

Unannounced Follow Up Care Inspection Report 19 August 2017



Kintullagh Care Home

Type of Service: Nursing Home
Address: 36 Westbourne Avenue, Ballymena, BT43 5LW
Tel No: 02825654444
Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 nursing home registered to provide nursing and residential care for up to 61 persons.

3.0 Service details

<p>Organisation/Registered Provider: Runwood Homes Ltd</p> <p>Responsible Individual: Mr Gavin O’Hare-Connolly</p>	<p>Registered Manager: Ms Jill O’Neill</p>
<p>Person in charge at the time of inspection: Mrs Evelyn Thom (Nurse in charge)</p> <p>Mrs Julie Ann Jamieson Deputy Manager arrived at 11.45</p>	<p>Date manager registered: 14 April 2016</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>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</p>	<p>Number of registered places: Total number of registered beds: 61</p> <p>Comprising: 1 – NH-LD 3 - RC-I, RC-MP (E), RC-PH (E). 57 – NH-I, NH-PH</p>

4.0 Inspection summary

An unannounced inspection took place on 19 August 2017 from 10.20 to 15.45 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.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd., a lay magistrate issued an order to cancel that home’s registration. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in Kintullagh Care Home.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Patients spoken with stated that they felt well cared for in the home and that they felt safe. All stated that they enjoyed the food in the home and raised no areas of concern.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Jill O'Neill, Registered Manager, by telephone on 21 August 2017, and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 19 July 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 July 2017.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with ten patients, eight staff member and three patient's visitors/representatives.

The following records were examined during the inspection:

- duty rota for all staff weeks commencing 6 August 2017 and 13 August 2017
- incident and accident records
- four patient care records
- patient care charts including food and fluid intake charts
- records and information available relating to adult safeguarding
- records pertaining to the management of nutrition
- records regarding agency staff inductions
- fire safety records including PEEPS, fire plan and fire risk assessment

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to Ms Jill O’Neill, Registered Manager, by telephone on 21 August 2017.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 July 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that events are notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.	Met
	Review of notifications received by RQIA in conjunction with a review of the record of notifications retained in the home confirmed all relevant events had been notified to RQIA. Discussion with the nurse in charge and the deputy manager demonstrated they were knowledgeable of their responsibilities in this regard.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>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.</p> <p>RQIA should be notified when this review has been completed and of the decision/s made.</p> <p>It was observed that the manual keypad lock on the door to the main staircase had been disabled.</p> <p>Fire exits and routes to fire exits were free from obstruction throughout the inspection.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>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.</p> <p>It was confirmed that the exit code was displayed near the key pad panel. The entrance code for the key pad panel is not displayed in the resident's best interests.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>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.</p> <p>The deputy manager confirmed that a system has been implemented to ensure patient's most recent recorded weight is provided and their mattress is set accordingly. A check is undertaken by night staff. Discussion with staff confirmed they were knowledgeable in this regard.</p>	<p>Met</p>

Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
Area for improvement 1 Ref: Standard 37.5 Stated: First time	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.	Met
	Review of records confirmed record keeping was in accordance with Nursing and Midwifery Council (NMC) guidance, care standards and legislative requirements. The deputy manager confirmed that a staff meeting had been held following the previous inspection and staff were reminded of their responsibility in this regard.	

6.3 Inspection findings

Management arrangements

The registered manager of the home is Ms Jill O'Neill. At the time of this inspection the registered manager and deputy manager were off duty and the nurse in charge of the home was Mrs Evelyn Thom. The deputy manager joined the inspection later in the morning and assisted in the facilitation of the inspection. The deputy manager confirmed that either she or the registered manager provide on-call cover at weekends to support the nurse in charge.

The home is managed in three units; a nurse was delegated with responsibility for the patients accommodated in each unit. Discussion with staff confirmed they were aware of who was responsible for the patients in each unit and of the nurse in charge of the home.

Discussion with the nurse in charge confirmed the home's on-call arrangements for out of hours and weekends. The nurse in charge was able to confirm the identity of the on-call person for the weekend. The nurse in charge evidenced that they were very knowledgeable regarding the staffing levels in the home, the numbers of patients in each unit and had current knowledge of wounds, falls, patients' identified as being at risk of poor nutrition and poor fluid intake. The nurse in charge was also aware of the actions to be taken in regards to an incident occurring or a safeguarding issue occurring. Staff spoken with confirmed that they would have no hesitation in speaking with nurse in charge, the deputy manager or the manager should it be required.

The nurse in charge was able to describe the procedure for referring concerns to adult safeguarding. An adult safeguarding standard operating procedure (SOP) was available and included contact details of all Trust adult safeguarding teams including out of hours contact details.

Care delivery

The nurse in charge of the home and the designated person in charge of each unit had sound knowledge of the patients in their care. They were able to demonstrate this through their understanding of the patients current conditions, this included; wounds, falls, food and fluid intake. Discussion with staff in each of the three units identified no difficulties about the delivery of care. Daily personal care records had been maintained in respect of areas such as bathing, hair care, oral hygiene, nail care, eye care and ear care.

