



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

17 April 2018



Kilbroney House

Type of Service: Nursing Home

Address: 83 Kilbroney Road, Rostrevor, BT34 3BL

Tel no: 028 4173 8600

Inspector: Dermot Walsh

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 19 persons.

3.0 Service details

Registered Organisation/Provider: Jacqueline Ann Campbell	Registered Manager: Jacqueline Ann Campbell
Person in charge at the time of inspection: Jacqueline Ann Campbell	Date manager registered: Jacqueline Ann Campbell - 1 April 2005
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 registered places: 19 comprising: 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

4.0 Inspection summary

An unannounced inspection took place on 17 April 2018 from 09.30 to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection was conducted 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 staffing arrangements, recruitment practice, monitoring registration status of staff, accident management, falls prevention, the home's general environment, care planning, teamwork, communication between residents, staff and other key stakeholders, governance risk management, incident management, maintaining good working relationships and in relation to the culture and ethos of the home in relation to dignity and privacy.

Areas were identified for improvement under regulation in relation to the completion of competency and capability assessments for the nurse in charge, compliance with control of substances hazardous to health legislation and the storage of patient care records. Areas were identified for improvement under care standards in relation to fire safety training and nutritional screening.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	3	2

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 10 April 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 10 April 2018. 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

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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients and six staff. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

The following records were examined during the inspection:

- 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 and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- RQIA registration certificate

The findings of the inspection were provided to the registered manager and nurse manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 April 2018

The most recent inspection of the home was an unannounced finance inspection dated 10 April 2018. A corresponding QIP will be reviewed by the finance inspector and will be validated at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

There were no areas for improvement identified as a result of the last care inspection.

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 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. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of the Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, records in relation to fire safety were insufficient to evidence that staff had attended fire training on a twice yearly basis. A system was not in place to ensure that all staff employed had participated in a fire drill on an annual basis. This was discussed with the registered manager and identified as an area for improvement under standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager and nurse manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. An adult safeguarding champion had been identified and had undertaken relevant training pertinent to the role. The home's specific policy on adult safeguarding had been updated in April 2017.

Discussion with staff and the registered manager confirmed that competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had not been conducted on any registered nurses given this responsibility. This was discussed with the registered manager and identified as an area for improvement under regulation.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was a shortfall identified in respect of nutritional screening and this will be discussed further in section 6.5. Assessments informed the care planning process.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails. There was also evidence of consultation with relevant persons and consent obtained prior to use. Care plans were in place for the management of bedrails.

We reviewed accidents/incidents records from the last care inspection dated 18 May 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. There were no recent falls recorded in the home. Only one fall had occurred in the home since January 2018. Communal areas were well supervised and a staff rota was available for review to ensure staff were aware of whose responsibility it was to supervise. Where the previous fall had occurred, there was evidence that the patient's falls risk assessment and care plan had been updated following the fall.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control (IPC) had been well maintained. Isolated IPC issues were managed during the inspection.

During the review of the environment a harmful chemical was observed accessible to patients in an identified room. This was discussed with the registered manager and identified under regulation as an area for improvement in relation to compliance with control of substances hazardous to health (COSHH) regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, monitoring registration status of staff, accident management, falls prevention and the home's general environment.

Areas for improvement

Areas were identified for improvement under regulation in relation to completion of competency and capability assessments for nurse in charge of the home and compliance with COSHH legislation.

An area was identified for improvement under care standards in relation to fire safety training.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

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. We reviewed the management of nutrition, patients' weight, pressure relief and restrictive practice. The registered manager confirmed that there were no patients in the home receiving wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

However, a review of one patient's nutrition management evidenced that nutritional screening had not been conducted consistently on a monthly basis. This was discussed with the registered manager and an area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained. A 'day report' was completed on patients assessed as requiring this form of monitoring and included continence

management, skin integrity and nutritional intake. The day report was reviewed and signed by the registered nurse on duty. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the speech and language therapist or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

An area was identified for improvement under care standards in relation to nutritional screening.

