

Inspection Report

4 April 2022



Kintullagh Care Home

Type of service: Nursing (NH)
**Address: 36 Westbourne Avenue, Carniny Road,
Ballymena, BT43 5LW**
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Kathryn Homes Ltd</p> <p>Responsible Individual: Mr Stuart Johnstone - applicant</p>	<p>Registered Manager: Mrs Dana Patterson – not registered</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 PH – Physical disability other than sensory impairment LD – Learning disability.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 47</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 downstairs and the Oak unit is located upstairs. Patients have access to communal lounges, dining rooms and a garden space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 April 2022, from 9.15 am to 6.45 pm by care inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 6.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

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

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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

13 staff and 12 patients were spoken with both individually and in small groups. Patients said that they felt well cared for, enjoyed the food and that staff members were helpful and friendly. Patients told us the staff members are "the best", "very good, I have no issues" and "I couldn't be better looked after". Two relatives who were visiting their loved one were spoken with, they both commented positively about the care their loved one receives in Kintullagh and the level of communication from the manager and staff.

Staff said that the manager was approachable, there was good teamwork and that they felt supported in their role.

There was one incomplete response received from the staff online survey, the comments made were shared with the Responsible Individual for their appropriate action. 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 9 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.	Not met
	Action taken as confirmed during the inspection: A review of care records evidenced gaps in the consistent regular review. This area for improvement has not been met and will be stated for a second time.	
Area for Improvement 2 Ref: Regulation 12 (1) (a) Stated: First time	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient. <ul style="list-style-type: none"> • The frequency of dressing change should clearly reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect any changes. 	Not met
	Action taken as confirmed during the inspection: A review of wound care records evidenced a number deficits. This area for improvement has not been met and will be stated for a second time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First time	The registered person shall review the dining experience for patients to ensure: <ul style="list-style-type: none"> the menu is appropriately displayed food leaving the dining room to be delivered to patients is appropriately covered. 	Carried forward to the next inspection
	Action taken as confirmed during the inspection: The dining experience is currently being reviewed by the manager and the head cook therefore this area for improvement has been carried forward for review at the next inspection.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The responsible person shall ensure communal bathrooms are not used to store patient equipment.	Met
	Action taken as confirmed during the inspection: A review of communal bathrooms evidenced this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. However, review of recruitment records kept onsite did not evidence paper copies of all the required documentation. This was discussed with the management team and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. The manager had oversight of staff compliance with the required training.

Staff said there was good team work and that they felt supported in their role.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager told us that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home and that staffing levels were reviewed regularly.

It was not clear from the duty rota that was identified as the person in charge when the manager was not on duty. This was discussed with the manager who gave assurance that this would be added to the duty rota going forward.

Concerns were raised with RQIA prior to the inspection via telephone from relatives in regard to staffing levels in the home. The management team were aware of these concerns and some relatives have met with the management team to discuss their concerns. Some staff also told us they can be short staffed at times and acknowledged that the ongoing Covid pandemic has impacted staffing levels on occasion in particular when staff members are required to self-isolate. Staff did comment that the manager tries to get shifts covered but is not always successful.

A number of patients commented that they have recently seen a number of agency staff in the home and feel this can impact on the continuity of their care. The individual patient comments were shared with the management team for their appropriate action. The management team also told us of the ongoing recruitment for a number of vacant posts within the home. RQIA have requested to be informed by the home when planned staffing levels are not met in accordance with Regulation 30.

Any nurse in charge of the home during the manager's absence should undergo a competency and capability assessment for this role; this helps to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. RQIA were advised that these competency and capability assessments were not up to date and were not available for review by the inspectors. An area for improvement was identified.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were monitored by the manager on a monthly basis. The layout of the current audit was discussed with the manager as to how it could be improved to ensure all the required information is captured. The manager agreed to review and this will be followed up at a future inspection.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified patient's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. This was discussed with the manager and an area for improvement was identified.

Review of a sample of care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients.

However, it was noted that the timely review of care plans and risk assessments for a number of patients was inconsistent. An area for improvement was stated for a second time.

