

Inspection Report

17 and 18 July 2023



Kintullagh Care Home

Type of Service: Nursing Home
Address: 36 Westbourne Avenue, Carniny Road,
Ballymena, BT43 5LW
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Kathryn Homes Ltd</p> <p>Responsible Individual Mr Stuart Johnstone</p>	<p>Registered Manager: Mrs Dana Patterson</p> <p>Date registered: 7 February 2023</p>
<p>Person in charge at the time of inspection: Mrs Dana Patterson</p>	<p>Number of registered places: 61</p> <p>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.</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>
<p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 July 2023 from 9.30 am to 5.00 pm and on 18 July 2023 from 10.00 am to 6.00 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.

Patients told us they were happy living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable about their patients' needs.

Areas for improvement were identified and are included in section 6.0 of this report.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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.

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, "Excellent", "Very good" and "Friendly". Patients also told us, "They cannot do enough for you", "I am well looked after", "The food is first class" and "10/10 for the staff". Relatives and visitors told us they were very happy with the care their loved one received and had no complaints.

Staff told us teamwork was good and that they were mostly satisfied with the staffing levels. This is discussed further in section 5.2.1.

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 19 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: Second time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance. This specifically relates to: <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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
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.	

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p style="text-align: center;">Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that repositioning records evidence:</p> <ul style="list-style-type: none"> • mistakes or errors are corrected in line with best practice guidance where a patient is assessed as requiring the assistance of two staff to reposition; two staff signatures are seen on the repositioning records. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and a new area for improvement has been identified to drive the specific improvements required. This is discussed further in section 5.2.2.</p> <p>This area for improvement has been subsumed into a new area for improvement.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at recruitment. On the day of the inspection recruitment records for one staff member, who was transferred from a sister home, were not complete. This was discussed with the manager who provided written assurances following the inspection that the necessary checks had been completed and the recruitment file was updated.

The manager told us that the agency staff received an induction to the home prior to commencing their first shift; however, a record of these completed inductions was not maintained for all agency staff. The importance of maintaining these records was discussed with the manager and an area for improvement was identified.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff told us they were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety.

Staff said there was good teamwork and that they felt well supported in their role, staff were mostly satisfied with the staffing levels in the home, however, some were not. Concerns raised by staff were shared with the manager for their action and review as needed. Staffing arrangements were discussed with the manager who told us that staffing was kept under review to ensure staffing levels are maintained. Patients did not raise any concerns on the staffing arrangements. Observation of care delivery on the day of inspection identified no concerns. Care was delivered in a timely, caring and compassionate manner.

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 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Patients were mostly well presented, however, a small number of patients required further attention in regard to facial hair. This was discussed with the manager and was addressed at the time of inspection.

A sample of care plans were reviewed and these evidenced risk assessments were completed on admission and reviewed thereafter. Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

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

Deficits in the care documentation for patients who were prescribed a repositioning regime and pressure relieving equipment was evidenced. 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 'p/ relief' and changes to these documents were made not in keeping with best practice guidance making some charts difficult to read. The previous area for improvement identified in April 2023 was assessed as partially met. This was discussed with the manager and a new area for improvement was identified.

Patients who required bespoke one to one care had care plans in place, however, these care plans were not patient centred and lacked sufficient specific details of the one to one care required. Observations on the day of inspection evidenced a lack of social engagement, from some staff providing one to one care, with their patients. These concerns were discussed with the manager and two areas for improvement were identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff were observed to be attentive to patients during the mealtime offering encouragement. Patients dined in their preferred dining area and told us they enjoyed their meal. Menus were not displayed in the dining areas during the first day of the inspection, however, were available the second day to allow patients to know what options were available to them. The enhancement of the provision of modified meals and the dining experience was discussed with the manager and this will be further reviewed at the next inspection.

Food served appeared appetising and nutritious. Eating and drinking care plans were available to staff and were reflective of speech and language therapy recommendations. Nutritional risk assessments were completed monthly to monitor for weight loss and weight gain. A record of the food and fluids consumed by the patient was maintained.

