The Regulation and Quality Improvement Authority

Unannounced Care Inspection Report
19 June 2017

Kintullagh Care Home

Type of Service: Nursing Home
Address: 36 Westbourne Ave, Carniny Road, Ballymena, BT43 5LW
Tel No: 028 2565 4444
Inspector: Lyn Buckley

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 61 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd **Responsible Individual(s):** Mr John Rafferty	**Registered Manager:** Ms Jill O'Neill
Person in charge at the time of inspection: Jill O'Neill – registered manager	**Date manager registered:** 14 April 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of registered places:** 61 comprising: 57 – NH- I and PH 1 – NH-LD 3 – RC- I, MP(E) and PH(E)

4.0 Inspection summary

An unannounced inspection took place on 19 June 2017 from 09:30 to 17:30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Kintullagh Care Home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to the governance and management arrangements; quality improvement processes; the maintaining of good relationships within the home; staff knowledge of patient preferences; record keeping and care delivery. The culture and ethos of the home promoted treating patients with dignity and respect and ensuring quality of service was provided.

Areas requiring improvement were identified in relation to notification of events to RQIA; fire safety precautions; the use of electronic keypads with a code to exit the home; the management of pressure relief mattress settings and altering records.

Patients said that they were very satisfied with the care and services provided and described living in the home, in very positive terms.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	1

Details of the Quality Improvement Plan (QIP) were discussed with Jill O'Neill, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 12 January 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 January 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection, such as serious adverse incidents (SAI's), potential adult safeguarding issues and/or whistle blowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 8 patients individually and with the majority of others in small groups, nine staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

An RQIA Board member, Gerry McCurdy, was present during the inspection until after lunch.

The following records were examined during the inspection:

- duty rota for all staff from 12 to 25 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records including food and fluid intake charts and reposition charts, if applicable
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 July 2016

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 30

Stated: First time</td><td>The registered person should ensure that the first floor’s treatment room environment is effectively managed to ensure medicines are stored in accordance with the manufacturer’s instructions in relation to maximum temperatures for storage.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Observations, discussion and review of records evidenced that this area for improvement had been met.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 6.1

Stated: First time</td><td>The registered provider should ensure that the displaying of patient information in bedrooms is reviewed to ensure that patients’ right to privacy and dignity are upheld at all times and that all patient information is held confidentially.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Observations and discussion evidenced that this area for improvement had been met.</td></tr>
<tr><td>Area for improvement 3

Ref: Standard 12

Stated: First time</td><td>The registered provider should ensure that the patients’ mealtime experience is reviewed throughout the home to ensure patients’ needs are met and that the experience is an enjoyable and a positive experience. The review should include review of the following areas:
• patients are assisted with their meal in a timely manner and in keeping with their assessed needs
• the number of patients using the first floor dining space is reviewed to enable patients to move freely and safely and staff to deliver care safely and effectively</td><td>Met</td></tr>
</table>

	Action taken as confirmed during the inspection: Observation of the serving of the lunch time meal; and discussion with patients and staff evidenced that this area for improvement had been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 12 to 25 June 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; three were returned following the inspection. Respondents answered 'yes' to the question, "Are there sufficient staff to meet the needs of the patients?"

Patients spoken with during the inspection commented very positively regarding the staff and the care delivered, and they were satisfied that when they required assistance staff attended to them in timely manner. We also sought the patients' opinions on staffing via questionnaires; three were returned indicating that there was sufficient staff to meet their needs.

Patients' visitors/relatives spoken with during the inspection commented that staff were "very good" and were confident that the needs of their loved ones were met by the staff on duty. We also sought relatives' opinion on staffing via questionnaires; one completed questionnaire was returned. The respondent indicated that staff had enough time to care for their relative.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work; and that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that the registered manager had a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records were maintained in accordance with Standard 39 of The Care Standards for Nursing Homes 2015. Mandatory training compliance was monitored by the registered manager and was reviewed by senior management as part of the monthly quality monitoring process. Additional training was also available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training, such as moving and handling training, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager, confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice. A safeguarding champion was to be identified and training was arranged.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessments were reviewed regularly and informed the care planning process.

