

# Unannounced Care Inspection Report 7 June 2016



## Kirk House

**Type of Service: Residential Care Home**  
**Address: 110 Kings Road, Belfast, BT5 7BX**  
**Tel No: 02890402938**  
**Inspector: Patricia Galbriath**

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## 1.0 Summary

An unannounced inspection of Kirk House took place on 7 June 2016 from 11.15 to 18.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

No requirements or recommendations were made in regard to the delivery of safe care. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Is care effective?

No requirements or recommendations were made in regard to the delivery of effective care. There were examples of best practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

### Is the service well led?

No requirements or recommendations were made in regard to the delivery of a well led service. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 0               |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Andrea Selby, registered manager as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

|  |  |
|--|--|
| <b>Registered organisation/registered provider:</b><br>Belfast Central Mission   | <b>Registered manager:</b><br>Andrea Selby                               |
| <b>Person in charge of the home at the time of inspection:</b><br>Andrea Selby   | <b>Date manager registered:</b><br>7 January 2015                        |
| <b>Categories of care:</b><br>I - Old age not falling within any other category<br>DE – Dementia<br>PH - Physical disability other than sensory impairment<br>PH (E) - Physical disability other than sensory impairment – over 65 years | <b>Number of registered places:</b><br>46                                |
| <b>Weekly tariffs at time of inspection:</b><br>£522 - £571  | <b>Number of residents accommodated at the time of inspection:</b><br>42 |

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the most recent care inspection and notifications of accidents and incidents.

During the inspection the inspector met with nine residents individually and with others in groups, the registered manager, two care staff, one domestic assistant, two kitchen assistants and the cook. Inspector also spoke with two residents' representatives and one visitor to the home. No visiting professionals were present.

Ten resident views, ten resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Seven resident views questionnaires, two resident representative views questionnaire and seven staff views questionnaires were returned to RQIA. The information contained within the questionnaires reflected general satisfaction with the services provided within the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Competency and capability assessments
- Staff training schedule/records
- Staff recruitment records
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control records
- Equipment maintenance records
- Accident / incident / notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Summary report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance records of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreements
- Policies and procedures manual.

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 7 January 2016**

The most recent inspection of Kirk House was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the specialist inspector at their next inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 12 May 2015**

No requirements or recommendations were made as a result of the previous care inspection.

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. On the day of inspection the following staff were on duty

- 1 x registered manager
- 1x deputy manager
- 2 x senior care assistant
- 4 x care assistants
- 3 x domestic staff
- 1 x laundry staff
- 1 x cook
- 2 x kitchen assistants
- One senior care assistant and four care assistants were due to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The training matrix also confirmed all disciplines of staff completed best practice in dementia care. This is to be commended.

A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was examined and confirmed that these were completed to a high standard.

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had Andrea Selby established as safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, keypad entry systems, within internal environment. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of four care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

A general inspection of the home was undertaken to examine the two bedrooms and the shared bathroom used for the respite service, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 17 November 2017, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed the last one dated 11 May 2015 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

**Areas for improvement**

No areas of improvement were identified during inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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**4.4 Is care effective?**

Discussion with the registered manager established that staff in the home/service responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. The registered manager also confirmed residents are involved in the recruitment procedure and are part of interview panel. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection. A residents' meeting took place on day of inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity/who required specialist supports. A carer in the home has been nominated as Dementia lead and there had been training provided on 31 May 2016 for relatives in this area.

### Areas for improvement

No areas of improvement were identified during inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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### 4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.



A review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to describe how residents' confidentiality was protected, for example, through ensuring that conversations were conducted discreetly and that written records were securely stored.

Discussion with staff, residents and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home is currently working on a project with one of the local primary schools promoting inter-generational studies. Children from the local primary school visited the home and some of the residents went to visit the school. A fashion show through the ages took place on 3 June 2016 as part of this project.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents were consulted about the standard and quality of care and about the home environment. This

consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. On the day of inspection a residents' meeting took place. The agenda incorporated feedback from satisfaction questionnaires which had been completed by residents. To ensure confidentiality an outside advocate helped residents to complete them a total of 38 were returned.

An action plan was developed and implemented where improvements were required. An example of this is where residents recently raised with management their dissatisfaction with aspects of provision of food in the home. This led directly to improved arrangements for catering.

The inspector met with fifteen residents who provided the following comments –

- “The staff are good, very helpful and kind. The place is lovely and food is great.”
- “The girls (staff) would do anything to help you, they are great and they take great care of me.”
- “I couldn’t complain. They are good to me.”
- “staff are amazing I have never been in a place like this before”
- “The care here is amazing ”

A resident’s representative commented – “I have been so glad of the help and understanding way they care for residents “

There was evidence that the attitude and approach of the home’s management and staff team provided very good compassionate care to residents and to their families.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

No areas of improvement were identified during inspection

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters displayed within the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised and whether the complainant was satisfied with the outcome of the complaints process. Arrangements were in place to share information about complaints and compliments with staff.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. There was evidence that analysis of patterns and trends of accidents and incidents led to early identification of changing needs of individual residents and this led to appropriate referrals to community teams. For example, when a resident had a series of accidents, a referral was made for a vision test and new spectacles were provided. This resulted in fewer falls. The registered manager also confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit dated 29 May 2016 was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed and dated 29 June 2016.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

## Areas for improvement

No areas of improvement were identified during inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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### 5.0 Quality improvement plan

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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