



Unannounced Care Inspection Report 15 July 2019



Kirk House

Type of Service: Residential Care Home
Address: 110 Kings Road, Belfast BT5 7BX
Tel no: 02890402938
Inspector: Bronagh Duggan

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.

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 within the categories of care as outlined in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Belfast Central Mission Responsible Individual: Cindy Scott	Registered Manager and date registered: Leona Larkham (acting)
Person in charge at the time of inspection: Lynn Green acting deputy manager	Number of registered places: 46 A maximum of fourteen patients in category of care RC-DE
Categories of care: 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	Total number of residents in the residential care home on the day of this inspection: 43

4.0 Inspection summary

An unannounced inspection took place on 15 July 2019 from 10.15 hours to 19.15 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, induction, safeguarding, care reviews, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to formal supervision and annual appraisal of staff, decluttering the environment, general recording within care records, monitoring residents' weights and ensuring greater detail in an identified resident's care plan.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Lynn Green, acting deputy 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 18 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 December 2018. No further actions were required to be taken following the most recent inspection on 18 December 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, 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 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 7 July 2019 to 20 July 2019
- staff training schedule and training records
- two staff induction records
- two staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- minutes of staff meetings

- a sample of governance audits/records
- accident/incident records from December 2018 to July 2019
- a sample of reports of visits by the registered provider for April, May, June 2019
- fire safety risk assessment
- 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 18 December 2018

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Upon arrival we observed the home was comfortably heated and welcoming. Most residents were up, washed and dressed while others were being assisted by staff with personal care. Residents appeared well cared for and appropriately dressed, with obvious time and attention afforded to personal care needs. A number of residents were relaxing in their bedrooms, others moved around the home whilst other residents were reading newspapers in communal sitting rooms.

The acting deputy manager was the person in charge throughout the inspection. They explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster reviewed accurately reflected the number and names of staff on duty over the twenty four hour period and capacity in which they worked.

We were assured by staff that there was enough staff on duty to provide safe care and should additional staff be required staff would generally work additional hours.

Comments from residents included:

- “ It is very good, the staff are very helpful.”
- “The staff are kind.”

The person in charge explained the system and process in place for the recruitment of staff and advised that recruitment records were held at the organisation's central office; therefore, recruitment records were not viewed as part of this inspection.

The person in charge explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place to ensure registrations were up to date.

Staff told us that they had experienced a good induction programme when they started working in the home and that training was ongoing to ensure they were competent and capable to provide care in accordance with each resident's care plan. During the inspection we reviewed two completed staff inductions; these were found to be satisfactory.

Staff also said they received good support from the acting manager and senior staff through the provision of staff meetings, supervision and annual appraisals. However, review of information available in the home showed there were omissions in relation to the completion of supervision and appraisals for staff. The completion of same was identified as an area for improvement to comply with the standards.

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training including, for example, specialist training in relation to supporting people with dementia.

The adult safeguarding position report for 2018 was completed and shared following the inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

The accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. The measures in place to minimise the risk of falls included, for example: fall risk assessments, referral to for example occupational therapist, provision of various aids and appliances to aid mobility, and daily evaluations recorded. Care reviews were undertaken at regular intervals.

An inspection of the home was undertaken. There was good evidence of a dementia friendly environment in Memory Lane with lots of visible signage and land marks to aid residents living with dementia to navigate their way around the home. Residents' bedrooms were personalised with items of memorabilia displayed. We observed two bathrooms in the home were cluttered, storing excess furniture including a mattress, bed base, chairs and wheelchairs, thus making the bathrooms unusable for residents. The two bathroom areas should be cleared accordingly to ensure ease of use for residents as they may wish. An area for improvement was identified to comply with the standards. Fire doors were closed and exits unobstructed.

Areas within the home were observed to be comfortably heated, odour free and clean. We observed a plentiful supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents.

Discussion with the person in charge confirmed there were restrictive practices used within the home; these included a locked front door, key pad access to Memory Lane and the use of

alarm mats where residents were identified as being at risk of falls. The person in charge confirmed any restrictive practices in use were assessed and agreed as required.

