

Inspection Report

26 and 27 October 2022



Kilbroney House

Type of Service: Nursing Home
Address: 83 Kilbroney Road, Rostrevor, BT34 3BL
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Registered Provider: Jacqueline Ann Campbell Registered Person: Mrs Jacqueline Ann Campbell	Registered Manager: Mrs Jacqueline Ann Campbell Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Jacqueline Ann Campbell	Number of registered places: 18
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 18 patients. Patients' bedrooms are located over two floors in the home. Patients have access to communal lounge and dining areas and there are additional communal treatment rooms external to the home. Patients also have access to a well maintained garden area.	

2.0 Inspection summary

An unannounced inspection took place on 26 October from 9.40am to 3.00pm and on 27 October 2022 from 10.00am to 1.15pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on 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 and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

During the inspection we observed that a new building for laundry services was in the process of being built external to the main nursing home. An application to vary the registration of the home had not been submitted to RQIA prior to the commencement of the building works. This was concerning as two previous projects had been completed prior to RQIA approval and required retrospective variation application submissions. The issue was brought to the attention of the Responsible Individual (RI) who confirmed that the building work would be paused with immediate effect and that a full application to vary the registration of the home would be submitted to RQIA without delay.

Following the inspection an enforcement decision meeting was held on 4 November 2022 with senior management in RQIA to determine if enforcement action was required. Given the immediate action taken by the RI and that there was no risk to patient safety it was agreed that enforcement action was not required. The registered person was reminded of their responsibilities in relation to the submission of variations and advised that any further breaches would lead to enforcement actions; an area for improvement was also made.

Further areas requiring improvement were identified in relation to restrictive practice, infection control, maintenance of cleaning records, timely completion of records from admission and monthly monitoring of nutritional assessments.

RQIA were assured that the delivery of care and service provided in Kilbroney House was safe, effective and compassionate and that the home was well led. 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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.

The findings of the inspection were discussed with the registered person and the nurse manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven patients, one relative and four staff. Patients spoke positively on the care that they received and on their interactions with staff. One told us, "I am very happy here; very pleased with the carers." Patients also complimented the food provision in the home. Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were no questionnaire responses received and we received no feedback from the staff online survey.

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 16 September 2021		
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 when a restrictive practice is implemented, care records give specific detail of how and when the practice will be used and confirm the persons involved in the decision making process.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.2. This area for improvement has not been fully met and will be stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff members were provided with a comprehensive induction programme to prepare them for working with the patients. Staff consulted complimented the induction process. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

There were systems in place to ensure staff 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. A system was in place to ensure that staff completed their training and evidenced that the majority of staff had achieved compliance with this. However, discussion with staff evidenced that, for some, there was a deficit in the knowledge of what constituted a restrictive practice. This was discussed with the manager and identified as an area for improvement.

Discussion with staff confirmed that supervisions and appraisals had been completed and a system was in place to ensure that all staff had received two recorded supervisions and an annual appraisal.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Discussion with staff confirmed that they were satisfied that patients' needs were met with the staffing level and skill mix on duty throughout the day. Observation of staff practices during the inspection raised no concerns in relation to the staffing arrangements.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

Staff spoke positively on the teamwork in the home. One told us, "It is very good; everyone pulls their weight," and another commented, "It's really good, everyone is so helpful".

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty. The duty rota was out well in advance of the planned working dates.

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.

A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. 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 provided care in a caring and compassionate manner. Patients told us that they happy living in the home. The relative told us that 'staff members were great' and 'the home were very accommodating to them especially through Covid.' The relative felt that the home was, "A very homely home".

A review of two recently admitted patients' care records evidenced that not all risk assessments and care plans had been completed in a timely manner to direct the care required for the patient. This was discussed with the manager and identified as an area for improvement. Patients care records were held confidentially.

All patients had a pressure management risk assessments completed. There were no patients in the home with a wound which required dressings.

One patient was observed to have an alarm mat in their room. An appropriate care plan had not been developed to guide staff in the home of this particular care aspect. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

An accident book was completed by staff to record any accidents or incidents which occurred in the home. The number of falls in the home was low with only one requiring notification to RQIA since the last care inspection.

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 assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional care plans reviewed were reflective of the speech and language therapist's recommendations. Nutritional risk assessments were carried out to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST). However, a review of two patients' care records confirmed that these assessments had not been conducted on a monthly basis. This was discussed with the manager and identified as an area for improvement.

