

Unannounced Care Inspection Report 18 May 2017



Kilbroney House

Type of service: Nursing Home

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Inspector: Donna Rogan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Kilbroney Nursing Home took place on 18 May 2017 from 10.15 to 15.30.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. There was a refurbishment programme in place and the redecoration to date has enhanced the quality of the environment. Relevant audits are completed every month. There were no requirements or recommendations made in this domain.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. There was evidence of engagement with patients' and their representatives. There were no requirements or recommendations made in this domain.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Staff were knowledgeable regarding patient care and anticipated their needs and tended to them in a timely manner. There were only positive comments returned in the patient, relatives and staff questionnaires. Details of the comments made can be viewed in section 4.5. There were no requirements or recommendations made in this domain.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing. There were no requirements or recommendations made in this domain.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jacqueline Campbell, registered manager and Pauline Campbell, clinical nurse manager, as part of the inspection process and findings can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Jacqueline Ann Campbell	Registered manager: Jacqueline Ann Campbell
Person in charge of the home at the time of inspection: Jacqueline Campbell	Date manager registered: 1 April 2005
Categories of care: NH-MP, NH-MP(E), NH-DE, NH-I, NH-PH, NH-PH(E) There shall be a maximum of 4 patients in Category NH-DE, a maximum of 7 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.	Number of registered places: 19

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 12 patients individually and others in small groups, four care staff, two registered nurses and two ancillary staff members.

A poster indicating that the inspection was taking place was displayed and invited visitors/relatives to speak with the inspector. Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff. Ten patient, ten staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- compliment records
- incidents/accidents records since the last care inspection
- minutes of staff' meetings
- minutes of patient' and their representatives' meetings
- annual quality review
- medical alerts and safety action bulletins
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly quality monitoring reports in accordance with Standards for Nursing Homes, April 2015
- duty rota for the period 15 May 2017 to 4 June 2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 16 May 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the policies and procedures in relation to communicating effectively and palliative care are updated and implemented.</p> <p>Following the development of the new policy documentation in respect of communicating effectively and palliative and end of life care, a system should also be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The clinical nurse manager has reviewed all policies and procedures in the home. This includes the policy and procedures for palliative care and communicating effectively. The policies have also been endorsed by the registered nurse manager. A system is in place whereby staff signs the new policies to confirm that they are knowledgeable of the policy and regional guidelines.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p>	<p>The registered person shall ensure that selection and recruitment processes are in keeping with current best practice and the appropriate checks are completed prior to staff commencing employment. Any staff members without the required information in place should not work in the home until all the information as required in Regulation 21 Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 is in place.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of two staff members' selection and recruitment documentation evidenced that the process was in keeping with best practice and the appropriate checks are completed prior to staff commencing employment.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35:13 Stated: First time	The registered person should ensure that a register is maintained of staff registration numbers checked in keeping with Access NI.	Met
	Action taken as confirmed during the inspection: A register is now maintained of staff registration numbers which are checked in keeping the Access NI policy and procedures.	
Recommendation 2 Ref: Standard 44 Stated: First time	The registered person should ensure that a risk assessment is conducted in regards to potential ligature points at least annually. Records should be maintained.	Met
	Action taken as confirmed during the inspection: Confirmation has been received from the registered person that a risk assessment is conducted in relation to potential ligature points. This risk assessment is completed at least annually or more often if required.	
Recommendation 3 Ref: Standard 35.16 Stated: First time	The registered person should ensure there is an action plan in place to address the issues identified during the auditing of care records. The outcome of the audit should be shared with the named nurse.	Met
	Action taken as confirmed during the inspection: A review of the auditing process evidenced that the outcomes of audits are shared and actioned where appropriate by the named nurse. Records were maintained.	
Recommendation 4 Ref: Standard 35:2 Stated: First time	The registered persons should clearly identify management roles and responsibilities to ensure they are robust. Leadership and governance roles should be clearly defined, robust and well organised to enable the effective running of the home. The filing system should also be reviewed to facilitate this process.	Met
	Action taken as confirmed during the inspection: Leadership and governance roles have been reviewed and they are clearly defined. Management spoken with were aware of their roles and responsibilities and there was evidence that they robust.	

Recommendation 5 Ref: Standard 35:7 Stated: First time	The registered person should conduct a monthly report on the overall services provided. The registered manager should forward the completed monthly monitoring reports to RQIA until further notice.	Met
	Action taken as confirmed during the inspection: A monthly monitoring report is completed in the home and should continue to be completed by a designated person on a monthly visit as discussed.	

4.3 Is care safe?

The clinical nurse manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 15 May 2017 to 4 June 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients confirmed that they had no concerns regarding staffing levels. Comments were positive regarding staffing levels in the returned questionnaires. Please see section 4.5 for details.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with management and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The clinical nurse manager stated that the focus of this year's training was dementia care. 10 staff are currently completing a programme entitled, "Barbara's story" in conjunction with Dementia Together Health and Social Care and Dementia Learning and Development Framework. A high percentage of staff were also compliant with the home's policy on mandatory training requirements.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had been appropriately completed.