Walkways through the home and exits were kept clear. There was an up to date fire safety risk assessment in place which had been completed in November 2018; recommendations had been actioned. Records reviewed showed staff had completed fire safety training most recently in April 2019.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the completion of regular supervision and annual appraisal of staff, and decluttering the identified bathrooms.

	Regulations	Standards
Total numb of areas for improvement	0	3

6.4 Is care effective?

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

Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

We reviewed three residents' care records; these were maintained on an electronic records system which the person in charge advised was introduced in May 2019. The person in charge confirmed that all care staff had training on how to operate the system, to gain access and record information. Review of the records showed that risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed, for example, in relation to falls management and moving and handling. Care plans were in place and evidenced regular review. However, from review of the three care records it was found that there was limited information included in the evaluation care records with regard to residents' condition, and the care delivered. In addition, from one of the care records reviewed it was noted updates were not recorded when a visiting professional had attended or visited an identified resident. The importance of ensuring clear and comprehensive records that reflect care given and record when visiting professionals attend was discussed with the person in charge who confirmed that this issue would be addressed with staff. An area for improvement was identified.

The person in charge explained how referrals were made to other health care professionals when required, for example, speech and language therapists (SALT), or district nursing when necessary. Care reviews were held regularly; the completion of these was monitored accordingly. Care records reviewed and discussion with staff confirmed that SALT guidance was in place for identified residents. Information was included in residents' care records and

relevant information relating to specialist dietary needs was also maintained in the main kitchen area.

The person in charge confirmed residents' weights were recorded regularly. It was noted from one of the care records inspected there had been a notable weight loss for an identified resident; this issue was discussed with the person in charge, who was advised to liaise with the resident's GP regarding a dietetic referral. The person in charge showed weight monitoring records, and advised that with the new electronic system weights for all residents were inputted on a monthly basis. However, it was not clear what the process was on identifying weight changes and ensuring appropriate follow through. The need to ensure there was a robust system in place to monitor and/or highlight weight changes and ensure appropriate action taken as a result was discussed with the person in charge. An area for improvement was identified.

Review of care records and discussion with the person in charge confirmed residents' risk of pressure related skin damage was assessed on their admission to the home and reviewed regularly. The person in charge advised if needed district nursing would be involved in supporting residents with pressure related skin care. Review of one care record showed pre admission assessment information had been completed regarding a resident's skin condition. There was also a care plan in place regarding skin integrity; however, the care plan could have been more person specific and should also have reflected in greater detail the planned care including, for example, stated when/how often the district nurse would visit the resident. An area for improvement was identified. The importance of ensuring all care records were person centred and reflective of the individual needs of residents was discussed with the person in charge, who confirmed work was ongoing to ensure further development as the electronic system was relatively new.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes. Staff said they felt there was a good team in place with few staff changes over the years. Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the most recent meeting was held in June 2019 and that staff meetings were held on a regular basis. There were no concerns raised during discussions with staff.

Areas of good practice

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

Areas for improvement

Three areas were identified for improvement in relation to evaluation of care records, ensuring a robust system is in place to monitor the weights of residents, and to ensure an identified resident's care plan is reviewed to ensure greater detail regarding their condition.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with detailed knowledge of residents' choices, likes, dislikes and preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us, and appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

This was evidenced from observations of staff interactions with residents, responses from residents about the care received and information recorded that residents' individual choices were addressed.

Residents' preferences and interests were responded to and staff demonstrated good awareness and understanding of residents' likes and dislikes, for example, preferred rising and retiring times, how their furniture and memorabilia was displayed within their bedrooms, and their choice of clothes to wear each day. Comments from residents regarding the laundry service in the home were shared with the person in charge who advised the laundry system has recently been fully reviewed and plans were in place to change the current system. This shall be followed up at a future inspection.

Care records reviewed outlined residents' preferred activities and daily routines, such as preferred times for getting up and going to bed. Staff said that these were flexible and that resident choice was always a priority.

Comments received from residents and one resident's representative included:

- "This place is second to none, the staff are superb I think they are probably the best team in Northern Ireland, so helpful. There is always lots of activities going on, it is very good."
- "It is very good."
- "The laundry you can't always get it, staff are nice."
- "We are very happy with things. We are kept well informed of any changes."
- "I am content enough here, the staff are kind."
- "You couldn't get any better. The staff are just gold, the residents are just lovely. When you leave your home it's a big thing, I can't say a bad word. Home from home, no complaints at all."

