



The Regulation and
Quality Improvement
Authority

Kirk House
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110 Kings Road
Belfast
BT5 7BX

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**Unannounced Care Inspection
of
Kirk House**

12 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 12 May 2015 from 10.30 to 15.30 Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Belfast Central Mission/Brian Burns	Registered Manager: Andrea Selby
Person in Charge of the Home at the Time of Inspection: Andrea Selby	Date Manager Registered: 07/01/2015
Categories of Care: RC-DE, RC-I, RC-PH, RC-PH(E)	Number of Registered Places: 46
Number of Residents Accommodated on Day of Inspection: 40	Weekly Tariff at Time of Inspection: £486

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/Process

Specific methods and processes used in this inspection include the following:

- Discussion with registered manager
- Discussion with staff and residents
- Review of care records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Kirk House was an unannounced secondary care inspection dated 2 September 2014.

5.2 Review of Requirements and Recommendations from the last Care Inspection

There were no previous requirements or recommendations.

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The registered manager confirmed residents can, and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this. In our discussions with staff they confirmed that they work closely with other health care professionals, GPs and district nursing service to ensure care delivered is safe and effective.

Staff also confirmed to us they liaise closely with residents' families and keep family members informed of any change in the residents' condition.

In our discussions with staff they confirmed that the home has a spiritual ethos. A minister attends every Wednesday to carry out a service. The registered manager confirmed all religious dominations are catered for in the home.

Care Effective? (Quality of Management)

We inspected the home's policy on death and dying. The policy was robust and gave clear instructions to staff. The policy referenced the input of outside professionals.

The registered manager confirmed to us that the care of the resident and management of care is always discussed and agreed with the resident. If this is not practical their relatives are given all relevant information to make an informed decision about views in the event of their death.

The care files inspected confirmed this. Where residents declined to discuss their preferences in regard to end of life this was recorded.

Is Care Compassionate? (Quality of Care)

In our discussion with staff they could demonstrate they had knowledge and understanding of how to care for this area of need. In our discussions with staff they gave examples of how they had cared for a resident who had died. We were informed that a staff member stayed with the resident when family members could not be there. Staff demonstrated a compassionate approach not only to the resident but also their family.

Staff also confirmed that there was a supportive ethos with the management in the home, in helping staff deal with death and dying.

When a death of a resident occurs, their possessions are handled with care and respect. This is carried out in line with the policy which guides and informs staff on this area of care.

Staff confirmed to us this is carried out with sensitivity which allows the family time to grieve.

Relatives can be with the residents who are ill either in the bedroom or in a relative's room. Spiritual needs are identified and if residents desire minister/priests are welcomed at any time.

Areas for Improvement

There were no areas of improvement identified

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Staff have received training in continence management. In our discussions with staff they could demonstrate their knowledge and understanding of this area of care.

Care records we inspected had an individualised assessment and plan of care in place. Issues are referred to continence team.

From our observations there was an adequate supply of aprons, gloves and hand washing dispensers throughout the home to aid with care.

From our discussions with staff, and care records inspected we identified no mismanagement of this area of care, such as malodours or break in skin integrity

Is Care Effective? (Quality of Management)

The home has policies and procedures relating to the management of continence. The policy was comprehensive and set out for staff how to recognise when and why a resident may become incontinent. In our discussions with staff they were able to identify continence issues and the importance of continued review and evaluation.

The registered manager confirmed to us the trust continence care team can be contacted for advice and direction; they also carry out regular reviews.

Is Care Compassionate? (Quality of Care)

In our discussions with staff they recognised the potential loss of dignity associated with incontinence. Staff gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained. From our observation of care practice we found residents were treated with care and respect when being assisted by staff.

Continence care was undertaken in a discreet private manner. There was evidence there was a good standard of continence management in the home which is person centred, and delivered with compassion.

Areas for Improvement

There were no areas of improvement identified.

Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Environment

We inspected the home's internal environment and found it to be clean and fresh smelling. Communal areas are well furnished and in good decorative order.

Residents' bedrooms are personalised to the occupant's wishes and preferences. Decorating was on going and residents confirmed they picked the colour of their front door.

5.5.2 Fire

Fire alarms are checked weekly from a different zone and the fire risk assessment was completed in 13 November 2014 meeting regulations.

At the time of inspection there were no obvious fire risks observed in the environment.

5.5.3 Complaints

We reviewed the complaints records and noted that complaints had been appropriately managed.

5.5.4 Staff Views

We met with three members of staff of various grades on duty. All the staff spoke positively to us about their roles and duties, staff morale, team work and managerial support. Staff informed us that they felt a good standard of care was provided and that they had the necessary resources and skills to carry out their duty.

Some staff comments included;

'care is excellent and there is good team work '

'I really enjoy working here'

5.5.5 Residents views

In discussion with residents they all expressed or indicated that they were happy with their life in the home. They also reported they were involved in the decoration of the home and they enjoyed being involved in this. Their rapport with staff was noted to be friendly and at ease.

On the day of inspection there was a knitting class on going and a majority of the residents were taking part. Staff and residents confirmed that residents enjoyed knitting and requested it was provided on a weekly basis.

Selections of comments are as follows:

- 'you couldn't get better staff'
- 'I have no complaints'
- 'all staff are very good'

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Andrea Selby	Date Completed	22/7/15
Registered Person	Beian Buens	Date Approved	22/07/15
RQIA Inspector Assessing Response	PATRICIA GALBRAITH	Date Approved	29-7-15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.