Evaluations of the care provided were recorded on a daily and monthly basis. Some of these records evidenced a lack of detail and were not patient centred. This was discussed with the manager who agreed to address this. Progress with evaluations of care will be reviewed at the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

While most areas of the home were found to be clean, some of the equipment such as armchairs, wheelchairs, shower chairs and manual handling equipment was not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to patients' health and wellbeing. Patients had access to various rooms along the service corridor in the home that contained potential hazards such as cleaning chemicals and maintenance equipment. A thickening agent was found accessible within one dining room. This was discussed with the manager and an area for improvement was identified.

Two doors were observed to be propped open preventing closure in the event of a fire alarm sounding. This was discussed with the manager and an area for improvement was identified.

Staff members were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were readily available throughout the home.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Patients were observed enjoying listening to music and watching TV, while others enjoyed a visit from relatives. A programme of activities was available for patients and included breakfast club, arts and crafts and exercise classes. Patients were observed attending the hairdresser and in the afternoon a number of patients were observed to be enjoying Fit and Fun. Patient's told us they enjoyed the activities in the home, although, they felt there could be more. Records were maintained of the activities completed by the wellbeing lead, however, the arrangements for activities when the wellbeing lead when not on duty was not clear. The arrangements for activities was discussed with the manager for their review and action as appropriate. This will be further reviewed at the next inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Dana Patterson has been the registered manager in this home since 23 February 2023.

Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, restrictive practice, patients' weights, staff training and the environment.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A compliment's log was maintained to record any compliments received in the home. The manager confirmed that all compliments received would be shared with the staff.

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 (December 2022.)**

	Regulations	Standards
Total number of Areas for Improvement	4	4*

* the total number of areas for improvement includes one under the standards that has been stated for a second time and one under the standards that has been 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 and Leanne McGaffin, Regional Operations Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 30 September 2023	<p>The registered person shall ensure detailed and patient centred care plans are in place for those patients who require bespoke one to one care.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All care plans and risk assessments reviewed and plan for monthly review in place for residents with bespoke 1 - 1 care package. Care plans evaluated montly. Copy kept in 1 - 1 carer file</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure monitoring and governance arrangements in relation to infection prevention and control (IPC) practices are effective in identifying shortfalls in practice. This is stated in reference but not limited to the cleaning of equipment.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Walkarounds completed daily by Home Manager and any issues addressed immediately and/or delegated to staff and signed by home manager . Domestic cleaning peperwork is signed off by home manager. Night time cleaning schedule in place and signed by the home manager. IPC issues raised at flash meetings</p>
Area for improvement 3 Ref: Regulation 14 (2) (C) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety. This stated in reference to:</p> <ul style="list-style-type: none"> • the access hazards identified in the service corridor • access to thickening agents. <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: walkarounds completed daily by Home Manager and any issues addressed immediately. Flash meetings address securing doors and storing items appropriatley. All staff attend practical COSHH training sessions and e-learning modules</p>

Area for improvement 4 Ref: Regulation 27 (4) (b)(d)(i) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the practice of propping open of doors ceases. Ref: 5.2.3 Response by registered person detailing the actions taken: All doors are checked throughout walkrounds daily by Home Manager. Notices displayed on doors to keep them locked. Keypads/fireguards installed as required
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 8 August 2022	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. Ref: 5.1 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 23 Stated: First time To be completed by: 30 September 2023	The registered person shall carry out a review of the home's repositioning records to ensure staff are completing these contemporaneously and accurately. Where necessary staff are reminded to complete the home's own forms, in full, as directed by the form. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Repositioning charts checked throughout each shift by staff nurses. They are checked by the home manager at flash meetings. Plan to move repositioning records to gold crest
Area for improvement 3 Ref: Standard 39 Stated: First time	The registered person shall ensure all agency staff who work in the home are inducted on arrival to the home and evidence of the induction is maintained. Ref: 5.2.1

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Folder in place for agency staff with profiles and inductions in situ. Staff nurses informed via staff meetings and daily flash meetings of the importance of ensuring these are completed. Checked weekly by home manager.</p>
<p>Area for improvement 4 Ref: Standard 26 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure there is evidence of managerial oversight of how staff providing one to one care engage with patients, to ensure it is meaningful and enhances the patient's day.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: One to one staff completing daily activity sheet. Manager engages with one to one staff on walkarounds to ensure they are completing meaningful activites. Resident profiles displayed in Residents rooms to promote person-centred car</p>

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