Review of accidents/incidents records from 1 April 2017 and notifications forwarded to RQIA evidenced that three events had not been notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. While RQIA were assured from the records reviewed that the events had been appropriately managed by nursing staff, an area for improvement was identified. This was discussed with the registered manager who agreed to send the notifications to RQIA retrospectively.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining rooms and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

Infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home.

Observations evidenced the main staircase had been redecorated and some items of furniture and soft furnishings were in place. In addition a manual keypad lock had been installed on the ground floor door to the main staircase. Staff were required to enter a pin code to enter the staircase and to operate a turn lock to exit the staircase. RQIA were concerned regarding the potential risks to patients and staff using this staircase as an escape route in the event of a fire In particular, the potential delay in entering and exiting the staircase due to the operation of the manual keypad; which was not linked to the fire alarm system. These concerns were brought to the attention of the registered manager during the inspection. Advice was provided, by RQIA. An area for improvement was identified in relation to fire safety precautions.

Before the conclusion of the inspection the registered manager confirmed she had contacted her line manager and the home's fire risk assessor; and that the manual key pad had been deactivated until the fire risk assessor could review its' use.

Observations also confirmed that electronic keypads were situated on exit doors and required the entry of a code to exit the home. The registered manager confirmed that this had been discussed in relation to guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLs); and the home's registration categories. However, while RQIA welcomed the discussion of this matter an area for improvement was identified that the use of keypads to exit the home are reviewed and a decision made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

Areas for improvement were identified in relation to notification of events to RQIA; fire safety precautions; the use of electronic keypads with a code to exit the home.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patient changed. Nursing staff also demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the speech and language therapist (SALT) or the tissue viability nurse (TVN).

We reviewed the management of pressure area care, weight loss and falls. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs).

Care plans had been reviewed on at least a monthly basis and were reflective of the recommendations made by the relevant healthcare professionals. A review of the patients' repositioning, weight and food/fluid intake charts also evidenced that the required care was being delivered and delivered 'as prescribed' within the care plans reviewed. One care plan reviewed had been altered inappropriately using a black marker type pen, and the original entry could not be read. This was discussed with the registered manager and was identified as an area for improvement.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed. Minutes of staff meeting were available.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge, the registered manager or the responsible individual. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff and management. Patients and representatives knew the registered manager and referred to her as 'Jill'.

Observation of pressure relieving mattresses settings and patients' weight records evidenced that a number of mattresses requiring a weight setting, to be effective in pressure relief, were not correctly set. RQIA were provided with assurances that the patients identified did not have any concerns regarding the status of their pressure areas/skin. However, the potential impact on patients' and the associated potential risks were discussed with the registered manager who agreed to address this with nursing and care staff. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, review and care delivery; effective communication with patients, other key stakeholders and within the home's staff team.

Areas for improvement

Areas for improvement were identified in relation to: altering records, the management of pressure relief mattress settings.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:30 hours and were greeted by staff who were helpful and attentive. The home was calm; patients were either finishing their breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients able to communicate their feelings indicated that they enjoyed living in Kintullagh and were very complimentary regarding their experience of care and of the staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. For example, a relatives meeting had been held on 21 April 2017 and the minutes were available.

Records of compliments received were reviewed. Comments recorded in cards and letters included the following:
"Thank you all for taking such good care of our … we couldn't have wished …in a better place."
"From the time … entered this home … received the best possible attention … was treated with the utmost kindness and consideration thereby bestowing on … a high degree of dignity in … final few days."

Observation of the serving of the lunch time meal, discussion with patients evidenced that the experience was a pleasure for patients irrespective of their dietary needs. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered.

RQIA left 10 relative questionnaires in the home for distribution by the registered manager; one was returned within the timescale for inclusion in this report. The respondent indicated that they were very satisfied with the care provided across the four domains. There were no additional comments recorded.

