



The Regulation and
Quality Improvement
Authority

Kintullagh Care Home
RQIA ID: 1426
36 Westbourne Avenue
Carniny Road
Ballymena
BT43 5LW

Inspector: Lyn Buckley
Inspection ID: IN023334

Tel: 02825654444
Email: manager.kintullagh@runwoodhomes.co.uk

**Unannounced Care Inspection
of
Kintullagh Care Home**

29 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 June 2015 from 10:55 to 15:30 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from: **Standard 13: Safeguarding; Standard 16: Complaints; Standard 41: Staffing.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patient' will be used to describe those living in Kintullagh Nursing Home which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 8 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the acting manager, Ms Jill O'Neill, and the regional care director, Mr John Rafferty as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran	Registered Manager: Ms Jill O'Neill – acting manager
Person in Charge of the Home at the Time of Inspection: Ms Jill O'Neill	Date Manager Registered: 30 August 2014
Categories of Care: NH – I, PH, and LD RC – I, PH(E) and MP(E) A maximum of one patient within the nursing category NH-LD A maximum of three residents within the residential categories RC I, PH(E) and MP(E)	Number of Registered Places: 62
Number of Patients/Residents Accommodated on Day of Inspection: Nursing 54 Residential 3	Weekly Tariff at Time of Inspection: £470 - £608

3. Inspection Focus

Information/correspondence was received by RQIA, from a relative, on 16 June 2015 regarding concerns in the following areas: staffing levels including staff turnover; patient choices and bed times in particular and management of complaints raised.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

In addition, the Northern health and Social Care Trust (NHSCT) informed RQIA on 28 May 2015 of delays in respect of investigations relating to safeguarding allegations. Assurance had been provided by the regional care director, at the time, that these would be addressed, however progress had not been made.

Following review of the information received from both the relative and the NHSCT, RQIA made the decision to follow up the concerns raised as part of this schedule unannounced inspection.

Therefore, this inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

- **Standard 13: Safeguarding- criteria 1, 2, 3, 5, 6, 7 and 11**
- **Standard 16: Complaints - criteria 1-4.**
- **Standard 41: Staffing - criteria 1, 2, 4 and 7.**

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the acting manager
- discussion with the regional care director
- discussion with patients
- discussion with staff on duty during the inspection
- review of care records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- inspection report and quality improvement plan (QIP) from the previous care inspection on 08 January 2015
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005

During the inspection, the inspector met with the majority patients and spoke with staff on duty. There were no relatives/visitors available for consultation during this inspection.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection focus
- complaints records
- safeguarding investigation records
- three patient care records
- staff training records.
- nursing and care staff duty rotas from 24 May to 20 June 2015
- three nurse in charge competency and capability assessments
- review of management records pertaining to staffing levels.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced finance inspection dated 16 June 2015. The draft report from this inspection will be issued in due course.

6. Review of Requirements and Recommendations from the last care inspection conducted on 8 January 2015.

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The inspector recommends that the following guidance documents are sourced and made available to staff:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. 	Met
	<p>Action taken as confirmed during the inspection: Observations confirmed that the guidelines listed above were available in the home.</p>	

6.1 Standard 13: Safeguarding- criteria 1, 2, 3, 5, 6, 7 and 11

Is Care Safe? (Quality of Life)

A policy and procedure was available on safeguarding of vulnerable adults which reflected current best practice, including regional guidelines. The policy date indicated that it had been due for review at the end of January 2015. Management confirmed that this review was now overdue. A recommendation is made.

Staff spoken with confirmed that they were aware of this policy and confirmed that they had received training in the protection of vulnerable adults. This was also confirmed from a review of training records.

The acting manager confirmed that training had been provided for staff which was relevant to their role and function in the home.

Review of competency and capability assessments for three registered nurses (RN) left in charge of the home in the absence of the manager, evidenced that the role and function of the RN in charge in relation to allegations of actual or potential abuse were discussed.

Is Care Effective? (Quality of Management)

Discussion with the acting manager and review of safeguarding records indicated that allegations were responded to in accordance with regional protocols and local arrangements within the NHSCT. Delays had occurred in relation to the investigation process but allegations were reported appropriately to the designated officer for safeguarding with the NHSCT.

A resource file relating to safeguarding which included the actions to be taken and the regional procedures was available to staff.

The acting manager confirmed that any investigations required since 15 April 2015 had been completed and forwarded to the NHSCT.

