Unannounced Care Inspection Report
3 April 2019

Kilbroney House

Type of Service: Nursing Home
Address: 83 Kilbroney Road, Rostrevor BT34 3BL
Tel No: 02841738600
Inspector: Dermot Walsh

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.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 18 patients.

3.0 Service details

Organisation/Registered Provider: Jacqueline Ann Campbell **Responsible Individual:** Jacqueline Ann Campbell	**Registered Manager and date registered:** Jacqueline Ann Campbell 1 April 2005
Person in charge at the time of inspection: Jacqueline Ann Campbell	**Number of registered places:** 19 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.
Categories of care: 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 18

4.0 Inspection summary

An unannounced inspection took place on 3 April 2019 from 09.30 hours to 16.30 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection 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 staff recruitment, training and development, quality improvement, risk assessment and care planning. Further good practice was found in relation to teamwork, delivery of compassionate care and with maintaining good working relationships.

Areas requiring improvement were identified in relation to compliance with best practice on infection prevention and control guidelines and supplementary record keeping in respect of repositioning and food intake.

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 staff.

Comments received from patients, the people who visit them 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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Jaqueline Campbell, registered manager/responsible individual, and Pauline Campbell, nurse 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.

4.2 Action/enforcement taken following the most recent inspection dated 17 April 2018

The most recent inspection of the home was an unannounced care inspection. 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 previous inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

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.

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.
A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff week commencing 25 March 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment files
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 inspection dated 17 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 April 2018

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 20 (3) **Stated:** First time	The registered person shall ensure that registered nurses given the responsibility of taking charge of the home in the absence of the registered manager will have completed a competency and capability assessment for the nurse in charge role.	**Met**

	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that this area for improvement has now been met.	
Area for improvement 2 **Ref**: Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	**Met**
	Action taken as confirmed during the inspection: Chemicals were not observed accessible to patients in any part of the nursing home.	
Area for improvement 3 **Ref**: Regulation 19 (1) (b) **Stated:** First time	The registered person shall ensure that patient care records maintained within the home are stored securely in line with legislative and professional guidance.	**Met**
	Action taken as confirmed during the inspection: Patient care records had been stored securely and in line with legislative and professional guidance.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 48 Criteria (6) (8) **Stated:** First time	The registered person shall ensure that staff receive training on fire safety at least twice every year. A system should be developed to ensure all staff participate in a fire drill at least once a year.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of fire training records evidenced that this area for improvement has now been met.	
Area for improvement 2 **Ref**: Standard 12 Criteria (4) **Stated:** First time	The registered person shall ensure nutritional screening is conducted on all patients on a monthly basis or more often depending on individual assessed need unless this has been care planned as unnecessary such as in the case of end of life care.	**Met**

	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that nutritional screening had been conducted monthly.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 25 March 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that Access NI checks had been conducted. There was also evidence that the staff member had made an application to join the Northern Ireland Social Care Council (NISCC) register.

Regular checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

Staff consulted confirmed that they completed a structured orientation and induction programme when they commenced employment in the home. Staff confirmed that supernumerary hours were allocated to them at the commencement of their employment. These are hours in which staff were not counted within staffing numbers on the duty rota. This would give new staff the opportunity to work alongside a more experienced member of the team in order to gain knowledge of the homes policies and procedures. Staff spoke positively in relation to the induction process. The registered manager confirmed that all nursing and care staff were also mentored and coached through supervision and appraisal. A system had been developed to ensure that all registered nursing and care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal.

Discussion with registered nursing staff and a review of records evidenced that those who had been given the position of the person in charge of the home in the absence of the registered manager, had had a nurse in charge competency and capability assessment completed prior to taking charge of the home.

