



Secondary Unannounced Care Inspection

Name of Service and ID: Kirk House, 1628

Date of Inspection: 29 July 2014

Inspector's Name: Lorna Conn

Inspection ID: 16816

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Kirk House
Address:	110 Kings Road Belfast BT5 7BX
Telephone number:	(028) 9040 2938
E mail address:	khmanager@belfastcentralmission.org
Registered Organisation/ Registered Provider:	Belfast Central Mission Mr Brian Burns
Registered Manager:	Ms Sharon McIlroy (acting)
Person in charge of the home at the time of inspection:	Ms Sharon McIlroy (acting)
Categories of care:	RC-I ,RC-PH ,RC-PH(E), RC-DE
Number of registered places:	46
Number of residents accommodated on Day of Inspection:	41
Scale of charges (per week):	£486.00 - £534.00
Date and type of previous inspection:	12 February 2014, Primary announced inspection
Date and time of inspection:	29 July 2014
Name of Inspector:	Lorna Conn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with the acting registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the DHSSPS Residential Care Homes Minimum Standards.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Kirk House Residential Care home is situated on the Kings Road in East Belfast. The residential home is owned and operated by Belfast Central Mission and the current acting registered manager is Ms Sharon McIlroy.

Accommodation for 46 residents is provided in flat lets across two floors with access to the first floor via a passenger lift and stairs. Thirty seven of the 41 flat lets accommodate single residents with four of these adapted to accommodate residents with physical disabilities. Four of the flat lets can accommodate couples. The home is sub-divided into four living areas with ten bedrooms and each area has its own sitting room and kitchen and dining area. A larger communal facility is also provided for use during church services or any entertainment or large social functions. A guest room is also available with en-suite shower facility, so that a visitor may be accommodated if required. A call system extends throughout the home for use in an emergency. The Home is in the process of improving one of the corridors on the ground floor (known as the Memory wing) to provide accommodation for those with dementia in accordance with dementia design standards.

The home also provides for catering and laundry services on the ground floor and has external landscaped gardens with car parking at the front.

The home is registered to provide care for a maximum of 46 persons under the following categories of care: RC-I (Old age not falling into any other category); RC-PH (Physical disability other than sensory impairment); RC-PH (E) (Physical disability other than sensory impairment - over 65 years) and RC-DE (Dementia).

7.0 Summary of inspection

This secondary unannounced care inspection of Kirk House was undertaken by Lorna Conn on 29 July 2014 between the hours of 09:55am and 1:55pm. Ms Sharon McIlroy was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were examined. There was evidence that the home has addressed some of the areas as required within the timescales specified. Five recommendations have been stated for the second time regarding updating the care review and whistleblowing policies; accident reporting to care managers; the visual accessibility of menu and the provision of covering for bathroom pull cords. The detail of the actions taken by the acting registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents, staff and one relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussions with residents, they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The resident representative indicated their satisfaction with the provision of afforded to their relatives and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. Building work was due to begin in the home to make improvements to the Memory wing. The timing of the proposed building work was discussed with the acting registered manager and the Dementia Lead. Advice was given by the inspector to inform the RQIA estates inspector of the date of the commencement of this work as soon as this was known and before work commenced; to monitor that disruption to the residents was being minimised and that residents and relatives should continue to be kept informed of the work as it progressed.

No new requirements and no recommendations were made as a result of this unannounced inspection.

The inspector would like to thank the residents, relatives, the acting registered manager, and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 February 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	9.1	The registered person is recommended to maintain details of residents' dentists and where residents prefer to independently arrange their dental care, this should be recorded.	Records reviewed provided evidence that details of residents' dentists had been sought from residents and relatives and recorded as recommended.	Compliant
2.	9.5	The registered person is recommended to maintain a system for the monitoring of frequency of residents' dental appointments and any referrals made.	Care review records were examined and dental appointments and needs were detailed in those sampled. The home also had records of annual dental screening conducted by the Trust during November and December 2013. These detailed any further dental needs to be addressed	Compliant
3.	11.1	The registered person is recommended to amend the care review policy to include the process for residents who are self-referred.	The policy dated November 2012 was still in place and did not include the process for residents who are self-referred. This is stated on a second occasion.	Not Compliant
4.	11.2	The registered person is recommended to maintain records of care reviews held for residents who are self-referred.	Three records of self-referred residents were examined and records of their recent care reviews had been maintained.	Compliant
5.	11.3 & 11.4	The registered person is recommended to maintain records of the written reports which are prepared for review meetings.	Four care records were reviewed and all were found to contain the written reports prepared for these meetings.	Compliant

