



Announced Care Inspection Report

27 May 2020



Kintullagh Care Home

Type of Service: Nursing Home (NH)
**Address: 36 Westbourne Avenue, Carniny Road,
Ballymena, BT43 5LW**
Tel No: 028 2565 4444
Inspector: Mandy Ellis

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

<p>Organisation/Registered Provider: Runwood Homes Ltd</p> <p>Responsible Individual(s): Gavin O'Hare-Connolly</p>	<p>Registered Manager and date registered: Mrs Sarah Holmes - acting manager (no application required)</p>
<p>Person in charge at the time of inspection: Mrs Sarah Holmes – acting manager</p>	<p>Number of registered places: 61</p> <p>There shall be a maximum of 1 named patient in Category NH-LD. There shall be a maximum of 3 named residents receiving residential care in category RC-I.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 54</p>

4.0 Inspection summary

An announced inspection took place on 27 May 2020 from 11.15 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

RQIA received information via the RQIA duty desk on 20 May 2020 which raised concerns in relation to the provision and use of Personal Protective Equipment (PPE) and infection prevention and control (IPC) practices in the home. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection.

The following areas were examined during the inspection:

- Staffing
- Personal Protective Equipment
- Infection Prevention and Control/Environment
- Care delivery
- Governance and management arrangements

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4*	6*

*The total number of areas for improvement includes two under regulation and six under the standards, which were not reviewed and have been carried forward for review at a future care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sarah Holmes, manager and Caron McKay, regional 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.

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.

The following records were examined during the inspection:

- the duty rota from 18 to 31 May 2020
- a sample of governance audits/ records
- a sample of monthly monitoring reports.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met. The remainder of the quality improvement plan from the previous inspection will be reviewed at a future inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 11 and 12 November 2019.

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 14 (2) (a)(c) Stated: Second time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to those areas identified in this report.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 29 Stated: Second time	The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. This relates specifically to the effective and meaningful review of patients' assessed needs against the home's registered categories of care.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that accidents/incidents are effectively monitored and analysed on a monthly basis in order to quality assure patient care and service delivery.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 44 Stated: Second time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff receive individual, formal supervision/appraisal in keeping with best practice standards.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 44 Stated: First time	The registered person shall ensure that all rooms are used only in accordance with their designated purpose at all times.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 18 and 35 Stated: First time	The registered person shall ensure the following in regard to the management of restrictive practices: <ul style="list-style-type: none"> • a comprehensive and person centred care plan and risk assessment which details the nature, reason and duration for the restrictive measure; the care plan should also evidence appropriate collaboration with the patient, their representative and the multiprofessional team, as necessary • regular review of the restrictive measure which demonstrates that it remains necessary, proportionate and the least restrictive intervention available • meaningful and effective completion of restrictive practice audits within the home and review by the manager 	Carried forward to the next care inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 5 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 	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 6 Ref: Standard 16 Stated: First time	The registered person shall ensure that complaints records are maintained in an effective and robust manner at all times and in keeping with best practice standards.	Met
	Action taken as confirmed during the inspection: A review of complaints records evidenced that these are now maintained in an effective and robust manner and are reviewed and actioned by the manager.	
Area for improvement 7 Ref: Standard 35 Stated: First time	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, restrictive practice audits and dining experience audits.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed the duty rotas for the period 18 to 31 May 2020. During the inspection we discussed staffing levels with the manager who confirmed that these levels were subject to regular review to ensure that the assessed needs of the patients were met. On the day of the inspection we observed that staffing levels were in keeping with those indicated by the staff roster. A review of the duty rotas reflected that the planned daily staffing levels were adhered to. Two staff spoken with told us that there was not enough staff on duty, particularly during the morning routine; this was discussed with the manager at the end of the inspection. We observed that staff answered call bells promptly and patients' needs were met in a timely and caring manner.

6.2.2 Personal Protective Equipment (PPE)

We observed that there was a supply of PPE and hand sanitisers at the entrance to the home. Signage had been placed at the entrance which provided advice and information about COVID-19. PPE stations were well stocked throughout the home; the manager told us that these were regularly replenished.