The senior staff and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The clinical nurse manager has been nominated as the "safeguarding champion" and has updated the policies and procedures to reflect the regional guidelines. The clinical nurse manager is currently sourcing training for the new roll. It was confirmed that any potential safeguarding concerns would be managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 31 May 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed by the registered manager every three months to identify any potential patterns or trends. A review of the accident records and audits evidenced that they were appropriately recorded. A monthly analysis of accidents is completed in order to ensure any preventative measures are taken in a timely way and any common trends are identified.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. All patients' bedrooms were personalised with photographs, pictures and personal items. A refurbishment/ redecoration plan is in place detailing dates of when works have been completed or are planned to be completed. A number of bedrooms have recently been refurbished and the work completed to date has enhanced the environment of the home.

All areas in the home were observed to be clean and tidy. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained.

Areas for improvement

There were no areas for improvement made in this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

A review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

All of the records reviewed had several assessments completed by allied health professionals and they were formulated as part of the care planning process. There was sufficient evidence in place to confirm that the advice provided by allied health professionals had been adhered to. One allied health care professional consulted with confirmed that their instructions were usually always adhered to.

The review of care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping. A review of personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff also confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. All those consulted with confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. Patients and representatives spoken with were confident in raising any concerns they may have with the staff and/or management.

On the day of inspection there were individual activities arranged for patients. The home has a bus specifically designed for patient use. On the day of inspection the bus was used three times to take a number of patients where they wanted to go throughout the day. A review of the log maintained of when the bus was used evidenced that it was out most days two or three times in order to facilitate patients' needs or personal requests. The clinical nurse manager confirmed that all staff with a valid driver's licence is insured to drive the bus. Entertainment is also provided regularly in the home. Patients are also involved in gardening in accordance with their personal preferences. The activity provision on this occasion was commended.

Areas for improvement

There were no areas for improvement identified in this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Kilbroney House. Staff confirmed during the inspection that when they raised a concern, they were happy that the home's management would take their concerns seriously.

Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Eight of the questionnaires were returned within the timescale for inclusion in the report. All staff questionnaire were positive regarding all aspects of safe, effective, compassionate care within a well led service.

The following comments were made during the inspection and in the returned questionnaires:

- "I love working here, it is like home from home."
- "Very satisfied that the service is well led."
- "I think the care is great here, patients get to do what they want within reason."
- "The management are so approachable, we are kept well informed."
- "I don't think I could work anywhere else, the patients are so well looked after."
- "The owners are here every day."
- "Pauline is like a mother to us".
- "We are completing a dementia course, which I am really enjoying."

12 patients were consulted both individually and in groups. 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. Ten patient questionnaires were left in the home for completion. Four of the questionnaires were returned in time for comments to be included in the report.

Some patient comments made during the inspection and in the returned questionnaires were as follows:

- “Very satisfied that care is safe in the home.”
- “Staff are very friendly.”
- “The staff are very good to me, my nurse is....”
- “Very satisfied that I am treated with dignity and respect and am involved in decisions affecting my care.”
- “Staff are so kind and considerate.”
- “I am really very well cared for in every way.”
- “Staff are so kind caring and attentive.”
- “I couldn’t complain about a thing.”

There were three patient representatives available for consultation during the inspection. Eight relative questionnaires were left in the home for completion. Two of the questionnaires were returned. All comments made were very positive.

Comments made during the inspection and in the returned questionnaires are as follows:

- “everything is taken into account and my relative is carefully looked after.”
- “very satisfied that the service is well led.”
- “this home is unbelievable, it’s the best.”
- “I could not fault the staff in this home they provide the best of care.”
- “This home is a credit to Jackie, Pauline and all the wonderful staff, my (relative) is so well looked after here.”
- “I am kept well informed, this is such a happy home and we are so lucky to have our (relative here).”

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room. Lunchtime commenced at 12:30. Most patients were seated around tables which had been appropriately laid out for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. A menu was available reflecting the food served. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients were observed to be assisted in an unhurried manner. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Areas for improvement

There were no areas for improvement in this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with senior management evidenced that there was a clear organisational structure within the home. Staff were able to describe what the senior management roles and responsibilities were. Senior management had a clear understanding of their definitive roles and all spoken with stated that they were aware of their job responsibilities. The clinical nurse manager also confirmed when senior management were on leave that the responsibilities were delegated in the registered manager's absence.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the senior staff nurse evidenced that the home was operating within its registered categories of care.

Discussion with staff and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception.

Compliments received were displayed on various notice boards throughout the home.

Some examples of compliments were displayed as follows:

- "We want to thank all of you for the loving care given to"
- "Thank you for the all the care given to ... whilst in Kilbroney."
- "Thank you for all your care and attention."

Discussion with the registered manager, clinical nurse manager and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, complaints and infection prevention and control.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring reports were completed in accordance with Care Standards for Nursing Homes April 2015. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Discussion was held regarding the continuation of these monthly reports and their relevance. It was agreed that the monthly monitoring reports should continue in accordance with the Care Standards. The registered manager confirmed that copies of the reports were made available for patients, their representatives, staff and trust representatives upon request.

Areas for improvement

There were no areas for improvement in this domain

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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