

Inspection Report

16 March 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

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| Organisation: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone | Registered Manager: Mrs Dana Patterson Date registered: 7 February 2023 |
| Person in charge at the time of inspection: Maria Willoughby - Registered Nurse | Number of registered places: 61 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. |
| 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: 53 |
| 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. | |

2.0 Inspection summary

An unannounced inspection took place on 16 March 2023, from 9.25 am to 5.40 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Good progress and compliance was achieved in regard to a number of areas for improvement. Care staff were also observed to be compassionate towards the patients. Patients and visitors to the home provided positive feedback to the inspector regarding the care experienced in Kintullagh Care Home.

However; serious concerns were identified during the care inspection in relation to the documentation in regard to the management of wounds; with an area for improvement stated for a third time not met. In addition, concerns were identified in the quality of the care documentation in regard to patients' skin integrity. Furthermore, the quality of the wound care audit process was insufficiently robust to address the deficits identified.

Given the concerns raised, a meeting was held on 29 March 2023 with the intention of issuing one failure to comply notice under The Nursing Homes Regulations (Northern Ireland) 2005 in relation to: Regulation 12 (1) (a) specifically in relation to the care documentation of wounds and skin integrity.

The meeting was attended by Mr Stuart Johnstone, Responsible Individual; Dana Patterson, Registered Manager and a member of Kathryn Home's management team. The management team discussed the actions they had taken since the inspection to address the shortfalls identified and provided an action plan to confirm how the deficits would continue to be addressed and managed in a sustained manner.

RQIA considered the home's actions to address the identified deficits, however; non-compliance in the documentation of wound care had been identified at care inspections on 9 August 2021, 4 April 2022 and 31 August 2022. It was therefore decided one failure to comply notice would be issued under Regulation 12 (1) (2) with a compliance date of 19 April 2023.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and 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.

The findings of the inspection were discussed with Dana Patterson, Manager at the conclusion of the inspection.

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 good”, “great” and “kind”. Patients also told us, “I am well attended to”, “I am well looked after”, “the food is lovely, you get too much” and “this is a good home”. Relatives and visitors told us they were very happy with the care their loved one received and had no complaints.

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

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 31 August 2022 | | |
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| 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: Third 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

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| <p>Area for Improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: Third time</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>Not met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was not met.</p> <p>This is discussed further in section 5.2.2.</p> <p>This area for improvement will be included in the Failure to Comply Notice: FTC 000211.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: Second time</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>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p> | | |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | <p>Met</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> | <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"> • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded • Care records should evidence review and an update to reflect the fall. <hr/> <p>Action taken as confirmed during the inspection: The records reviewed did not evidence neurological observations were consistently recorded and not all of the care plans or risk assessments reviewed evidenced review post fall.</p> <p>This area for improvement has not been met and is stated for a second time.</p> | <p>Not met</p> |

| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
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| Area for Improvement 1 Ref: Standard 18 Stated: First time | 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. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 2 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for improvement 3 Ref: Standard 41.7 Stated: Second time | 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

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| <p>Area for improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | <p>Met</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</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 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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met.</p> <p>The mattresses observed on patients bed were set correctly. However, a review of care records for those patients who were prescribed a pressure relieving mattress and a repositioning schedule did not evidence that a specific care plan was in place to identify and manage these specific needs. Therefore, we could not verify that patients had been repositioned as prescribed or that the correct mattress was in use.</p> <p>This area for improvement will be included in the Failure to Comply Notice, FTC Ref: FTC 000211.</p> | <p>Partially met</p> |

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| Area for improvement 6 Ref: Standard 35 Stated: 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. | Carried forward to the next inspection |
| | 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. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council (NISCC). Review of the monthly audit did not evidence the NISCC spreadsheet had been updated to reflect that new staff had been included, this was discussed with the Manager who updated the spreadsheet before the end of the inspection.

Staff said there was good team work and that they felt well supported in their role, staff advised that the staffing levels had improved from the last inspection.

