



# Unannounced Care Inspection Report 6 August 2020



## Kirk House

**Type of Service: Residential Care Home**  
**Address: 110 Kings Road, Belfast BT5 7BX**  
**Tel no: 028 9040 2938**  
**Inspector: Bronagh Duggan**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 46 residents. The home is split across two floors and includes an eight bedded self-contained dementia unit.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Central Mission  <b>Responsible Individual:</b> Lois Payam (pending registration)	<b>Registered Manager and date registered:</b> Sharon Mclloy Registered 26 June 2020
<b>Person in charge at the time of inspection:</b> Sharon Mclloy	<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>Total number of residents in the residential care home on the day of this inspection:</b> 39

### 4.0 Inspection summary

An unannounced inspection took place on 13 August 2020 from 10.00 to 17.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information which could impact on care delivery in the home. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- environment
- care delivery
- care records
- governance and management

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
<b>Total number of areas for improvement</b>	*1	*4

\*The total number of areas for improvement include three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sharon McIlroy, 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 3 February 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2020. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, notifications of accidents and incidents since the previous inspection and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and '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 electronic questionnaire. Seven completed questionnaires were returned within the identified timescale. Responses showed residents were satisfied or very satisfied with care provided in the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 26 July 2020 to 8 August 2020
- staff training records
- staff recruitment checklist information
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from March 2020 to August 2020
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 3 February 2020

Areas for improvement from the last care inspection		
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> First 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> Discussion with the registered manager confirmed the monthly monitoring reports were not available in the home for inspection. The area for improvement has been stated for a second time in the QIP appended to this report.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> Second time	The registered person shall ensure the two identified bathrooms are decluttered of furniture so they can be accessed by residents should they so wish.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the identified bathrooms confirmed they had been decluttered appropriately.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19 <b>Stated:</b> First time	The registered person shall ensure that a summary of recruitment and vetting outcomes for all staff are retained in the home and are available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of a sample for three recruitment records showed a summary checklist was in place which confirmed receipt of relevant recruitment and vetting outcomes.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time	The registered person shall ensure mandatory training for all staff is up to date	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of staff training records showed staff mandatory training had been completed and was maintained on an up to date basis.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 47.3 <b>Stated:</b> First time	The registered person shall ensure that COSHH regulations are compiled with at all times and relevant staff receive training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations made during the inspection showed staff complied with COSHH regulations. Review of staff training records confirmed staff had completed training in COSHH.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure infection prevention and control issues as outlined in the report are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the home confirmed the infection prevention and control issues identified during the previous inspection had been addressed.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that care plans are in place to manage the care of residents presenting with an infection.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records relating to the management of infection showed relevant information was not in place. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First 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>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records showed although there was assessment information present with regards to managing behaviours. Care plans were not in place with regards to how the behaviours should be managed. This area for improvement has been stated for a second time in the QIP appended to this report.	

## 6.2 Inspection findings

### 6.2.1 Staffing

We arrived at the home at 10.00am discussion with the manager confirmed the planned daily staffing levels for the home. Staff duty rotas for the period of 26 July 2020 to 8 August 2020 were reviewed. Review of the staff duty rota for the day of inspection showed the name of at least one staff member was not included on the rota. This issue was discussed with the manager who advised the name was not recorded as the staff member was provided from a contract provider. The need to ensure the record reflects all staff who work over the 24 hour period and the capacity in which they worked was discussed with the manager. An area for

improvement was identified. Following the discussion the manager confirmed in addition she would review the duty rota format to make it easier to follow.

Records reviewed showed shifts were covered, the manager advised agency staff were being used to cover staff shortages. When this was the case every effort was made to ensure block bookings of the same staff. Discussion with the manager and staff confirmed that staffing levels were maintained to ensure the needs of residents could be met.

We met with staff and discussed their experiences of working in the home. Staff commented that in recent months there had been additional challenges with the Covid 19 pandemic. Some staff shared that they thought they could do with more staff, though they confirmed that staffing levels had been increased from what they would be in normal circumstances. This issue was discussed with the manager who confirmed staffing levels were kept under active review and that care and domestic staffing levels had both been increased as a result of the pandemic.

Staff spoken with confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Observations of staff practice showed they were kind and courteous to residents and responded promptly to call bell requests for assistance. Staff spoken with confirmed there was good team working within the home. Staff showed they were aware of the individual needs of residents.

Comments received from staff included:

- “(We are) supported by management well. They are always there if you need them. I had questions early on. It is very busy, it seems more busy than usual, especially in the mornings.”
- “I think we could do with more staff, though there is more than usual. I feel staff have been supported 100% by management. Lois has been very helpful. Sharon has been very good with sharing all the Covid 19 information.
- “Staffing here is ok. Management are very good, very supportive. (There is) regular meetings, if we need anything we can raise it.”