A record of any training that staff had completed was maintained in the home. The registered manager and staff described a new electronic system for training which had commenced during February 2019. The registered manager confirmed that face to face training would also be conducted where appropriate. Compliance with training was monitored monthly on an online training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the registered manager confirmed that they were aware of the regional safeguarding policy and procedures. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

The registered manager confirmed that there were no recent falls in the home. Likewise there were no wounds in the home requiring a dressing. Monitoring records for falls and wounds were maintained monthly.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Areas were identified in the home which were not in compliance with best practice on infection prevention and control guidelines. This was discussed with the registered manager and identified as an area for improvement. The registered manager discussed improvement plans in the home which included the development of a new rehabilitation unit.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development.

Areas for improvement

An area for improvement was identified in relation to compliance with best practice on infection prevention and control.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.5 Is care effective?

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

Patient care records were maintained electronically in the home. The electronic system was implemented in February 2019. There was evidence within three patients' care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and restraint. Care plans had been developed which were reflective of the risk assessments. The care plans had also been reviewed regularly or as the patients' needs changed. Registered nursing staff confirmed that there were no wounds in the home requiring dressing.

Dietary requirements, such as the need for a gluten free or diabetic diet, were communicated through staff handovers. Information also included the consistency of patients' food and fluids. Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional such as a dietician or a speech and language therapist. Patient care records also evidenced that advice received from health professionals were incorporated within the patients' care plans. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision in the home.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. An area for improvement was identified in relation to shortfalls in the recording of repositioning and with the recording of food intake. Repositioning and food intake records had been maintained, however, improvements in relation to the detail of recording were identified.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. As previously stated, the registered manager confirmed that there have not been any recent falls in the home.

When a restrictive practice, such as the use of bedrails or an alarm mat had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of restraint was monitored at the evaluation of the patients' care plans.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Each staff member was aware of their roles and responsibilities within the team. Comments from staff included teamwork was: "Brilliant" and "Everyone here gets on well". Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were: "very approachable" and "very friendly."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, care planning and teamwork.

Areas for improvement

An area for improvement was identified in relation to supplementary record keeping in respect of repositioning and food intake.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

A Kilbroney House newsletter was published on a quarterly basis which kept staff, patients and their visitors up to date with any changes or new improvements in the home. There was also evidence available that a survey had been conducted to ascertain patients' and visitors' views on the services provided by the home. The registered manager confirmed that once all surveys were returned; results would be collated and these would be published in the next quarterly newsletter.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Kilbroney House was a positive experience. Patient questionnaires were left for completion. Two were returned within the timeframe. Both respondents indicated that they were very satisfied that the home provided safe, effective, compassionate care and that the home was well led.

Patient comments:

"You couldn't get better than the care you get here."
"It is lovely in here. Lovely and clean. Nurses and manager are brilliant."
"I do feel safe. They treat me well."

Three patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. One was returned. The respondent indicated that they were very satisfied with care in the home. Some patient representatives' comments were as follows:

"The care here is very good."
"I will give this home a good."
"It really is a home from home."

Two questionnaires were returned which did not indicate if they were from a patient or their visitors. Both respondents indicated that they were very satisfied that the home delivered safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

"I love it. I am so happy in this home. Love the elderly."
"It is very busy work but also very enjoyable."
"Always a good laugh here."
"All staff and management are brilliant."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

Staff confirmed that the home's managers were 'very approachable' and 'always easily contactable' when not in the home to provide guidance or advice during and out of normal office hours.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the registered manager. As previously stated, the nurse in charge would have undertaken an assessment to ensure that they had the appropriate knowledge to fulfil this role.

The registered manager confirmed that they had not received any recent complaints in the home relating to patients' care or in relation to the provision of any service in the home. A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the registered manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, staff training and the environment.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	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 Jaqueline Campbell, registered manager/responsible individual and Pauline Campbell, nurse 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 13 (7) **Stated:** First time **To be completed by:** 2 May 2019	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. Ref: 6.4
	Response by registered person detailing the actions taken: All areas identified in the report have been addressed and a new audit tool is now in use to identify any problems in this area.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4 Criteria (9) **Stated:** First time **To be completed by:** 2 May 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. Ref: 6.4
	Response by registered person detailing the actions taken: The Template for recording the above details has been improved to ensure more detailed and accurate reporting.

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

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