

# Unannounced Care Inspection Report 30 December 2020



## Kilbroney House

Type of Service: Nursing Home  
83 Kilbroney Road, Rostrevor, BT34 3BL  
Tel no: 028 4173 8600  
Inspector: Heather Sleator

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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 nursing home registered to provide nursing care for up to 19 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Jacqueline Ann Campbell  <b>Responsible Individual:</b> Jacqueline Ann Campbell	<b>Registered Manager and date registered:</b> Jacqueline Ann Campbell 01/04/2005
<b>Person in charge at the time of inspection:</b> Jacqueline Ann Campbell	<b>Number of registered places:</b> 19 comprising: 10 – NH- MP and NH-MP(E) 4 – NH-DE, PH and PH(E) 1 – NH- PH and NH-PH(E)  The home is also approved to provide care on a day basis to 1 person.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 11

### 4.0 Inspection summary

An unannounced inspection took place on 30 December 2020 from 09.30 to 12.30 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. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

There were no areas for improvement identified as a result of this inspection. An area for improvement in respect of the fire risk assessor's report has been carried forward for review at the next inspection.

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>	1*	0

\*Carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Campbell, 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.

#### 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 we were unable to meet with patients as the manager stated that she had been advised by the local health care trust to keep the footfall of others in and to the home to a minimum to reduce the risk of infection to patients and staff. Therefore the focus of the inspection was in relation to infection prevention and control procedures. We met with three staff and questionnaires were also left in the home to obtain feedback from patients and patients' representatives. We provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 28 December 2020 to 3 January 2021
- three patients' care records
- staff training information in respect of infection prevention and control procedures and fire safety
- a sample of governance audits/records
- infection prevention and control procedures
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care, estates and medicines management inspections were reviewed and assessment of compliance recorded as met and carried forward for review at the next inspection.

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 previous inspection(s)

The most recent inspection of the home was an unannounced premises inspection undertaken on 11 December 2019. The quality improvement plan of the care inspection of 3 April 2019 and the medicines management inspection of 19 November 2019 were also reviewed.

Areas for improvement from the last care inspection		
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> Observation of the premises confirmed that personal protective equipment (PPE) was readily available throughout the home and that staff were adhering to regional guidance regarding the wearing of PPE. Infection prevention and control audits were reviewed and had been completed on a regular basis.	

Action required to ensure compliance with The Care Standards for Nursing Homes (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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> New comprehensive recording templates had been introduced in respect of repositioning. The computerised system in respect of recording patients' nutritional intake had been updated and provided for greater accuracy when recording.	

### Areas for improvement from the last estates inspection

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 27.(4)(a)  <b>Stated:</b> First time	The registered person shall submit a copy of a current valid fire risk assessment to RQIA	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been carried forward for review at the next inspection. Refer to 6.2.2	

### Areas for improvement from the last medicines management inspection

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4 Criteria (9)  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 December 2019	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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> New comprehensive recording templates had been introduced in respect of repositioning. The computerised system in respect of recording patients' nutritional intake had been updated and provided for greater accuracy when recording.	



## 6.2 Inspection findings

### 6.2.1 Staffing

The duty rota accurately reflected the staff working in the home. The person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures. The manager stated that staff had received further training from the Public Health Agency (PHA) recently when an infection prevention and control audit had been undertaken by the agency.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

### 6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of staff temperature and symptom checks taken when on duty and that the information was recorded. Records were available and viewed at the time of the inspection.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Visiting arrangements were pre-arranged with staff and a 'pod' was located in the garden room of the home which had been designated for visiting. The location of the visitors' pod meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff. The home was closed to visitors at the time of the inspection.

A full inspection of the internal environment was not undertaken at this time due to Covid-19. The manager advised that she had been advised to keep the footfall of others in and to the home to a minimum to reduce the risk of infection to patients and staff.

A copy of the most recent fire risk assessment report was not available at the time of the inspection due to the disruption to services by the current health care situation. The fire risk assessor was in contact with RQIA via email on 18 January 2021 and discussed the rationale for the unavailability of the report. This information was forwarded to RQIA's

estates inspector who subsequently advised that due to the current situation the area for improvement identified at the estates inspection of 11 December 2019 should be carried forward for review at the next inspection. The review of the record of fire drills undertaken evidenced that these were occurring on a regular basis and staffs' attendance at any drill was recorded.

### 6.2.3 Care records

We reviewed three care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The focus on the review of care documentation was in relation to the management of Covid-19 for the patients. The review evidenced that there were specific care plans for each of the patients regarding any infectious disease.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis, the last review being undertaken on 12 December 2020. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included.

### 6.2.4 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. Staff spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented, "The manager is very good and is always available."

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

The manager is also the responsible person (registered provider) and as such a monthly quality monitoring visit and report, as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 was not required. The responsible person who is also the manager was in the home on a daily basis and was fully involved in all aspects of the operation of the home and the care afforded to 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



### 6.3 Conclusion

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Campbell, 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 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2020	The registered person shall submit a copy of a current valid fire risk assessment to RQIA.  Ref: 6.1  <b>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.</b>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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