



# Unannounced Inspection Report 19 November 2019



## Kilbroney House

**Type of Service: Nursing Home**  
**Address: 83 Kilbroney Road, Rostrevor, BT34 3BL**  
**Tel No: 028 41738600**  
**Inspector: Paul Nixon**

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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 registered nursing home which provides care for up to 19 patients with a variety of care needs, as detailed in Section 3.0

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Ms Jacqueline Ann Campbell</p> <p><b>Responsible Individual:</b> Ms Jacqueline Ann Campbell</p>	<p><b>Registered Manager and date registered:</b> Ms Jacqueline Ann Campbell 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Ms Gillian Campbell (Nurse in-Charge)</p>	<p><b>Number of registered places:</b> 19</p> <p>There shall be a maximum of 4 patients in Category NH-DE, a maximum of 10 patients in category NH-MP/MP(E), and a maximum of 2 patients in category NH-PH/PH(E). The home is also approved to provide care on a day basis to 1 person.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17</p>

### 4.0 Inspection summary

An unannounced inspection took place on 19 November 2019 from 09.50 hours to 13.10 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections 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 management of medicines, the environment and the dining experience.

One area requiring improvement from the most recent care inspection, relating to record keeping, was stated for a second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and/or professionals and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	*1

\*The total number of areas for improvement includes one which has been stated for a second time

Details of the Quality Improvement Plan (QIP) were discussed with Ms Gillian Campbell, Nurse-in-Charge, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 3 April 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

During the inspection we met with six patients and five members of care staff.

Questionnaires and 'Have We Missed You?' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined, which included ten patients' personal medication and medicine administration records.

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 care and medicines management inspections

Areas for improvement from the most recent care inspection dated 8 April 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was evidenced that the infection prevention and control issues identified at the most recent care inspection had been addressed. A robust system was in place to ensure compliance with best practice on infection prevention and control.	

Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4 Criteria (9)  <b>Stated:</b> First time	The registered person shall ensure that supplementary record keeping in relation to repositioning and food intake is enhanced to contain further details improving the accuracy of the recording.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Supplementary record keeping in relation to food intake had been enhanced. However, for one patient whose records were examined, repositioning records had not been maintained.  <b>This area for improvement has been partially met and has been stated for a second time.</b>	

There were no areas for improvement identified as a result of the most recent medicines management inspection

## 6.2 Inspection findings

### 6.3 Is care safe?

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

We arrived in the home at 09.50 hours and were greeted by the staff who were helpful and attentive. Some patients were seated in the lounge whilst others remained in bed, in keeping with their personal preference or their assessed needs. Four patients were being accompanied by two members of care staff on a shopping trip to Newry.

Observation of the delivery of care evidenced that staff attended to patients' needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by patients.

A sample of ten personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were normally being administered as prescribed. A couple of audit discrepancies were drawn to the attention of the nurse-in-charge.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience. Lunch commenced at 12.15 hours. Patients dined at the main dining area or at their preferred dining area such as their bedroom or the lounge. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also afforded choice of meal. Food was served warm from the kitchen when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted spoke positively of the food provision.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the admission process, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients enjoyed a nutritious meal.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 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.**

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.

Consultation with six patients confirmed that living in the home was a positive experience.

None of the questionnaires that were issued for patients or their representatives to complete were returned within the allocated time provided.

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.

### 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
<b>Total number of areas for improvement</b>	0	0

## 6.6 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.**

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All staff spoken to stated that they enjoyed working in the home and had suitable training opportunities.

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of medicine incidents. Staff confirmed that they knew how to identify and report incidents. Medicines related incidents reported since the last medicines management inspections were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.



## Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Ms Gillian Campbell, Nurse-in-charge, 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 Homes 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 via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 December 2019</p>	<p>The registered person shall ensure that supplementary record keeping in relation to repositioning and food intake is enhanced to contain further details improving the accuracy of the recording.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All record keeping for food in take has been enhanced and a meeting of staff was called to discuss the reason behind the lack of supplementary records on repositioning. It transpired that record sheets had recently run out and no request had been put in to replace these. It was decided by management that this type of record keeping will be audited weekly and a new enhanced Touch Screen recording system will be put into the home as soon as possible to allow staff to continue their recording with out running out of relevant paperwork</p>

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



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