Staff were observed to use PPE appropriately during our visit and told us that they had received training in the correct method of donning and doffing of PPE; infection prevention and control measures and hand hygiene. Staff were observed to carry out hand hygiene at appropriate times and were adhering to the home's uniform policy. Staff told us that they felt safe with the PPE they were provided with and that they were aware of the latest guidance in regard to wearing PPE. Patients who were spoken with expressed no concerns in relation to staff having to wear PPE such as face masks.

6.2.3 Infection prevention and control/environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, toilets, lounges, dining rooms and storage areas. We observed that corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. A sample of bedrooms viewed were clean, warm and had been personalised with items that were meaningful to each patient. The storage of patients' clothes in bedroom drawers and wardrobes was untidy in several bedrooms. This was discussed with the manager who began to address this during the inspection; this will be reviewed at a future inspection.

A number of bed rail protective covers were found to be damaged and ripped and therefore could not be effectively cleaned. This was discussed with the manager who agreed to audit the quality of all the bed rail protective covers in use within the home in order to replace any damaged ones as needed. A number of identified light pull cords had not been covered in keeping with IPC best practice. This was discussed with the manager and an area for improvement was made.

On our walk around the home we observed food and fluid thickening agents stored in an area accessible to patients. This was discussed with the manager who ensured that these were placed in a secure area during the inspection. An area for improvement was made.

6.2.4 Care delivery

We observed that patients were dressed in clean clothes and were well groomed. Patients were also noted to be content and settled in their surroundings. Staff were attentive and activities were provided to patients who chose to stay in their rooms.

The manager told us that while visits from patients' families/friends had been suspended due to the COVID-19 outbreak, arrangements were in place to maintain contact between patients and their families and loved ones with the use of technology, for example, video calling. The manager also stated that patients' families are provided with regular updates from staff.

Patients spoken with commented positively about living within the home; they told us:

"The staff are awful good."

"The staff are very good."

"I feel safe here... the staff are kind."

"I am very happy and well looked after."

6.2.5 Governance and management arrangements

Staff commented positively about working in the home and told us that they felt supported by the manager. Staff told us that they were well informed and kept up to date in regard to any changing guidance relating to COVID-19.

A review of audit records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. The monthly monitoring reports from February 2020, March 2020 and April 2020 were reviewed. It was noted within these reports that actions undertaken by the manager to address any areas for improvement were not consistently documented. This was discussed with the manager and will be reviewed at a future inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery, communication with staff and the recommended use and availability of PPE.

Areas for improvement

Areas for improvement have been identified in relation to infection prevention and control practices and the storage of food and fluid thickeners.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3 Conclusion

On the day of the inspection we observed that patients were attended to by staff who treated them with kindness, care and compassion. The home was observed to be clean and tidy throughout and no concerns were noted in regard to the use of PPE by staff.

The inspection resulted in two new areas for improvement relating to infection prevention and control practices, and the storage of thickening agents. Areas for improvement arising from the previous inspection which were not reviewed have been carried forward to the next inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sarah Holmes, manager and Caron McKay, regional 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to those areas identified in this report.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 29 Stated: Second time	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. This relates specifically to the effective and meaningful review of patients' assessed needs against the home's registered categories of care.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that prescribed thickening agents for food and fluids are securely stored at all times.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Lock placed on door in dresser in Willow dining room, thickener locked here for use during meal times. Other thickeners in the home locked in cupboards in locked treatment rooms.</p>
Area for improvement 4 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the identified IPC shortfalls identified are resolved in order to minimise the risk and spread of infection. This relates specifically to the use of covers for both bedrails and light pull cords.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p>

	New bedrail covers purchased and breeched ones disposed of. Plastic covering added to all lightpulls.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 12 November 2019	The registered person shall ensure that accidents/incidents are effectively monitored and analysed on a monthly basis in order to quality assure patient care and service delivery. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 44 Stated: Second time To be completed by: 24 December 2019	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff receive individual, formal supervision/appraisal in keeping with best practice standards. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
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	Ref: 6.1
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	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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



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