Discussion took place regarding the outstanding/historical safeguarding investigations. A senior member of staff from within Runwood Homes had been tasked with progressing investigations with the NHSCT. The acting manager agreed to confirm the progress made, to date, on the outstanding investigations and forward this information to RQIA as soon as possible.

RQIA were informed on 17 July 2015 that the NHSCT had been provided with investigation information for all of the identified outstanding cases. The acting manager would be informed in due course as to the outcome of the Trust's review.

Is Care Compassionate? (Quality of Care)

Patients spoken with confirmed that they felt safe in the home, that staff were caring and kind. Patient stated they could raise concerns or worries with staff.

Good relationships were evident between staff and the patients. In particular the rapport and interaction between patients and the acting manager was commendable.

Staff were observed to be responding to patients needs and request in a quiet, caring respectful and compassionate manner.

Areas for Improvement

It is recommended that policies and procedures are kept under review to ensure they reflect legislative requirements; professional evidenced based practice, minimum care standards for nursing homes and regional guidance and protocols.

Number of Requirements:	0	Number of Recommendations:	1
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6.2 Standard 16: Complaints - criteria 1-4.

Is Care Safe? (Quality of Life)

A policy and procedure was available on management of complaints which reflected current best practice, including DHSSPS NI guidelines. A copy of the complaint process was displayed in the foyer for the home and on notice boards throughout the home. However, the policy available in the policy binder did not reflect Northern Ireland requirements. This was discussed during feedback. The regional care director said that he was aware that some centrally held policies were not reflective of referred Northern Ireland's regional requirements for Nursing Homes. This would be addressed as soon as possible.

As with the safeguarding policy the complaints policy date indicated that it had been due for review at the end of January 2015. Management confirmed that this review was now overdue. A recommendation has been made to address review and to ensure policies and procedures reflect Northern Ireland requirements for Nursing Homes.

Staff spoken with confirmed that they were aware of the complaints procedures. .

Review of competency and capability assessments for three registered nurse (RN) left in charge of the home in the absence of the manager evidenced that the role and function of the RN in charge in relation to the management of complaints were discussed.

Is Care Effective? (Quality of Management)

Discussion with the acting manager and review of complaint records indicated that complaints were responded to in accordance with legislative requirements and DHSSPS.

Following discussion regarding information received by RQIA, from a relative on 16 June 2015, it was evident that the complaints record did not contain any information regarding this person's complaint. The acting manager confirmed that the relative had raised their concerns with her and she had commenced investigating these concerns; but that the record had not been completed. A recommendation is made that all complaints/expression of dissatisfaction are recorded in the complaints record.

A resource file relating to complaints which included the actions to be taken and the homes' procures was available to staff.

The incidences of complaints were reported to the regional care director on at least a monthly basis or more often as required. Complaints were also reviewed as part of the quality assurance visit undertaken on behalf of the responsible individual in accordance with regulation 29 of the Nursing Homes Regulations (NI) 2005.

Records pertaining to the management of complaints were maintained in accordance with legislative requirements and the Care Standards for Nursing Homes 2015.

Is Care Compassionate? (Quality of Care)

Discussion confirmed that management viewed complaints in a positive manner and as a way of improvement the service provided.

Patients spoken with confirmed that they felt safe in the home, that staff were caring and kind. Patient stated they could raise concerns or worries with staff.

Good relationships were evident between staff and the patients. In particular the rapport and interaction between patients and the acting manager was commendable.

Staff were observed to be responding to patients needs and request in a quiet, caring respectful and compassionate manner.

Areas for Improvement

It is recommended that all complaints or expressions of dissatisfaction are recorded in the complaints record.

Number of Requirements:	0	Number of Recommendations:	*1
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*Please note a recommendation relating to polices has already been stated in section 5.4.

6.3 Standard 41: Staffing - criteria 1, 2, 4 and 7.

Is Care Safe? (Quality of Life)

Policies and procedures pertaining to staffing, recruitment, selection and management of absences/sick leave were available in the home and provided to staff via the 'staff handbook'. A recommendation has been made regarding the review of policies and procedures.

Discussion with the acting manager and review of management records evidenced that management reviewed staffing levels on a regular basis. The Rhys Hearn dependency tool was used to calculate staff hours and updated on a monthly basis by the acting manager. The acting manager was aware that this tool did not include elements of dementia care or management of behaviours that challenge. However, in the absence of any other tool the Rhys Hearn was considered a 'starting point' when calculating staffing levels.

Review of nursing and care staff duty rotas indicated that the rota was reviewed to ensure staffing levels were adhered to on a shift by shift basis and that the skill mix of 35% trained staff was maintained over 24 hours.

