

Inspection Report

20 November 2023



Kintullagh Care Home

Type of Service: Nursing Home
**Address: 36 Westbourne Avenue, Carniny Road,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Kathryn Homes Ltd</p> <p>Responsible Individual: Mrs Tracey Anderson</p>	<p>Registered Manager: Mrs Dana Patterson</p> <p>Date registered: 07 February 2023</p>
<p>Person in charge at the time of inspection: Mrs Dana Patterson</p>	<p>Number of registered places: 61</p> <p>There shall be a maximum of 1 named patient in Category NH-LD. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 54</p>
<p>Brief description of the accommodation/how the service operates: 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 inspection took place on 20 November 2023 from 6.55 pm to 11.10 pm by two care inspectors.

Prior to the inspection information was received from an anonymous source raising concerns regarding staffing levels, the answering of call bells and the general cleanliness in the home. Whilst the concerns raised were not fully substantiated areas for improvement were identified in regards to staffing and deployment and the call bell monitoring.

Patients told us they were happy living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable about their patients' needs.

Areas for improvement were identified and are included in section 6.0 of this report.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients told us that they were happy with their care and with the services provided to them in Kintullagh Care Home. Patients described the staff as, "Very friendly". Patients also told us, "They cannot do enough for you" and "I am well looked after". A small number of patients told us they experienced a delay in their call bells being answered but did say that this was not a frequent occurrence. This is discussed further in section 5.2.2

Staff told us teamwork was good and that they were mostly satisfied with the staffing levels. Staff did raise some concerns about staffing in one of the units at intervals during the night. This is discussed further in section 5.2.1.

There was no response from the staff online survey and no questionnaires were returned within the allocated timeframe.

5.0 The inspection

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

Areas for improvement from the last inspection on 17 & 18 July 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure detailed and patient centred care plans are in place for those patients who require bespoke one to one care.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure monitoring and governance arrangements in relation to infection prevention and control (IPC) practices are effective in identifying shortfalls in practice. This is stated in reference but not limited to the cleaning of equipment.	Partially Met
	Action taken as confirmed during the inspection: Observation evidenced that this area for improvement was partially met and it is stated for a second time. This is discussed further in section 5.2.3	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety. This stated in reference to:</p> <ul style="list-style-type: none"> • the access hazards identified in the service corridor • access to thickening agents. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as stated.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)(d)(i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the practice of propping open of doors ceases.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as stated.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<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>Due to the focus of this inspection action required to ensure compliance with this standard was not reviewed and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall carry out a review of the home's repositioning records to ensure staff are completing these contemporaneously and accurately. Where necessary staff are reminded to complete the home's own forms, in full, as directed by the form.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 3 Ref: Standard 39 Stated: First time	The registered person shall ensure all agency staff who work in the home are inducted on arrival to the home and evidence of the induction is maintained.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met as stated.	
Area for improvement 4 Ref: Standard 26 Stated: First time	The registered person shall ensure there is evidence of managerial oversight of how staff providing one to one care engage with patients, to ensure it is meaningful and enhances the patient's day.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The manager told us that agency staff received an induction to the home prior to commencing their first shift; a record of these completed inductions was maintained. However, some of the records did not fully evidence that the professional registration of agency staff was valid. This was discussed with the manager who provided updated records during the inspection and will be further reviewed at the next inspection.

Staff told us they were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety.

Staff said there was good teamwork and that they felt well supported in their role, staff were mostly satisfied with the staffing levels in the home, however, some were not. Concerns were raised in regards to the staffing levels for Willow unit for periods of time during the night. This was discussed with the manager and the responsible individual (RI) and an area for improvement in regards to the staffing arrangements and deployment of staff was identified.

The staff duty rota accurately reflected the staff working in the home. The duty rota identified the person in charge when the manager was not on duty.

5.2.2 Care Delivery and Record Keeping

On arrival most of the patients were observed to be in bed or in their room watching television. Those patients spoken with confirmed that retiring around 7pm was their own choice. Other patients were observed in the lounges and staff assisted them to bed when they requested to go. A review of a sample of care plans were not fully reflective of the patients actual preferred retiring time. This was discussed with the manager and an area for improvement was identified.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. The handover provided updates on how the patients spent their day and any changes to the planned care. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs

Patients in their bedrooms did have their call bells within reach and they told us that calls for assistance were usually answered quickly. However, a small number of patients told us they experienced delays but that also said this was not a regular occurrence. A system is in place to monitor staff response times to calls bells and following discussion with the manager RQIA were assured that the system would be reviewed to ensure it captured more accurate information. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Some of the patient equipment, such as wheelchairs and manual handling equipment, was not as clean as expected. This matter had been raised as an area for improvement at the last inspection in July 2023. This was discussed with the manager and an area for improvement was stated for a second time.

A malodour was identified in one identified bedroom. This was brought to the manager's attention and details of the actions taken to eliminate the malodour were confirmed in an email to RQIA the day after the inspection.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were readily available throughout the home.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Patients were relaxing in their room; listening to music and watching TV.

Staff were observed offering and assisting patients with supper before bed.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Dana Patterson has been the registered manager in this home since 23 February 2023.

Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	6*

* The total number of areas for improvement includes one under regulation stated for a second time and three under the standards that are carried forward for review at the next inspection

Areas for improvement and details of the Quality Improvement Plan were discussed with Dana Patterson, Registered Manager and members of the Kathryn Homes senior management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: 20 November 2023	<p>The registered person shall ensure monitoring and governance arrangements in relation to infection prevention and control (IPC) practices are effective in identifying shortfalls in practice. This is stated in reference but not limited to the cleaning of equipment.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>New cleaning schedules have been introduced in Kintullagh, and these are signed off daily by the Home Manager. IPC and PPE competency assessments have been reviewed and completed with staff. IPC audit and triangulation of actions completed monthly. Cleaning of equipment checked on bi-daily walkarounds by Home Manager.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard18 Stated: First time To be completed by: 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>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 30 September 2023	<p>The registered person shall carry out a review of the home's repositioning records to ensure staff are completing these contemporaneously and accurately.</p> <p>Where necessary staff are reminded to complete the home's own forms, in full, as directed by the form.</p> <p>Ref:5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be completed by: 4 December 2023</p>	<p>The registered person shall ensure there is evidence of managerial oversight of how staff providing one to one care engage with patients, to ensure it is meaningful and enhances the patient's day.</p> <p>Ref:5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2023</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>The registered person shall ensure staffing arrangements and deployment of staff in the home is reviewed. This is stated in reference but not limited to the night staffing arrangements.</p> <p>Ref. 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Staffing is reviewed regularly, and cross-checked with dependency levels which are reviewed monthly and as required. Night visits have been conducted to review staffing in Kintullagh on nights. Staffing matrix has been devised. Staffing and deployment of staff is adequate to meet the needs of Residents. Structured documented system in place for staffing allocations in the units at night to ensure residents needs are met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2024</p>	<p>The registered person shall ensure that care plans are fully reflective of the patients' night time routine and includes preferred retiring times.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans have been reviewed to reflect night time routine for all Residents, including times which Residents prefer to go to bed, and get up in the morning. These are evaluated monthly and more regularly if needed.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 4 December 2023</p>	<p>The registered person shall ensure that a robust system is in place to monitor call bell response times and evidence that the necessary actions are taken if a delay is identified.</p> <p>Ref: 4.0 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager completes regular call bell monitoring checks and documents same. New system in place for completing analysis of call bell monitoring with actions being addressed, providing increased managerial oversight and input from residents. Staff have had supervisions in relation to call bell response times, where required.</p>

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