

# Unannounced Care Inspection Report 12 December 2017



## Kirk House

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

[www.rqia.org.uk](http://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 residential care home with 46 beds that provides care within the categories outlined on the homes certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Central Mission  <b>Responsible Individual:</b> Mr Brian Burns	<b>Registered Manager:</b> Miss Andrea Selby
<b>Person in charge at the time of inspection:</b> Miss Andrea Selby	<b>Date manager registered:</b> 7 January 2015
<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 registered places:</b> 46 comprising: Maximum of 14 residents in dementia category

### 4.0 Inspection summary

An unannounced care inspection took place on 12 December 2017 from 10.40 to 17.50.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought 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 staff induction, training, care records, audits and reviews, communication between residents, staff and other key stakeholders, the culture and ethos of the home. Also, the ongoing work with the local community to promote dementia friendly initiatives, governance arrangements, maintaining good working relationships and developing community links and furthering best practice in dementia care.

Areas requiring improvement were identified in relation to the completion of emergency lighting checks, and the availability of monthly monitoring visit reports for inspection. The inclusion of greater detail regarding diabetes management in an identified care plan has been stated for a second time in the QIP appended to this report.

Residents and one representative said they were happy, had no complaints and that Kirk house was a very special place.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Selby, Registered 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 July 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 14 residents, three staff, and one residents' visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and representatives for completion and return to RQIA. Five questionnaires were returned within the requested timescale. Staff were provided with information to access electronic questionnaires for completion. No staff questionnaires were returned within the identified timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents (including falls)
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings/representatives'
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 31 July 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 31 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 6.2  <b>Stated:</b> First time	The registered person should ensure greater detail is included in the identified resident's care plan regarding the management of diabetes.  Ref: 6.5	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the identified residents care plan confirmed that this had not been updated accordingly.  This area for improvement has been stated for a second time in the QIP appended to this report.	

### 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 advised on 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' representative and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record 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 confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

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 one completed staff competency and capability assessment was reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body.

There was an adult safeguarding policy in place consistent with the current regional guidance the registered manager confirmed a safeguarding champion had been identified. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and 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 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, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The registered manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager advised there were restrictive practices employed within the home, notably keypad entry systems, pressure alarm mats and door alarms. 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.

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

There was a policy and procedure in place regarding infection prevention and control (IPC). 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 the 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. Part of the homes environment was specially equipped to be dementia friendly and included areas of good practice including clear signage, personalised signage for individual bedrooms and specific colour schemes.

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. During the inspection there was improvement work ongoing regarding the car park and pavement area.

The registered manager confirmed the most recent fire safety risk assessment was completed on 5 December 2017 and the report was not yet available. This shall be followed up at a future inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 16 August 2017 records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly/monthly and were regularly maintained. However, it was noted the monthly emergency lighting checks were last completed on 12 October 2017. This was identified as an area for improvement to comply with the standards. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.



Five completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

One area for improvement was identified during the inspection this related to the regular completion of emergency lighting checks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care effective?

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

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

Three care records were reviewed they included an 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 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. One area for improvement identified during the previous inspection relating to more detailed information regarding the management of diabetes has been stated for a second time in the QIP appended to this report.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example residents are encouraged to maintain individual interests, and rise and retire at their preferred times.

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 care plans, care review, accidents and incidents (including falls), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit 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 other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Five completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

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

**Areas for improvement**

No new areas for improvement were identified during the inspection.

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

**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.**

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and representatives confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents, the representative and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 for example

the monthly activity planner was distributed to all residents individually so they know in advance planned activities for the month allowing them the opportunity to decide whether or not to participate.

The registered manager, residents and the representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and the representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 for example residents' meetings, representatives meetings, questionnaires, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and the representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example during the inspection residents gathered to participate in the icing of a Christmas cake, decorations were also on display which the residents had created. Arrangements were in place for residents to maintain links with their friends, families and wider community for example residents are involved in an intergenerational project with local schools, and visit local shops and cafes. There is also ongoing work with the local community to increase awareness of dementia friendly initiatives. This is to be commended.

Residents and one resident's representative spoken with during the inspection made the following comments:

- "I am very happy here, no complaints at all. We are getting on great, the staff are very kind and they are always about of you need them" (resident)
- "This is the best place to be if you can't be home, this is our home now" (resident)
- "It is very nice, the staff are good, the food is good, what else could you want" (resident)
- "I am quite happy here, the staff are very caring. I can't complain about anything, I have all that I need" (resident)
- "I feel so fortunate to be part of the excellent work that is done by Kirk House in the local community to help raise awareness about Dementia. Kirk House is a very special place (representative)

Five completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- "I truly believe that my mother's care is of the highest quality. The staff are clearly committed to person centred care and carry out their duties with compassion, care and cheerfulness"
- "All care is excellent"
- "I am very happy with my mother's care"

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents and the ongoing work with the local community to promote dementia friendly initiatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 registered manager outlined the management arrangements and governance systems in place within the home. The 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 with RQIA.

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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the residents guide. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records showed that there had been no new complaints received since the previous inspection.

There was 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 was reviewed as part of the inspection process.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

A review of monthly monitoring visit reports was undertaken it was noted that reports were not available for July and September 2017. This was identified as an area for improvement to comply with the regulations.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home and regular updates.

The registered manager advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. 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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager advised 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.

Five completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement,

maintaining good working relationships and developing community links and furthering best practice in dementia care.

### Areas for improvement

One area for improvement was identified during the inspection in relation to the availability of monthly monitoring visit reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Andrea Selby, registered 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (3) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2017	<p>The registered person shall ensure monthly monitoring visit reports are available in the home for inspection.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>          Monthly Monitoring reports by the Head of Care now available in the Home for inspection. Additional visits by the Registered Provider are now recorded in the report.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 5 January 2018	<p>The registered person should ensure greater detail is included in the identified resident's care plan regarding the management of diabetes.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>          This has been addressed. Every Care Plan, regarding the management of diabetes, now has a greater detailed plan of care including signs and symptoms of diabetes and how to manage them.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.2  <b>Stated:</b> First time  <b>To be completed by:</b> 19 December 2017	<p>The registered person should ensure regular completion of emergency lighting checks.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>          This has been addressed and is now audited monthly to ensure compliances.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**🐦** @RQIANews