A registered nurse (RN) was in charge of the home at all times. In the absence of the acting manager a RN was delegated as being the nurse in charge of the home. Review of three randomly selected records evidenced that competency and capability assessments were carried out on any RN delegated this role.

Is Care Effective? (Quality of Management)

Observation of the delivery of care, during this inspection and a review of three weeks duty rotas evidenced that staffing levels were meeting the assessed needs of the patients.

Duty rotas were available, in advance, and adjusted on a daily basis to ensure an accurate record of staff on duty and in what capacity they worked was maintained. Discussion took place regarding the recent addition of using an asterisk to indicate the designated nurse in charge and the importance of this being used consistently for all shifts.

A senior cover file was available for the RN in charge of the home which included actions to follow in the event of short notice sick leave and how to cover the shift.

Discussion with the acting manager and review of records evidenced that staff who persisted in cancelling shifts were managed in accordance with the home's absence/sickness policy and procedure.

The acting manager recorded her hours on the duty rota. However, a recommendation is made to ensure the capacity in which the acting manager was working was clearly recorded. For example, when the acting manager worked as the lead clinical nurse rather than in the office undertaking management duties.

Is Care Compassionate? (Quality of Care)

Discussion and review of records confirmed that management reviewed staffing levels on a shift by shift basis to ensure the needs of patients were met.

Staff spoken with stated that they felt staffing levels met patients' needs. Staff stated that they were 'not rushed' but were busy and did have time to talk with patients. This was also confirmed through observation of practice.

Patients spoken with confirmed that they felt safe in the home, that staff were caring and kind. Patients stated they could raise concerns or worries with staff.

Good relationships were evident between staff and the patients.

Staff were observed to be responding to patients needs and requests in a timely, quiet, caring respectful and compassionate manner.

Areas for Improvement

It is recommended that the capacity in which the acting manager is working is clearly recorded.

Number of Requirements:	0	Number of Recommendations:	*1
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*Please note a recommendation relating to polices has already been stated in section 5.4.

6.4 Additional areas examined

6.4.1. Environment

The nursing home was found to be clean, comfortable and well decorated throughout. The final phase of refurbishment was in progress on the ground floor. The acting manager confirmed that this work was expected to be completed before 12 July 2015.

It was noted that work men had opened a number of fire exits doors for ease of access and that some of their equipment was stored along corridors and adjacent to fire doors. The acting manager confirmed that staff did 'lock' the home and check fire safety; however a record of this was not maintained. A recommendation is made that the registered person/s maintain a record of the checks undertaken by staff to ensure the home is secure, fire doors are not propped open and fire exits are clear when work men leave the home for the day.

6.4.2. Management arrangements

Ms O'Neil has been acting manager 30 August 2014. Ms O'Neill and the regional care director confirmed that Ms O'Neill had been recently appointed as the permanent manager of the home and that application to registered with RQIA would be undertaken.

Advice was given in relation to the process and how to access application forms.

7. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms O'Neil, acting manager and Mr Rafferty, regional care director, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

7.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

7.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

7.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The registered persons shall ensure that policies and procedures are kept under review to ensure they reflect legislative requirements; professional evidenced based practice, minimum care standards for nursing homes and regional guidance and protocols.</p>		
		<p>Response by Registered Person(s) Detailing the Actions Taken: Regional care director John Rafferty and Runwood head office are revising the policies and procedures.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The registered persons shall ensure that all complaints or expressions of dissatisfaction are recorded in the complaints record.</p>		
		<p>A complaints record is maintained. Jill O'Neill is now recording expressions of dissatisfaction at relatives meetings as complaints, even though these were recorded in the meetings minutes and action plan</p>	
<p>Recommendation 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>It is recommended that the capacity in which the acting manager is working is clearly recorded. For example, when the acting manager was worked as the lead clinical nurse rather than in the office undertaking management duties.</p>		
		<p>Jill O'Neill is more thoroughly amending the Office and Trained staff off duty to more accurately reflect her role</p>	
<p>Recommendation 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate</p>	<p>The registered persons shall maintain a record of the checks undertaken by staff to ensure the home is secure, fire doors are not propped open and fire exits are clear.</p>		
		<p>Renovations are now complete. Staff had recorded in their Diary that the building was checked and secure after work men finished each day</p>	
Registered Manager Completing QIP	Jill O'Neill	Date Completed	19.08.15
Registered Person Approving QIP	Logan N Logeswaran	Date Approved	19.08.15
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	24/08/15

Please ensure the QIP is completed in full and returned to nursing.team@rgia.org.uk from the authorised email address