Staff spoken with were of the opinion that care delivery was of a good standard and that staffing was appropriate to meet the needs of patients in a timely way. Patients were observed to be appropriately dressed and observation of care delivery evidenced that patients' hygiene and continence needs were being addressed in accordance to patients' requests or their needs.

Discussion with the deputy manager confirmed that on a monthly basis the number, type, place and outcome of falls are analysed to identify patterns and trends on falls in the home in order to prevent recurrence were possible. The nurse in each unit was able to identify patients who were at high risk of falling. The review of patient care records evidenced that falls risk assessments and corresponding care plans were reviewed and updated on a regular basis or when there was a change in patient needs. Care records reflected that in the event of an accident or incident occurring to a patient, the management, the patient's General Practitioner and the next of kin were informed.

Food and fluid intake charts were completed when patients were identified as having weight loss recorded and/or where patients were receiving supplements to enhance nutritional requirements. A monthly weight chart was maintained for all patients accommodated in the home. The chart was colour coded to highlight weight lost and weight gained. A review of two patient care records where weight loss had been identified confirmed that appropriate referrals had been made to health professionals such as dieticians, speech and language therapist and/or general practitioners. Nutritional risk assessments had been updated monthly or more often as required. Patients' care plans had been updated to reflect recommendations made by health professionals. There was evidence of regular dietetic review within patients' care records.

Staffing arrangements

The planned staffing arrangements were in place on the day of inspection and a review of the duty rosters from 06 August to 20 August 2017 evidenced that the planned staffing arrangements were generally adhered to. The nurse in charge stated that the only time they deviate from the planned staffing is during staff sickness given at short notice. The nurse in charge stated that shifts generally do get covered and there are contingency plans in place so that staff can access agency staff if needed. The nurse in charge was aware of the contingency plans and confirmed that duty rotas were usually planned well in advance.

The nurse in charge confirmed that an agency nurse is only needed at night to cover annual leave, however a nurse is due to commence in the home shortly which will further reduce reliance on agency staff.

It was confirmed that there was a formal induction programme for an agency nurse, a copy of the template of the induction for agency staff was provided. Discussion with members of staff on duty confirmed that agency staff are always provided with an induction prior to commencement of their shift. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. There were no concerns raised by staff in respect of the staffing arrangements.

Equipment

Staff confirmed that they had ready access to equipment, for example; pressure relieving mattresses or alarm/pressure mats. Staff were aware of the actions to take should specialised equipment be required out of hours or when equipment becomes faulty and stated that various items of equipment were available in a store in the home.

However review of the complaints record revealed that a complaint had been made regarding the absence of a pressure relieving mattress for a patient for three days. This issue was discussed with Ms O'Neill who confirmed that learning from the complaint has been to ensure that pressure relieving mattresses or alarm/pressure mats in storage are regularly checked to ensure they are in working order and ready for use.

A random sample of call bells were checked in identified rooms within in the home. The call bells tested were found to be in working order and wall panels identified the rooms in which the call bells were tested. Staff were observed answering the call bells in a timely manner. Staff confirmed that pressure mats in use in the home were in good working order.

Behaviours that challenge

The nurse in charge was able to demonstrate an understanding of how to recognise and manage behaviours that challenge. Staff discussed one patient who had a history of displaying behaviours that challenge. Staff spoken with expressed confidence with regards to managing the patient's behaviours in compliance with multidisciplinary guidance which had also been recorded in the patient's care records. The review of the care records of the patient evidenced a person centred care plan had been developed and staff were responding appropriately and maintained the dignity of the patient. There was evidence of good communication with family members in the patients care records.

Environment

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was warm and fresh smelling throughout. Housekeeping staff on duty stated that they had adequate stock of cleaning products and equipment.

Discussion with patients, their family members and with staff demonstrated that the considered the environment to be well maintained at all times.

One cantilever table in a communal lounge was noted to have broken surfaces which would prevent effective cleaning. This was discussed with Ms O'Neill who confirmed the table would be removed from use and a replacement table provided.

Fire safety

There was a fire safety plan in operation, staff spoken with were aware of the fire plan. The fire zones were easily identified throughout the home. The nurse in charge had full knowledge of the action to be taken in the event of the fire alarm sounding. Fire exits and corridors were observed to be clear of clutter and obstruction. An area for improvement in relation to fire safety, made under regulation at the last care inspection, had been met.

Personal emergency evacuation plans (PEEP) had been completed for all patients accommodated in the home and a list of the PEEPs was retained in an identified area in the foyer should an emergency occur in the home. A recent fire risk assessment had been conducted on 30 September 2016. Discussion with the deputy manager and review of the environment confirmed that both recommendations made in the assessment had been addressed. The deputy manager also confirmed that arrangements have been made for the annual review of the fire risk assessment.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)