the action taken by the manager to address the concerns raised and whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.	Met
	Action taken as confirmed during the inspection: Review of the complaints record and discussion with the manager evidenced that this area for improvement had been met.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

As stated previously we reviewed the registered nursing and care staff duty rotas from 1 November 2018. Staffing levels were maintained as planned and the care delivered by the number and skill mix of staff on duty was observed to safely and effectively meet the needs of patients.

Discussion with nursing staff confirmed that they now had a process in place to evidence the action taken when a staff member rang in sick at short notice and that they were assured that the manager was addressing attendance at work through the home's procedures.

Discussion with care staff confirmed that short notice sick leave was covered and said it was "rarely that we work short now."

Discussion with the manager confirmed the processes put in place to ensure staffing levels were maintained and that patients received safe and effective care.

Prior to introducing the new process for managing short notice sick leave the manager had met with registered nursing staff to discuss their role and responsibilities as the nurse in charge of the home in the absence of the manager. Nursing staff who took on this role confirmed that the new process had been put into place with their input and that they found it beneficial when reviewing actions taken to cover shifts, for example which staff were willing to work extra shifts and which staff had been called and when.

Patients spoken with confirmed that staffing levels had improved particularly at weekends. One patient said "much better than the last time you came". Another patient said that it was good to see the same staff from an agency coming back regularly.

We had required the registered person to notify us when any planned staffing deficit had not been 'covered'. We evidenced that this had been complied with and it was agreed with the manager that she would continue to notify us as required and that we would review this again in March 2019.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Fire Safety

Training records and discussion with the manager confirmed that staff had been required to attend three fire safety training sessions in November and December 2018.

Observations confirmed that fire exit routes were clear of clutter or obstruction. Fire doors were not wedged or propped open.

Catering and care staff spoken with confirmed their role and responsibilities' in the event of the fire alarm sounding, had been clarified, since the last inspection, Staff spoken with regarding fire safety were able to clearly demonstrate what their role was.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Governance Arrangements

Since the last care inspection a deputy manager had commenced working in the home, clinical review meetings had been commenced with registered nursing staff in each unit on a weekly basis and a heads of department meeting with the manager was scheduled daily Monday through to Friday.

Review of records evidenced that the manager had implemented and/or redeveloped records to provide her with a clear overview of falls and wounds occurring in the home. These records also evidenced the action taken to address any deficits or concerns identified through the audit process. Audit outcomes were also shared with registered nursing and care staff through the regular review meetings.

Management and staff confirmed the benefits of these regular meetings in assisting to address concerns before they became serious.

The manager also confirmed that prior to implementing any change to procedures she had consulted and informed relevant staff to ensure they were included in the review process and able to understand the reason and necessity for the change.

Review of the complaints record evidenced that the manager had reviewed the process and had developed and implemented a new complaints record. There was evidence that complaints were managed and recorded in accordance with the Care Standards for Nursing Homes.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Consultation with stakeholders

We spoke with 15 patients and 15 staff during this inspection. Comments made by patients and staff and their opinions are recorded in 6.3.1 above.

As part of this inspection process we provided the manager with ten questionnaires for patients; and ten for patient relatives/representatives. However, none were returned within the timescale specified.

Any comments from patients and patient relatives/representatives in returned questionnaires received after the issuing of this report will be shared with the manager for their information and action as required.

We also provided a poster for staff inviting them to provide feedback to us on line. However, no responses were received.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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