The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Kintullagh Care Home**

Provider: **Kathryn Homes Ltd**

Date of Inspection: **25 September 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual/Responsible Person:	Mrs Tracey Anderson
Registered Manager:	Miss Bronach Campbell
Service Profile – This home is a registered nursing home that provides nursing care for up to 61 patients. The home is divided into three units over two floors; the Willow and Beech units are on the ground floor with the Oak unit located on the first floor. Patients have access to communal lounges, dining rooms and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 29 September 2025 from 9.30 am to 5.00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA during the last care inspection on 6 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Prior to the inspection RQIA received information from a relative about the provision of oral care and fluids. RQIA reviewed these areas of concern and identified areas for improvement in relation to the provision of oral care and recording of patient fluid intakes. RQIA were also satisfied that the relative's concerns were being appropriately managed by the provider. Refer to section 3.3.2. for more details.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, five areas for improvement were assessed as having been addressed by the provider. One area for improvement is stated for a second time.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care from staff, and there were enough staff if they needed them. Comments included; "The staff are very good, brilliant." and "The staff are dead on, not a thing wrong with the place."

Patients told us the food was good and they had a choice of meal.

The patients also told us that staff offered choices to them throughout the day that included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients who were unable to share their opinions on life in the home said or indicated that they were well looked after and were observed to be at ease in the company of staff and to be content in their surroundings.

Relatives / visitors spoken with expressed no issues with the care their loved one received in Kintullagh.

No feedback was received from the patient/ relative questionnaires or the staff questionnaires following this inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction. A review of two recruitment files for recently recruited staff evidenced that robust systems were in place to ensure staff were correctly recruited.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork, that they felt well supported in their role and that they were satisfied with the staffing levels, and that these had been recently reviewed and increased by management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota evidenced whom the person in charge was when the manager was not on duty.

Review of governance records provided assurance that there were systems in place to ensure staff were trained and supported to do their job and that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were monitored by the manager on a monthly basis.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were seen to communicate well with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position examination of the repositioning records showed these were recorded appropriately. However, care plans in place to direct staff on the repositioning requirements were not sufficiently detailed in relation to the settings of pressure relieving mattress. A review of the pressure relieving mattress settings evidenced that these were not set in accordance to the care plan and or patients weight. An area for improvement was identified.

While observation of patients did not raise concern about the management of oral hygiene, a number of patients' toothbrushes were observed to be dry/unused.

Feedback from patients confirmed that they were not always offered the opportunity to clean their teeth. An area for improvement was identified.

A variety of drinks and snacks were observed to be offered throughout the day and patients had access to fluids in their rooms. However, review of food and fluid intake charts evidenced gaps in the recording of patient fluid intake particularly after the teatime meal. The need to ensure fluid provision is accurately recorded and appropriate action is taken if fluid is declined was discussed with the manager. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.
The daily menu was displayed in each of the units to ensure patients were aware of what the meal was on offer.

The importance of engaging with patients was well understood by the Manager and staff.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. A review of activity records evidenced gaps in the recording of the provision of activities. An area for improvement has now been stated for a second time.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were observed to have been regularly reviewed and generally well maintained in keeping with regulatory and professional requirements. The manager did agree consider including in care plans if patients had expressed a choice regarding the gender of staff who supported them with personal care.

Wound care records reviewed evidenced improvement in the overall recording, and records were reflective of the care provided.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Generally the adhere to fire safety measures was satisfactory. However, a door to a bedroom and a store room were observed to be propped open. As both these doors were designated fire doors and should not have been propped or wedged open at any time an area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

However it was observed that a small number of staff were not adhering to the ‘ bare below the elbow’ best practice guidance for hand hygiene this was discussed with the manager who agreed to address this.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Bronach Campbell has been the registered manager in this home since 18 June 2025.

Patients and staff described the manager as approachable, supportive and available to provide guidance.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care, other services and staff practices.

There was a satisfactory system in place to manage any complaints received. A compliments log was also maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients’ safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and relatives spoken with told us they were aware of how to raise concerns and felt that these would be addressed.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* The total number of areas for improvement includes one under the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Bronach Campbell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** 25 September 2025	The Registered Person shall ensure the practice of propping open of fire doors ceases. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff meeting held to reiterate the importance of fire doors. Night visits to have a focus on fire doors. Residents who requested for their doors to be propped open had it explained, on a level of their understanding, the risks of this practice to help encourage compliance and reduce anxieties if their doors were not propped open. Doors are no longer propped open and this is monitored during daily walkrounds
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** 1 December 2025	The registered person shall review the arrangements for activity provision in the home including in the absence of the activity co-ordinator. A contemporaneous record of activities delivered must be retained. Activities must be an integral part of the care process with daily notes reflecting these activities. Ref:2.0.and 3.3.3
	Response by registered person detailing the actions taken: Activity notes have been reviewed and format changed to help better reflect activities offered for each resident. Weekly meetings being held with lifestyle co-ordinator. Deputy manager is spot checking activity records daily to ensure records are compliant
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 25 September 2025	The Registered Person shall ensure care plans for the repositioning of patients includes the settings for the pressure-relieving mattress and that the care plans and mattress settings are regularly reviewed to ensure the setting is appropriate. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff meeting held to discuss. Walk arounds to have a focus on ensuring mattresses are appropriately set. Twice daily checklist in place and being checked for completion during flash meetings. Nurses informed how to review care plans appropraitely and will be monitored in care plan audits.

Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 25 September 2025	The registered person shall ensure patients are offered the opportunity to clean their teeth and/or supported to do so based on their assessed needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: All residents care files were checked to ensure they had an oral hygiene care plan. New admission audit had "oral hygiene care plan" added to it. Staff meeting held to discuss. Walk arounds to focus on this aspect of care. Supervisions completed with staff. Staff reminded to use non verbal cues as well as asking residents, to ensure they fully understand staff are attempting to promote their oral hygiene.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 25 September 2025	The registered person shall ensure patient fluid intake is recorded accurately. Ref : 3.3.2
	Response by registered person detailing the actions taken: Staff meeting held to discuss. Staff informed the importance of recording not only fluid intake but also to record the fluids which were offered but refused to ensure there are no unexplained gaps. Fluid charts reviewed to ensure all residents required them as some are able to drink independently.

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