Residents were provided with an individual activities planner; this was also displayed in a central part of the home. Activities such as arts, crafts, church representatives' visits, and day trips were available for residents. Staff said activities were based on residents' hobbies and

interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources were available for use during activity sessions. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 person in charge explained that there was good support in her role from the acting manager, and that other staff including senior carers, carers and ancillary team of staff had identified line managers to support them in their daily duties. The person in charge confirmed the home was managed to ensure the needs of residents are met in accordance with the home's statement of purpose, legislation and best practice guidance. The home's certificate of registration was displayed appropriately; the person in charge was aware of the categories of care for which the home was registered.

The person in charge remained on duty throughout the inspection; they advised the recent changes in the organisational structure were temporary and would return to their regular structure in a number of months. Staff spoken with confirmed the temporary management changes were working in a way to ensure continuity of care delivered in the home. Staff demonstrated good understanding of their roles and responsibilities.

Comments received from staff included:

- "Staff are definitely well supported by management, they are all approachable."
- "Leona is very good, I would be happy to approach the manager."

The home retained a wide range of policies and procedures in place to guide and inform staff, which was reviewed and revised on a regular basis.

The person in charge explained that there were arrangements in place to ensure risk assessments were reviewed regularly. Risk assessments viewed within care records were current and remained under review.

The person in charge explained that a range of audits, for example accidents/incidents, health and safety and kitchen audits, were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports from April to June 2019 confirmed compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 and Minimum Care Standards.

There was a complaints policy and procedure in place. Residents told us they would not hesitate to complain if they were unsatisfied with any aspect of their care. Records were made and available of complaints received. Review of complaints records maintained showed that they were handled appropriately.

There was evidence that information was shared with the staff team about any issues arising. For example, best practice guidance relating to the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Accident and incident records were maintained in the home and were reviewed on a monthly basis. Review of accident and incident records showed they were dealt with appropriately and shared with relevant bodies as necessary.

Staff spoken with were aware of the home's whistleblowing procedure and confirmed they would be comfortable in approaching management if they had any concerns. Staff shared that there were good working relationships within the home and with external stakeholders.

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 and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Lynn Green, acting deputy 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.2 Stated: First time To be completed by: 15 September 2019	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the home's procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff supervision schedule has been reviewed and discussed with Senior team and new responsibilities delegated. All staff supervision is on course. Senior team have been provided with supervision training.</p>
Area for improvement 2 Ref: Standard 24.5 Stated: First time To be completed by: 15 September 2019	<p>The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Outstanding appraisals have been completed or are scheduled to be completed.</p>
Area for improvement 3 Ref: Standard 27.3 Stated: First time To be completed by: 22 July 2019	<p>The registered person shall ensure the two identified bathrooms are decluttered of furniture so they can be accessed by residents should they so wish.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Two identified bathrooms are fully cleared and staff reminded that these should not be used to store any excess equipment.</p>
Area for improvement 4 Ref: Standard 8.2 Stated: First time To be completed by: 16 July 2019	<p>The registered person shall ensure residents' care records clearly reflect all personal care and support given and contact between visiting professionals is recorded in keeping with standards and best practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This has been discussed at staff handover and staff meetings. Staff are now aware to ensure they use the electronic system fully, putting in detail of all relevant care. Follow up is now recorded on the same form for all professional visits.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2019</p>	<p>The registered person shall ensure there is a robust system in place to ensure the regular monitoring of residents' weights and that there is a clear process in place to follow regarding any significant changes.</p> <p>Ref: 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2019</p>	<p>The registered person shall ensure the identified resident's care plan is further developed regarding skin care to ensure it clearly reflects the care required and also references input from other professionals as necessary.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Correspondance has taken place with iCare provider and system has been adjusted to provide an alert for all weights.Senior care workers are automatically alerted and can notify GP/relevant team appropriately and timely.</p> <p>Response by registered person detailing the actions taken: Residents care plan was fully updated.</p>

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



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care