	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.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room. Lunch commenced at 12:15 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

Patient care records were observed to be stored within a cabinet at the top of a communal staircase in the home. The records were accessible to any persons passing by the cabinet thus presenting the potential for a breach of patient confidentiality. This was discussed with the registered manager and identified as an area for improvement under regulation.

Patients and staff consulted commented positively on the regular and frequent outings into local towns utilising the home's minibus. A notice was available at the entrance to the home advising relatives of the availability of the bus to transfer patients to or from home if they wished to have a meal in their family home for example. Discussion with the registered manager also confirmed the use of the dining room for private family occasions such as a birthday.

There were systems in place to obtain the views of patients and their representatives on the running of the home. There was evidence of completed patient satisfaction surveys and separate relative satisfaction surveys recently completed. The registered manager confirmed that the surveys offered anonymity to allow for opinions of the service provision to be expressed without the identity of the person completing the survey to be known. The registered manager and the nurse manager confirmed that the findings of the survey would be shared with patients and their representatives through the means of a published newsletter. The registered manager confirmed that they would aim to have this newsletter published on a quarterly basis to share information with patients and patients' representatives such as environmental improvements planned, staff training completed and the availability of the minibus.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Six staff members were consulted to determine their views on the quality of care within Kilbroney House.

Some staff comments were as follows:

- "It's like home from home here. When you enjoy the work it makes it."
- "I love it here. It's like my second home."
- "We really enjoy working here."
- "It's home from home here. We know all their wee ways."
- "I love it here."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Six patients were consulted during the inspection. Ten patient questionnaires were left in the home for completion. One of the patient questionnaires was returned.

Some patient comments were as follows:

- “It’s grand here.”
- “It’s alright. Staff are nice.”
- “I love it here.”
- “I like it here. Staff are very nice.”
- “It’s nice here.”

No patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Three of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

- “The same management and staff apart from a few minor changes have been providing care that is consistent, caring, individual and my sister and I appreciate the standard of care mum receives.”
- “The staff at Kilbroney are wonderful and they are truly tuned into my mother’s needs and that is very reassuring.”

Three questionnaires were returned which did not identify if they were from patients or patients’ representatives. All respondents indicated that they were very satisfied with the service provision across all four domains.

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 relation to dignity and privacy.

Areas for improvement

An area for improvement was identified under regulation in relation to the storage of patient care records.

	Regulations	Standards
Total number of areas for improvement	1	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 displayed, though, observed not to be the current version as an updated certificate had been issued. Information sent to RQIA following the

inspection confirmed that the updated certificate has been received and was now displayed appropriately. This will be reviewed at a subsequent care inspection. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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 registered manager confirmed that there were no recent or ongoing complaints in relation to the home.

Discussion with the registered manager and review of 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, IPC practices, care records and the environment. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections.

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 risk management, incident management and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 20 (3) Stated: First time To be completed by: 31 May 2018	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. Ref: Section 6.4
	Response by registered person detailing the actions taken: All Nurses are receiving in house management training from the Nurse Manager. Competency and Capability assessments will be carried out on all Nurses to ensure safe management of the Home in the absence of the Managers.
Area for improvement 2 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: With immediate effect	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. Ref: Section 6.4
	Response by registered person detailing the actions taken: All chemical are stored in outside locked cleaning hut
Area for improvement 3 Ref: Regulation 19 (1)(b) Stated: First time To be completed by: 30 April 2018	The registered person shall ensure that patient care records maintained within the home are stored securely in line with legislative and professional guidance. Ref: Section 6.6
	Response by registered person detailing the actions taken: A new storage system has been ordered to accommodate all patient care records in line with legislative and professional guidance

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 48 Criteria (6) (8) Stated: First time To be completed by: 31 May 2018	<p>The registered person shall ensure that staff receive training on fire safety at least twice every year.</p> <p>A system should be developed to ensure all staff participate in a fire drill at least once a year.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: all staff have received up to date fire training on 23rd May 2018. A new system is now in place to ensure no staff miss fire training or fire drills</p>
Area for improvement 2 Ref: Standard 12 Criteria (4) Stated: First time To be completed by: 31 May 2018	<p>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.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Nutritional screening training has been booked in house on the 13th June for all Nurses and same carried out monthly on all patients.</p>

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



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