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

5.2.2 Record Keeping

The home has now implemented an electronic care recording system and only use paper recording for supplementary care; such as food / fluid intake and repositioning records.

Improvement was noted in the consistent regular review of care plans and risk assessments and there was evidence that newly admitted patients to the home had a full suite of care plans and risk assessments developed in a timely manner.

However, review of wound care records did not evidence that one patient's care plan had been updated following a Tissue Viability Nurse (TVN) review in December 2022, furthermore there was no evidence available, within various care records reviewed, to assure RQIA that the wound had been redressed as prescribed by the TVN.

It was also evidenced that the registered nurses were not consistent in the recording of wound care within the designated area in the electronic record system, which led to multiple open wound care episodes for the one wound causing confusion.

The Manager advised the inspector that the registered nurses had requested additional training on how to record wound care on the electronic system as many of them had experienced difficulties in navigating the system.

The above deficits in wound care documentation was discussed at the meeting with RQIA on 29 March 2023. The management team acknowledged additional training was needed in the use of the electronic care recording system and this has been delivered since the inspection. In addition, a wound care masterclass has also been facilitated by the Northern Health and Social Care Trust for the home's registered nurses. The management team also advised that following the inspection the Manager scrutinised the identified patient's care records and she was able to confirm albeit in several different places within the electronic system that the patient's wounds had been dressed as prescribed by the TVN. Furthermore, a review of the patient's wounds by the TVN was also requested following the inspection and it was pleasing to learn that the patient's wounds have improved.

Examination of the care documentation for patients who were prescribed a repositioning regime and pressure relieving equipment raised additional concerns regarding the quality of the care documentation. The repositioning paper records were not contemporaneously recorded and did not accurately describe the position the patient was repositioned to. For example; care staff were documenting the position as "repo" and "position change".

There was no evidence in the patients' care records reviewed on the electronic system that there was a specific care plan for patients who were assessed at risk of pressure damage and had an assessed need to have a repositioning regime and pressure relieving equipment. Therefore, the inspector could not verify if the patient had been repositioned in accordance with their prescribed care or were in receipt of their prescribed pressure relieving equipment.

These additional deficits were discussed at the meeting; the management team advised RQIA that the home have implemented a new repositioning template with the addition of an aide memoire so staff are aware of how the document should be completed. It was also confirmed that patients who required a repositioning regime and or pressure equipment have this clearly care planned.

The managerial oversight in regard to the wound care audits reviewed did not evidence an action plan for the deficits identified; it was also observed these audits had been carried out by the deputy manager and lacked oversight from the registered manager. This was discussed at the meeting with RQIA on 29 March 2023. The Manager advised RQIA that since the inspection the wound care audits have been completed by herself to ensure she has complete oversight of the wounds in the home. Evidence of this is included as an action within the FTC notice Ref: FTC 000211.

5.2.3 Care delivery, Quality of Life for Patients and the dining experience

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

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful during interactions and to communicate clearly, for example, when assisting patients with their meals and personal care.

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

The lunch time dining experience was observed and this was an opportunity of patients to socialise, music was playing, and 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.

There was a range of activities provided for patients by activity staff and the home was getting prepared for St Patricks Day Celebrations with the patients helping to decorate the communal areas.

5.2.4 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.

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

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

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 |
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| Total number of Areas for Improvement | 1* | 2* |

*the total number of areas for improvement includes one Regulation that has been stated for a second time and two standards which 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, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <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"> • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded • Care records should evidence review and an update to reflect the fall. <p>Ref: 5.1</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The new Regional Falls Pathway has been introduced with associated 24hr falls observation. A new Kathryn Homes Policy has been issued to reflect the new regional guidance. The Home Manager is revisiting all observations following any fall to ensure contemporaneous records are in place and the full 24hr observation template is completed. The Home Manager is reviewing all care plans and risk assessments following any fall and ensuring records have been reviewed to reflect any required updates are made following the fall.</p> |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| <p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 8 August 2022</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>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> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2022</p> | <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> <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> |
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