Ten questionnaires were left for staff; three were within the timescale for inclusion in this report. Staff respondents were very satisfied with the care provided across the four domains. There were no additional comments recorded.

Eight questionnaires were left for patients; three were returned within the timescale for inclusion in this report. Patients indicated that they were very satisfied or satisfied with their care across the four domains. One respondent indicated that they were unhappy with the food provided. This was discussed with the registered manager who agreed to address this with the person concerned.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to enable them to have contact with the registered manager as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, and complaints. The records of audit evidenced that any identified areas for improvement had been addressed and checked for compliance. Audit outcomes also informed the monthly quality monitoring process undertaken by the responsible individual.

Review of records for May 2017 evidenced that quality monitoring visits were completed on a monthly basis. Recommendations were made within the report to address any areas for improvement and these were re audited on subsequent visits. Copies of the quality monitoring visits were available in the home.

A review of notifications of incidents submitted to RQIA since 1 April 2017 evidenced that a number of events had not been notified in accordance with Regulation 30. An area for improvement was previously identified. Refer to section 6.4.

Discussions with staff confirmed that good working relationships and effective teamwork were well established and that management were responsive to any suggestions or concerns raised. Staff confirmed that there was a clear organisational structure within the home. In discussion, patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

It was demonstrated that the registered manager was leading and managing her team and the home. Compliance with the areas for improvement identified will further enhance the quality of care and services provided by Kintullagh.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jill O'Neill, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that events are notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Ref: Section 6.4
	Response by registered person detailing the actions taken: Manager forwarded 3 notifications in retropect as per feedback and has since inspection prominantly displayed notification critreria for future reference
Area for improvement 2 **Ref:** Regulation 27 (4) (c) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that the use of the manual keypad lock on the door to the main staircase is reviewed in conjunction with the home's fire risk assessor; and to ensure that fire exits and routes to fire exits are not obstructed by equipment/furniture. RQIA should be notified when this review has been completed and of the decision/s made. Ref: Section 6.4
	Response by registered person detailing the actions taken: The manual key pad was disbled on the day of the inspection. A fire risk assessment review has been organised for 04.08.17 . Manager will notify inspector of findings of assessment
Area for improvement 3 **Ref:** Regulation 13 (1) **Stated:** First time **To be completed by:** 20 July 2017	The registered person shall review the use of keypad locks within the nursing home in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLs); and the home's registration categories. Ref: Section 6.4
	Response by registered person detailing the actions taken: Manager reviewed the keypad system in conjunction with guidance and home's registration on 20.07.17 and the exit code is now displayed near the key pad panel. The entrance code for the keypad is not displayed in the residents' best interests

<table>
<tr><td rowspan="2">Area for improvement 4

Ref: Regulation 12 (1)

Stated: First time

To be completed by:
Immediate action required</td><td>The registered provider shall ensure that pressure relieving mattresses are set at the correct weight for the patient for whom it is prescribed and that staff are aware of the risks to patients’ health and well being when the correct setting is not maintained.

Ref: Section 6.5</td></tr>
<tr><td>Manager checked all mattress settings against the weights of the residents on the day of inspection, 3 were adjusted. A check for this was inplace but not correctly completed. The weight is now recorded as a number on the bed for quick reference against the pump settings and a supervision was completed with night staff on 23.06.17 by the manager, explaining importance of the checks in place and effects of incorrect mattress settings</td></tr>
<tr><td colspan="2">Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 37.5

Stated: First time

To be completed by:
31 July 2017</td><td>The registered person shall ensure that staff are aware of how to alter records in accordance with Nursing and Midwifery Council (NMC) guidance, care standards and legislative requirements.

Ref: Section 6.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Staff meeting was held on 21.07.17 and correct alterations of records was discussed as part of the agenda. Mintues of staff meetings are displayed in the staff room for staff reference.</td></tr>
</table>

***Please ensure this document is completed in full and returned via Web Portal ***

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