Daily records were kept of how each patient spent their day and of the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were frequently repositioned however; a number of care plans did not identify a repositioning regime. It was also observed if the patient was assessed as requiring a pressure relieving mattress, there was no record of the pressure settings required on the mattress. This was discussed with the manager and an area for improvement was identified.

A review of wound care records evidenced a number of deficits, the specific examples were discussed with the manager and an area for improvement was not met and is stated for a second time.

Discussion with staff confirmed that the risk of falling and falls were appropriately managed. Care documentation in relation to falls was not reviewed on this inspection and will be followed up at a future inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients told us they enjoyed their lunch.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Review of storage rooms identified that a number of items or boxes were stored on the floor, this was discussed with the manager how storage should be off the floor to enable effective cleaning of these areas. The manager agreed to address and review storage.

A treatment room on the ground floor was observed open; the door was immediately secured by the inspectors. However, it was noted the lock was defective; which meant the nurse could not always ensure the treatment room was secure. This was discussed with the manager and the lock was repaired by the end of the inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. A fire risk assessment was conducted on the 24 August 2021 with no required actions.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, listening to music, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

An activities coordinator is employed to plan and implement social activities for patients in the home. Activities included singing, reminiscence, arts and crafts, games, exercises, baking and gardening. The activity therapist said that patients were consulted about the type of things they would like to do and patients' abilities and preferences for one to one or group activities were also taken into account. The activity coordinator maintained accurate records which reflected patient involvement in activities. Patients commented positively about the activities within the home. The patients were baking fresh scones on the morning of the inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Dana Patterson has been the manager in this home since 1 November 2021. RQIA were informed of this change.

Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staff practices.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home. Deficits were noted in a number of governance audits. Where deficits are identified, the audit process should include: an action plan with the person responsible for completing the action; a time frame for completion; and a follow up to ensure the necessary improvements have been made. Action plans were absent or not followed up for a number of audits. It was also observed if audits had been delegated to another staff member there was no evidence the manger had oversight of the audit. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of these records identified a number of reportable incidents which had not been notified to RQIA in keeping with regulation; this was discussed with the manager and retrospective notifications were subsequently submitted to RQIA. An area for improvement was identified.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the manager and described her as supportive, approachable and available for guidance.

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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

*the total number of areas for improvement includes two areas under regulation that have been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Home Manager is reviewing all care plans within the home and associated risk assessments. Care plan review matrix is in place. Awaiting implementation of Gold Crest system to assist with ensuring up to date and regular reviews.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> • The frequency of dressing change should clearly reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect any changes. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The Home Manager is completing monthly wound audits on all wounds. Wound charts are in place to identify frequency of dressing changes and any changes in the wound and this is cross checked with care plans and monitored via the auditing process</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the required information and documentation is present in staff recruitment and selection files kept in the home.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A full review of all current HR checks is being conducted by the Administrator. A checklist is in place for all new employees to ensure best practice and legislation is adhered to.</p> <p>Response by registered person detailing the actions taken: The home manager has a notification tracker in place. all accidents and incidents are reported daily to ensure appropriate notifications are made to the RQIA.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • The menu is appropriately displayed • Food leaving the dining room to be delivered to patients is appropriately covered. <p>Ref: 5.2.2</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 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 29 April 2022</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home are completed, kept up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Home Manager is revisiting all competency and capability assessments for Nurses who are in charge of the home. these are kept in HR files and reviewe via the appraisal process.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An admissions pathway is in place, this details time frame for completion of documentation for all new residents. Home Manager is auditing care files of all new admissions.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring repositioning and a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The assessed repositioning regime must be documented in the patients care plan • The type of mattress in use must reflect the patients assessed need • The mattress should be set correctly to meet the assessed need of the patient • The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan and evidence regular review. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A full audit has been completed on repositioning charts and pressure relieving mattresses. settings are displayed at the end of residents bed and documented in care plans.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 29 April 2022</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and managerial oversight of all governance quality assurance audits.</p> <p>Ref: 5.2.</p> <p>Response by registered person detailing the actions taken: Home Manager is completing audits (daily, weekly and monthly). Governance systems are in place and a log has been provided of all audits required and associated time frames for completion. this is being monitored during Reg29 visits.</p>

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