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. There had been a planned power cut on the day of inspection and interim measures had been put in place to facilitate the lunchtime meal. The mealtime was well supervised. Staff wore the appropriate personal protective equipment (PPE) when serving or assisting patients with their meals.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms.

The home was warm, clean and comfortable. There were no malodours detected in the home. Patients could enjoy sitting outside in the good weather. Seating areas were available within a well maintained garden area.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Records of completed fire drills had been maintained.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Shared bedrooms had privacy curtains in place to protect patients' dignity. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

As previously discussed a new building for laundry services was in the process of being built external to the main nursing home. An application to vary the registration of the home was submitted retrospectively. An inspection will be required to register the new laundry building prior to it becoming operational; the RI has been made aware of this.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Isolated IPC issues identified were managed during the inspection. All visitors to the home were required to wear face coverings. Environmental infection prevention and control audits had been completed to monitor compliance in the home. Domestic cleaning records had been maintained, however, these had not been maintained accurately or contemporaneously. This was discussed with the manager and identified as an area for improvement.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. However, three staff were observed wearing wrist watches during the inspection which would inhibit effective hand hygiene. This was discussed with the manager and identified as an area for improvement. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home.

5.2.4 Quality of Life for Patients

Patients confirmed that they were offered choice and assistance on how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients were well presented in their appearance.

An activities organiser oversaw activities in the home. Activities were conducted daily. The planned activity for the day was recorded on a whiteboard in the dining room. Activities included bingo, arts and crafts and going for walks. There were regular bus outings for patients to out for lunch, shopping trips or for a drive away from the home. A rehabilitation room external to the home was available for patients to cook own meals, do laundry and iron their own clothes. A Zen room was available to allow for quiet time away where the patients could watch television or relax with sensory lighting. Hens were kept in an area off the garden and eggs were collected daily.

There was a notice on the door advising of a Halloween party at a local event which patients could attend if they wished. The home was commended for their varied range of activities.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients and these were conducted in line with Department of Health guidelines.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Mrs Jacqueline Campbell continued as the registered manager and RI. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager and management team to be 'supportive,' 'approachable' and 'would listen to staffs' concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us they were confident about reporting any concerns about patients' safety. 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 robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

A complaint's book was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. Guidance on how to make a complaint was displayed at the entrance to the home. The number of complaints in the home was low. We discussed that any area of dissatisfaction raised by a patient or relative should be recorded as a complaint. A compliments file was maintained and included cards, letters of compliments and newspaper clippings. The manager confirmed that all compliments were shared with 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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Campbell, Registered Person, 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 15 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that a holistic set of patients' risk assessments are completed within five days of admission. Risk assessments should inform the patients' care plans in order to direct the care required for the patient. Ref: 5.2.2
	Response by registered person detailing the actions taken: All Nurses have been updated on the fact that all assessments must be completed within the above time frame of 5 days.. There was some confusion about this needing to be done within 11 days but it has now been clarified that the 11 day time frame applies to care plans only.
Area for improvement 2 Ref: Regulation 32 (h) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that RQIA receives a variation application, prior to the commencement of any work, for newly planned building projects on the site of the home. Ref: 5.2.3
	Response by registered person detailing the actions taken: This application has now been put in and is being processed
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: 26 November 2022	The registered person shall ensure that when a restrictive practice is implemented, care records give specific detail of how and when the practice will be used and confirm the persons involved in the decision making process. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: This area of practice has been fully discussed with all staff to clarify what restrictive practice is and how it should be recorded and reviewed, including how decisions in this area have been made and who was involved in same.

Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: 31 December 2022	The registered person shall ensure that all staff members have knowledge on what constitutes a restrictive practice. Ref: 5.2.1 Response by registered person detailing the actions taken: All staff have received refresher training in this area
Area for improvement 3 Ref: Standard 12 Criteria (4) Stated: First time To be completed by: 26 November 2022	The registered person shall ensure that nutritional screening is conducted on a monthly basis or more often if required. Ref: 5.2.2 Response by registered person detailing the actions taken: Monthly nutritional screening continues and any Resident requiring more frequent screening has been high lighted.
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that domestic cleaning records in the home are maintained accurately and contemporaneously. Ref: 5.2.3 Response by registered person detailing the actions taken: A new cleaning record system is being looked into to allow timely and accurate recording of same.
Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staff members remain bare below the elbow in accordance with good practice in hand washing. Ref: 5.2.3 Response by registered person detailing the actions taken: A staff meeting was held to discuss this and all staff are now compliant in this area. Regular checks will be implemented by management to ensure good practice in this area.

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