

# Inspection Report

**19 April 2023**



## Kintullagh Care Home

**Type of service: Nursing Home**  
**Address: 36 Westbourne Avenue, Carniny Road,  
Ballymena, BT43 5LW**  
**Telephone number: 028 2565 4444**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Kathryn Homes Ltd</p> <p><b>Responsible Individual:</b> Mr Stuart Johnstone</p>	<p><b>Registered Manager:</b> Mrs Dana Patterson</p> <p><b>Date registered:</b> 7 February 2023</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Dana Patterson</p>	<p><b>Number of registered places:</b> 61</p> <p>There shall be a maximum of one named patient in Category NH-LD. There shall be a maximum of one named resident 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 PH – Physical disability other than sensory impairment LD – Learning disability.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 52</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 61 patients. The home is divided into three units over two floors; the Willow and Beech units are on the ground floor with the Oak unit located on the first floor. Patients have access to communal lounges, dining rooms and garden space.</p>	

## 2.0 Inspection summary

An unannounced enforcement compliance inspection took place on 19 April 2023, from 9.40 am to 1.40 pm. This inspection was conducted by a care inspector.

At the last inspection on 16 March 2023 serious concerns were identified in relation to care documentation and the management of wound care. Following a meeting with the registered person, a Failure to Comply (FTC) notice was issued on 31 March 2023; under Regulation (12) (1) (a) with the date of compliance to be achieved by 19 April 2023. (FTC ref: FTC000211).

This inspection focused solely on the compliance with the actions detailed in the FTC notice. Areas for improvement on the Quality Improvement Plan (QIP) were not reviewed at this inspection and have been carried forward for review at the next inspection. However, this inspection resulted in one new area for improvement being identified.

The inspection evidenced that management within the home had taken appropriate actions to comply with the FTC notice.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, the FTC notice and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

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

During the inspection we met the Manager and spoke with three staff and one relative. Staff confirmed that they enjoyed working in the home and were well supported in their role.

The relative described the home as "excellent"; he praised the staff for the care and attention given to their loved one and also described the positive changes in their loved one since their move to Kintullagh Care Home.

### **5.0 The inspection**

#### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

<b>Areas for improvement from the last inspection on 16 March 2023</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> Second time	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The consistent recording of neurological observations</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded</li> <li>• Care records should evidence review and an update to reflect the fall.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance summary</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	<p>The registered person shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for the administration of these medicines in the management of the distressed reactions.</p>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that care record audits evidence an action plan, timeframe for completion of the required actions plan and a review to ensure completion.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

FTC Ref: FTC000211

**Notice of failure to comply with Regulation 12 (1) (a) of The Nursing Homes Regulations (Northern Ireland) 2005.**

***Requirement to ensure quality of nursing and other service provision***

***Regulation 12. —***

*(1) The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient -*

*(a) Meet his individual needs:*

**In relation to this notice the following eight actions were required to comply with this regulation:**

1. robust managerial governance arrangements are in place to enable effective and timely oversight of wound care and skin/pressure area care for patients.
2. all staff have received training and are competent and capable in the use of the electronic care recording system with specific reference to the documentation of wounds.
3. all patients with wounds have up to date and accurate care plans in place to direct staff in the provision of wound care.
4. individual patient records reflect the wound care recommendations of the tissue viability nurse specialist when applicable.
5. the registered nurses maintain an accurate and contemporaneous record of the ongoing care and evaluation of wounds in individual patient care records.

6. patients who are assessed as at risk of pressure ulceration have a comprehensive and up to date care plan in place to include the frequency of repositioning and specialist equipment required.
7. The registered person must ensure that patients are repositioned in accordance with their care plan.
8. contemporaneous recording of the repositioning care provided should be accurately and comprehensively maintained.

**Action taken by the registered persons:**

The Manager confirmed that both a wound care and skin integrity audit are being completed by herself on a frequent basis. All the audits completed in the home since the last care inspection (16 March 2023) were reviewed; the audits demonstrated a complete overview of the care and documentation of all the patients who had a wound or were at risk of skin breakdown in the home. If the audit identified deficits an action plan was produced. We did identify that the actions were not always signed off by the Manager; this was discussed and the Manager acknowledged the need to evidence that the actions have been completed. The Manager advised that the daily 24-hour shift report and the daily flash meeting with staff also now have an identified section to discuss wound care and skin integrity.

Training was completed (27 March 2023) by the registered nurses in the home on the use of the electronic care recording system with an additional emphasis on the wound care section of the system. The registered nurses on duty were spoken with and all confirmed they are competent in the use of the electronic system and the recording of wounds.

The care records for all the patients who have a wound were examined. There was evidence that all the patients have an up to date care plan detailing the wound care required.

There was evidence in the care records examined that if the Tissue Viability Nurse was involved in the care of a patient's wound that these recommendations were reflected in the patient's care records.

The daily care records and the wound care evaluation section evidenced an accurate and contemporaneous record of the ongoing care and evaluation of the wound by the registered nurses.

Repositioning care records were examined. Patients who were assessed at risk of pressure damage had an up to date care plan detailing the prescribed repositioning regime and the assessed specialist equipment required, e.g. pressure relieving mattress. The care plans also detailed the prescribed mattress setting if applicable.

The repositioning records confirmed that patients were repositioned as prescribed in their care plan. The repositioning records were contemporaneous and completed in detail to evidence the position the patient was repositioned to.

We did identify that if a patient required the assistance of two staff to reposition some of the records did not evidence that two staff had signed the documentation; furthermore, if a mistake or error had occurred in the documentation the staff had used scribbles to correct the error; this

is not in keeping with best practice guidance. Both these findings were discussed with the manager and an area for improvement was identified.

**As all actions have been assessed as met, compliance has been achieved with this FTC notice.**

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	3*

\*the total number of areas for improvement includes one Regulation and two standards which are carried forward for review at the next inspection.

This inspection resulted one new area for improvement being identified.

The Registered Manager, Dana Patterson, was informed of RQIA's decision to remove the FTC notice on 19 April 2023 via telephone.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The consistent recording of neurological observations</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded</li> <li>• Care records should evidence review and an update to reflect the fall.</li> </ul> <p>Ref: 5.1</p>
<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 8 August 2022	<p>The registered person shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for the administration of these medicines in the management of the distressed reactions.</p> <p>Ref: 5.1</p>
<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2022	<p>The registered person shall ensure that care record audits evidence an action plan, timeframe for completion of the required actions plan and a review to ensure completion.</p> <p>Ref: 5.1</p>
<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</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 that repositioning records evidence:</p> <ul style="list-style-type: none"> <li>• mistakes or errors are corrected in line with best practice guidance</li> <li>• where a patient is assessed as requiring the assistance of two staff to reposition; two staff signatures are seen on the repositioning records.</li> </ul> <p>Ref: 5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> New repositioning charts have been implemented in Kintullagh. These are reviewed daily at FLASH meetings by the Registered Manager. Repositioning charts in place do require signature by both staff assisting the Resident to reposition.</p>

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



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