

# Inspection Report

## 02 September 2021



### Kirk House

Type of service: Residential Care Home  
Address: 110 Kings Road, Belfast, BT5 7BX  
Telephone number: 028 9040 2938

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organization/Registered Provider:</b> Belfast Central Mission	<b>Registered Manager:</b> Mrs Sharon McIlroy
<b>Responsible Individual</b> Ms Lynne Kavanagh. Registration Pending	<b>Date registered:</b> 26 June 2020
<b>Person in charge at the time of inspection:</b> Mrs Sharon McIlroy	<b>Number of registered places:</b> 46  A maximum of 14 patients in category of care RC-DE
<b>Categories of care:</b> Residential Care (RC) 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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 41
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 41 residents. The home is divided over two floors. On the ground floor there is one wing (Memory Lane) that caters for residents living with dementia.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 September 2021, from 10.00 am to 5.05 pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Six areas requiring improvement were identified in respect of, infection prevention and control, the displaying of residents menus, staff attendance at fire drills, the programme of activities in

the Memory Lane unit and a wider range of auditing. One area for improvement was stated for a third and final time in respect of Regulation 29 reports.

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner. Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Kirk House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Kirk House.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 and 'Tell Us' cards were provided to give residents 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 Sharon McIlroy, Manager at the conclusion of the inspection

### **4.0 What people told us about the service**

Ten residents, two relatives and five staff were spoken with. No comments were received from staff via the on-line staff survey. Eight residents responded via the questionnaires provided.

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, “The girls are lovely, a caring atmosphere. We are very fortunate”, another resident spoke of how “I am happy here, and would not think of moving”.

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

Relatives told us that the care was good, that their loved ones were well looked after and that the staff were attentive.

Compliments received about the home were kept and shared with the staff team, this is good practice

## 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 6 August 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time	The registered person shall ensure that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Regulation 29 monthly reports were not available. This is discussed further in section 5.2.5.  This area for improvement is stated for the third and final time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that care plans are in place to manage the care of residents presenting with an infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure that there is assessment to identify trends or patterns of behaviour that challenges and an appropriate care plan devised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure the duty rota accurately reflects the staff on duty over the twenty four hour period and the capacity in which they worked.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure the identified wall and ceiling covering in the library area of the dementia unit is improved upon.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. One staff member said the “training is well organised, and we get kept up to date”.

Staff said there was good team work and, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Observation, discussions and review of records confirmed that there was enough staff in the home to respond to the needs of the residents.

Residents said that the staff “were caring and attentive”.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the dining room atmosphere was calm, relaxed and unhurried with staff supporting residents correctly. It was observed that residents were enjoying their meal and their dining experience.

No daily menu board was on display to show what meal choices were available for residents. This was identified as an area for improvement.

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs.

Residents’ individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents’ care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care Manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The front of the building had a garden area with a seating area for residents. The window boxes were planted with flowers.

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Some environmental issues relating to infection control were observed. For example, printed information on noticeboards needed to be laminated and bare plaster was found beneath a soap dispenser in a bathroom which needed to be repaired/ repainted to enable effective cleaning. Full details were discussed during feedback and an area for improvement was identified.

The Memory Lane residents had access to a secure garden. This was planted with bright flowers, sensory plants and had a seating area.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable.

One resident spoke of how their room was kept "clean and tidy"; another said that "everything was in order".

Staff spoke of how they took pride in the environment and how "first impressions were important".

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Discussion with the Manager and review of records identified that not all staff have had a fire drill in the past year. This was identified as an area for improvement.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners; and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.



### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could spend time in their room or in communal areas. Four residents commented on how they could receive visitors to the home.

There was written evidence of resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. The last residents' meeting was the 26 August 2021.

There was a range of activities displayed on noticeboards throughout the home. The activities provided include arts and crafts, musical activities, needlecrafts and beauty care. It was identified that a separate programme needed to be created for the residents of the Memory Lane unit, taking into account their specific needs. An area for improvement was identified

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

A residents' relative told us "the care is good, Mum is well looked after and I have no issues".

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs McIlroy has been the Manager in this home since June 2020.

There was evidence that some auditing of care and quality of the services provided in Kirk House were being completed. It was discussed with the manager to increase the range and quantity of these audits. This was identified as an area for improvement.

Residents / their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would act on this. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care Manager and to RQIA.

Residents and their relatives said that they knew who to approach if they had a complaint and were confident that any complaint would be managed well.

Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance.



On the day of inspection, the Regulation 29 reports were not available in the home for review. . Following discussion with the Manager it was agreed that the last three reports would be forwarded to RQIA after the inspection. These reports were received on the 9 September 2021 and the content was found to be satisfactory. However, these reports must be available for review in the home. This has been identified as an area for improvement, and is stated for a third and final time.

## 6.0 Conclusion

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully with the residents. The delivery of care was caring and compassionate.

As a result of this inspection, six areas requiring improvement were identified. One area for improvement was stated for the third and final time in respect of Regulation 29 reports. Details can be found in the quality improvement plan included.

Based on the inspection findings and discussions held we were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the Manager. Addressing the areas for improvement identified will further enhance this.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	4

\*The total number of areas for improvement includes one that has been stated for a third and final time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon McIlroy, Registered Manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Third time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.  Ref 5.1
	<b>Response by registered person detailing the actions taken:</b> A shared folder has been created on the internal electronic system to share and save the reports. The Registered Person, Manager and Deputy have all been provided access to the electronic folder. Prior Regulation 29 monthly reports have been saved to this location and all future monthly reports will be saved here..
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2021	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 to ensure infection prevention and control compliance must be developed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> A section specifically on IPC is being included in the monthly audits.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure the daily menu is displayed in a suitable format and in appropriate locations.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> This is in process. Daily menus will be typed up and displayed in each lounge with a pictorial menu for Memory Lane.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time	The registered person shall ensure a system is put in place to ensure that all staff complete a fire drill in the home, at least once a year.  Ref: 5.2.3

<b>To be completed by:</b> 31 October 2021	<b>Response by registered person detailing the actions taken:</b> The fire trainer has been asked to add fire drills and scenarios to future fire awareness sessions to ensure all staff that have not participated throughout the year will have the opportunity to do so.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2021	The registered person shall implement a programme of activities and events specifically for Memory Lane unit which provides positive outcomes for residents and is based on identified needs and interests of the residents.  The activity plan should be displayed in a suitable format.  Ref 5.2.4
	<b>Response by registered person detailing the actions taken:</b> A new activity display board for dementia has been purchased for Memory Lane and activities will be displayed on it in pictorial format. The plan of activities for Memory Lane has been changed and is more dementia specific.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The Responsible Person shall ensure working practices in the home are regularly audited and that records are maintained for inspection.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Auditing forms are currently under review to ensure a more robust system is established going forward.

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



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