6.	11.5	The registered person is recommended to ensure that these review records are requested from the Trust and to ensure that when the meeting is organised by the home, a copy of the record of the meeting is issued to the resident and where appropriate their representative, and any others who contributed to the review.	Seven care records were examined and the minutes of their care reviews had been provided either by the Trust or the Home as appropriate.	Compliant
7.	16.1 & 20.18	The registered person is recommended to amend the whistleblowing policy to include the contact details of RQIA.	The policy dated February 2011 was still in place and had not been updated to include the contact details for RQIA. This is stated on a second occasion.	Not Compliant
8.	16.7	The registered person is recommended to ensure that written communication is sought from the Trust regarding the final outcome of one identified incident.	Documentation reviewed indicated that this had been sought.	Compliant
9.	12.4	The registered person is recommended to review the daily menu boards regarding their legibility and visual accessibility.	The menu boards were in the progress of being reviewed but appropriate alternatives were still to be sourced. This is stated on a second occasion.	Moving towards Compliance
10.	20.15	The registered person is recommended to ensure that all accidents are reported to care managers and next of kin unless otherwise indicated.	Accidents records were sampled and while all of these had been reported to the next of kin, a few had not been reported to the care manager. This is stated in part on a second occasion.	Moving towards Compliance

11.	25.3	The registered person is recommended to ensure that competency assessments are dated upon completion.	The inspector was advised that six staff can be in charge in the absence of the acting manager. All records were examined and five had competency assessments which were dated and signed. One was only partially incomplete. However, documentation was provided to the inspector later on the day of the inspection which evidenced that this had been addressed.	Compliant
12.	35.7	The registered person is recommended to review the covering of bathroom pull cords.	This was confirmed as still outstanding during the visual inspection of the home.	Not Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with 11 residents individually and with others in groups. Residents were observed relaxing in the communal lounge areas whilst others were resting in their flat lets. Later in the inspection others were spoken with after finishing their lunch in the dining rooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents also reported that they had been consulted regarding the proposed building work and expressed their satisfaction with the handling of this to date. No concerns were expressed or indicated.

Comments received included:

'My move was handled very well. Staff have been very helpful and all has been explained in two meetings. I have absolutely no concerns about the work as I think it's a wonderful idea'.

'I'm fine here. My move was okay'.

'I never believed I would be so happy. Here is the best thing that ever happened. The food and everything is absolutely excellent. We get choice at our meals every day and nothing is a problem to the staff'.

'Staff are all very nice. I hear some noise today from the grass being cut and know there's an extension to the memory wing. I'm happy enough'.

'I just love it here - you can do as you like. The staff are superb. They got us all together and told us all about the building work. The manager's a very nice girl and I couldn't say anything bad about it here'.

'I'm very happy here. The staff are exceptional and wonderful. They are very good at sharing things with us like the building work. I've no concerns and staff are so helpful'.

10.2 Relatives/representative consultation

One relative who met with the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated. They also confirmed that they had been made aware of the building work but thought that it wouldn't adversely affect their relative.

10.3 Staff consultation

The inspector spoke with six staff of different grades. Discussions with staff identified that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents and commented on how well the residents had been involved in the proposed building work.

Comments received included:

'The care is fantastic. They are really well looked after and the meals are out of this world'.
'It's well set up here. There's always someone you can go to and things are always dealt with. We get plenty of training and the manager is very good. Residents get very good care and we build up friendships with the residents and families which I like'.
'The residents seem very interested in the building work and one person wanted to know more and was taken down and shown the area. Residents were very involved with the planning of the garden and interviewed and met applicants for the manager's post'.
'A lot has been put in place regarding how the building work can be carried out and it can't start until very detailed schedule is produced to minimise effect on residents. I've been very impressed with the way this has been put through and there was no stress for the residents who moved as extra staff were put on and everything was put in same place in their new room.
'The care is excellent and the new induction has meant that staff learn faster'.
'There have been relatives and residents meetings about the work. It's been discussed at every meeting'.

10.4 Visiting professionals' consultation

No visiting professionals were present in the home during the inspection.

10.5 Environment

The inspector viewed the home accompanied by the acting registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. The timing of the proposed building works was discussed with the acting registered manager and the Dementia Lead. Advice was given by the inspector to inform the RQIA estates inspector of the date of the commencement of this work as soon as this was known and before work commenced; to monitor that disruption to the residents was being minimised and that residents and relatives should continue to be kept informed of the work as it progressed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Sharon McIlroy, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

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Kirk House

29 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Sharon McIlroy during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.1	The registered person is recommended to amend the care review policy to include the process for residents who are self-referred.	Two	Care Review Policy has been amended & signed off by the Registered Provider.	By 30 September 2014.
2.	16.1 & 20.18	The registered person is recommended to amend the whistleblowing policy to include the contact details of RQIA.	Two	This has been actioned by BCM HR department.	By 30 September 2014.
3.	20.15	The registered person is recommended to ensure that all accidents are reported to care managers.	Two	It is established procedure to report any accidents to the relevant Care Manager. This oversight has been brought to the attention of the relevant staff.	With immediate effect from the date of the inspection.
4.	12.4	The registered person is recommended to review the daily menu boards regarding their legibility and visual accessibility.	Two	Clear menu displays have been purchased and are now displayed on all Dining Tables.	By 30 September 2014.
5.	35.7	The registered person is recommended to review the covering of bathroom pull cords.	Two	This will be actioned by BCM Estates Manager.	By 30 September 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rjia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Sharon McIlroy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brian Burns

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorna Conn	1/9/14
Further information requested from provider			