

Inspection Report 9 August 2021



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

1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual : Mrs Andrea Feeney	Registered Manager: Mrs Julie-Ann Jamieson – not registered
Person in charge at the time of inspection: Teresa McNeill - Registered Nurse (8am – 8pm)	Number of registered places: 61 There shall be a maximum of 1 named patient in -NH-LD There shall be a maximum of 3 named residents receiving residential care in-category RC-I.
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.	Number of patients accommodated in the nursing home on the day of this inspection: 52
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 in 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.	

2.0 Inspection summary

An unannounced inspection took place on 9 August 2021 from 10.00 am to 7.10 pm by a care inspector.

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 requiring improvement were identified in regard to; care records, wound care, the dining experience and communal bathroom storage.

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 Leanne McGaffin, Regional Operations Director at the conclusion of the inspection.

4.0 What people told us about the service

Thirteen patients and ten staff were spoken with. Patients told us that they felt well cared for and that staff were helpful and friendly. One patient told us, "they were very settled in the home and had everything they needed" another patient said the staff "treated her like a princess". No questionnaires were returned. Six staff responded to the online survey and expressed concerns about aspects of the home's management and staffing levels, the comments received were shared in detail with the Regional Operations Director for her appropriate action.

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 13 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that prescribed thickening agents for food and fluids are securely stored at all times.	Met
	Action taken as confirmed during the inspection: Thickening agents were securely stored. This area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure staff adhere to best practice guidance and do not wear inappropriate items of jewellery or nail polish.	Met
	Action taken as confirmed during the inspection: All but one staff member was observed adhering to best practice, the management team agreed to discuss this with the specific staff member. This area for improvement has been met.	
Area for improvement 3 Ref: Regulation 21 (5)(d) (i) Stated: First time	The registered person shall ensure a robust system is in place to monitor staff registration with NISCC within the required time frame.	Met
	Action taken as confirmed during the inspection: Review of records confirmed this area for improvement has been met.	

Area for improvement 4 Ref: Regulation 30 Stated: First time	The registered person shall ensure RQIA is appropriately notified of any accident in the home where medical advice is sought. <hr/> Action taken as confirmed during the inspection: Review of records confirmed this area for improvement has been met.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 22 Stated: First time	The registered person shall ensure the following in regard to the post falls management of patients: <ul style="list-style-type: none"> • nursing staff will carry out and record the neurological observation of patients following any unwitnessed falls, in keeping with best practice standards. <hr/> Action taken as confirmed during the inspection: Review of records confirmed this area for improvement has been met.	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.

There were systems in place to ensure staff were trained and supported to do their job. A system was in place to ensure that staff completed their training. All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. Review of the staff duty rota and discussions with staff confirmed that the planned number of care staff on duty had been reduced on several occasions due to short notice sickness. The Manager advised attempts were made to secure staffing cover with limited success; we were assured by the Manager patients safety was not compromised at any time. The home has an ongoing recruitment drive to employ more care and nursing staff.

Staff also expressed concerns to the inspector with regard to the recent episodes of short notice sickness. Staff concerns were shared with the Management team.

Patients did not express any concerns in regard to staffing or care delivery.

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 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 were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were well maintained.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Review of records showed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall. Review of the observation charts post fall did not evidence the Managers signature once completed; this was discussed with the Regional Operations Director and will be followed up on a future inspection.

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. Gaps were evident in the consistent, timely review of some care plans and risk assessments. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients who required care for wounds or pressure ulcers had this recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Podiatrist and the Tissue Viability Specialist Nurse (TVN). However, review of care records in regards to the care of a wound evidenced inconsistencies in the frequency of dressing change and associated documentation on wound charts and care records. An area for improvement was identified.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

The dining experience was an opportunity for patients to socialise; the dining atmosphere was calm and relaxed. Patients were observed enjoying their lunch in both the downstairs and upstairs dining rooms. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising and a variety of drinks were available.

The lunchtime meal was a pleasant and unhurried experience for the patients. The patients mostly commented positively on the quality of the food, one patient commented that the food can be repetitive; this comment was shared with the Manager who agreed to discuss the menu options with the identified patient. It was observed that the menu was not displayed in any of the three dining rooms and staff needed reminded to place a protective cover on a tray that was being delivered to a patient in their bedroom. An area for improvement was identified.

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. Some areas within the internal environment was observed looking tired and in need some painting or decorating, this was discussed with the Manager who advised the home has an ongoing refurbishment plan. The ongoing work towards completion of the home's refurbishment will be followed up on a future inspection.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Inappropriate storage of patient equipment was observed in several communal bathrooms. This was discussed with staff and an area for improvement was identified.

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 Authority (PHA).

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

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff hand hygiene practice was regularly monitored by the manager and records were kept. Staff competency in donning and doffing of PPE was completed in 2020 but required updating for 2021; this will be followed up on a future inspection.

5.2.4 Quality of Life for Patients

Discussion with patients who were able and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

Patients were observed enjoying an exercise activity which had been arranged by the activity coordinator. Patients' needs were met through a range of individual and group activities, such as reflective thoughts, arts and crafts, music, games, puzzles and exercise. Patients commented positively on the activities provided. A record of patient involvement and participation in activities is recorded by the activity staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. 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 no change to management arrangements for the home since the last inspection. However, we were informed on inspection that the manager was leaving soon and the home was actively recruiting a new manager.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed good compliance with this training. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was observed that on occasion if an audit was conducted by another member of staff the Manager did not always have oversight of these audits as a signature was not seen; this was discussed with the Regional Operations Director and will be reviewed at a future inspection.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that records were maintained. The learning from complaints was used as an opportunity to improve practices and/or the quality of services provided by the home.

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 Conclusion

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean and tidy.

The lived experience of patients was promoted by activity staff so that patients had meaning and purpose to their day.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager.

Four new areas for improvement were identified as a result of this inspection in regard to; care records, wound care, the dining experience and communal bathroom storage.

7.0 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	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Leanne McGaffin, Regional Operations Director 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 16 (2) (b) Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2 Response by registered person detailing the actions taken: All care plans are being reviewed; updated and will be kept up to date to accurately reflect the needs of the residents.
Area for improvement 2 Ref: Regulation 12 (1) (a) Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2 Response by registered person detailing the actions taken: All residents with wounds are having their care plans reviewed and updated to reflect the frequency of the dressing change and any assessed needs and changes.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.2 Response by registered person detailing the actions taken: Menus will always be displayed and food will always be covered.

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure communal bathrooms are not used to store patient equipment.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Communal bathrooms have been cleared and will not be used to store patient equipment.</p>
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