### **6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)**

Upon arrival at the home the inspector’s temperature was taken and they were asked if they had been displaying any symptoms associated with Covid 19. The manager confirmed all residents and staff had temperatures taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance. Supplies were easily available during the inspection.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff confirmed they had a good supply of products available to do their job and had a clear procedures and schedule in place.



### 6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. Communal areas including lounges, dining areas and bathrooms were tidy and well maintained. Resident's bedrooms were personalised and nicely decorated with individual styles reflected. The dementia unit was decorated in a dementia friendly way with enhanced visual cues to help residents navigate around the area. We noted the wall and ceiling in the library area of the dementia unit was in poor condition. This issue was discussed with the manager. An area for improvement was identified.

### 6.2.4 Care delivery

We observed staff practice in the home, interactions with residents were warm and friendly. Staff showed good knowledge of resident's individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of resident's personal preferences.

Some residents were observed relaxing in their bedrooms, while others rested in the communal sitting rooms or on seating throughout the general areas. Residents appeared comfortable; staff were available throughout the day to meet their needs. Call bells were observed to be in easy reach for residents throughout the day.

Comments from residents included:

- "I like it here"
- "It's very good, the staff are good. It can be busy in the mornings, I suppose we all want at the same time. I just press the buzzer and someone will come."
- "I'm fine, everyone very nice, no complaints."
- "Everyone is very nice. I can't complain about anything. They all go out of their way to help you."
- "I'm very fortunate to be in Kirk House, everyone is very good, couldn't be better. The food is good, can have as much as you want. I have everything I need here, it's great."

### 6.2.5 Care records

A sample of two care records was reviewed; these were completed on an electronic records system. Records included an assessment of needs, risk assessments, care plans and daily evaluation records. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as any changes occurred. During the previous inspection two areas for improvement were identified in relation to care plans. These related to care plans with regards to managing an infection and behavioural management. The care plans had not been updated accordingly therefore the areas for improvement was stated for the second time. We discussed with the manager the need to ensure care plans specifically reflect the resident's needs and outline clearly how their needs are to be met. The manager confirmed staff were doing ongoing training on the improvement of care plans.

### 6.2.6 Governance and management arrangements

The manager outlined the management arrangements within the home. The manager confirmed she felt well supported during recent months by senior managers. Staff spoken with confirmed they were kept well informed of changes as they happened.

We reviewed a sample of audits which were completed on a regular basis including complaints, handwashing, environment, equipment checks, accidents and incidents. The manager confirmed any actions would be addressed. There was also a system in place regarding the reporting of notifiable events. The accident incident report template used was discussed with the manager to ensure all relevant information was included. Review of records showed RQIA had been notified of accidents and incidents appropriately. A monthly audit was completed which reviewed accidents and incidents to help identify any patterns or trends.

The availability of monthly monitoring reports was identified as an area for improvement at the previous care inspection. These were not available in the home during the inspection, this issue was discussed with the manager. This area for improvement has been stated for a second time in the QIP appended to this report.

A review of a sample of training records showed mandatory training was maintained on an up to date basis. There was a system in place regarding the management of complaints. The manager confirmed any complaints received by the home would be investigated and responded to in the identified time period. The manager advised complaints received would be used to learn from and improve service delivery. A complaints analysis was completed on a monthly basis to help identify any patterns or trends.

Staff confirmed there was good working relationships with outside stakeholders and they were aware of the how to raise any concerns if needed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to interactions between staff and residents, staff training, dementia friendly environment and gathering the views of residents.

### Areas for improvement

Two new areas for improvement were identified during the inspection these related to the duty rota, and the environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon McIlroy, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 August 2020</p>	<p>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.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Regulation 29 reports available for review</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 August 2020</p>	<p>The registered person shall ensure that care plans are in place to manage the care of residents presenting with an infection.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been discussed at a senior meeting and procedures are in place to ensure infection care plans are reviewed appropriately and the outcomes of infections are clearly recorded.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 August 2020</p>	<p>The registered person shall ensure that there is assessment to identify trends or patterns of behaviour that challenges and an appropriate care plan devised.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Behaviour assessments have been completed for all applicable residents and care plans now include triggers and interventions.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2020</p>	<p>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.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> The contracted cleaning staff are no longer working in Kirk House. The duty rota layout has been changed to clearly see who is on shift and what role they are covering.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 September 2020</p>	<p>The registered person shall ensure the identified wall and ceiling covering in the library area of the dementia unit is improved upon.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This issue happened after lockdown and is being handled by BCM maintenance team. The wallpaper has been ordered and this area will be decorated as soon as possible.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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