The Regulation and Quality Improvement Authority

# Inspection Report

## 25 April 2024

# Kilbroney House

Type of service: Nursing
Address: 83 Kilbroney Road, Rostrevor, BT34 3BL
Telephone number: 028 4173 8600

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

## 1.0 Service information

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|---|---|
| **Organisation/Registered Provider:**<br>Ms Jacqueline Ann Campbell<br><br>**Registered Person:**<br>Ms Jacqueline Ann Campbell | **Registered Manager:**<br>Ms Jacqueline Ann Campbell<br><br>**Date registered:**<br>1 April 2005 |
| **Person in charge at the time of inspection:**<br>Gillian Campbell, Clinical Lead Nurse | **Number of registered places:**<br>18<br><br>There shall be a maximum of 3 patients in category NH-DE, a maximum of 11 patients in category NH-MP/NH-MP(E) and a maximum of 2 patients in category NH-PH/NH-PH(E). The home is also approved to provide care on a day basis to 1 person |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia.<br>MP – Mental disorder excluding learning disability or dementia.<br>MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>17 |
| **Brief description of the accommodation/how the service operates:**<br>This home is a registered nursing home which provides nursing care for up to 18 patients. Patients' bedrooms are located over two floors in the home. Patients have access to communal lounge and dining areas and there are additional communal treatment rooms external to the home. Patients also have access to a well maintained garden area. | |

## 2.0 Inspection summary

An unannounced inspection took place on 25 April 2024 from 9:50 am to 3:45 pm by a care inspector.

The inspection assessed progress with 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

## 4.0 What people told us about the service

Patients told us they were happy with the service provided, they commented; “the staff are really nice and the place is spotless” and “there are plenty of staff around”. Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients and staff were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires or the online staff survey following the inspection.

Compliments received about the home were kept and shared with the staff team.

## 5.0 The inspection

## 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| **Areas for improvement from the last inspection on 18 & 24 July 2023** | | |
|---|---|---|
| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for Improvement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person shall ensure that a controlled drug record book is maintained. The receipts, administrations and disposals of controlled drugs should be recorded in the controlled drug record book;<br><br>**Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** | **Carried forward to the next inspection** |
| **Area for Improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person shall ensure that records are maintained of the prescribing and administration of thickeners.<br><br>**Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** | **Carried forward to the next inspection** |

| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | | Validation of compliance |
|---|---|---|
| **Area for Improvement 1**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time | The registered person shall ensure that care plans are developed to direct staff where patients have a wound. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | |
| **Area for improvement 2**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time | The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines for chronic pain. | **Carried forward to the next inspection** |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** | |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that one employee had only one reference and the induction record was not available. This was identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded by the Manager when training was due. Review of records showed compliance levels for some of the mandatory topics, for example, safeguarding, manual handling and infection prevention and control were low, confirmation was given after the inspection that this was had been addressed. This will be reviewed at the next inspection.

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

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff supervisions and annual appraisals were completed as per the schedules in place and relevant records were maintained. Staff said that teamwork was very good and that they felt well trained to carry out their roles and responsibilities.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Staff were seen to be responsive to requests for assistance.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, in one patient's care record, risk assessments had not been developed in a timely manner, this was identified as an area for improvement.

Where a patient was at risk of falling, measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

Patients who were less able to mobilise were assisted by staff to change their position. Records evidenced that the patients were repositioned however, the frequency of repositioning was not recorded and care plans lacked detailed in regards to the recommended regime. This was discussed with the management team and an area for improvement was identified.

It was positive to note that the home had no wounds and discussion with staff evidenced that they felt competent in the management of wound care if required.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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 from simple encouragement through to full assistance from staff. The serving of lunch was well organised and unhurried. Staff were seen to assist patients with the level of support they required throughout the meal time.

There was a choice of meals on offer, the food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. However, there was no menu displayed in the dining room advising patients of their meal options. Confirmation was received after the inspection that this had been addressed. This will be reviewed at the next inspection.

Care plans were in place for patients who required their diets to be modified. However, review of records evidenced that choking risk assessments were not being carried out. It was identified that the electronic care record system the home uses had not been set up with this assessment. Confirmation was received after the inspection that this assessment had now been added to the care record system. This will be reviewed at the next inspection.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was 6 November 2023 with actions required. Confirmation was received by the home that these had been addressed. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

### 5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Discussion with patients confirmed that they were able to choose how they spent their day. Patients were aware of the activities on offer and said it was their decision to join in or not.

Group activities on offer included singing, bingo and games. The planned activity for the day was recorded on a whiteboard. Patients were observed to enjoy playing bingo in the lounge with staff. Staff aimed to ensure that activities were positive, meaningful and beneficial for patients' well-being.

Patients who chose were involved in the running of the home by helping out with minor maintenance and gardening tasks. Some patients enjoyed activities such as baking and cooking in the home's rehabilitation room. The garden was accessible and had plenty of pleasant seating areas for patients' enjoyment and comfort. Staff arranged regular bus outings for patients to go out for lunch, shopping trips or just for a drive and a change of scenery. Patients also visited their families and staff assisted with transport arrangements where necessary. Patients spoke very positively about the staff and their experience of life in the home. They said they felt listened to and that any concerns they might have were sorted out.

## 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; Ms Jacqueline Campbell remains as the Registered Manager and the Registered Person. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

There was a system in place to manage complaints. Review of the home's record of complaints evidenced that some lacked detail of information such as detailing any investigation taken place, record of actions taken or outcomes of the complaint; this was discussed at feedback and an area for improvement was identified.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

As the Registered Provider was in day to day charge of the home in her manager capacity a monthly visit to consult with patients, their relatives and staff and to examine all areas of the running of the home was not required. However, there was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients in order to help drive improvement. Staff spoke in very positive terms about the support provided by the management team.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 2* | 5* |

* the total number of areas for improvement includes two regulations and one standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gillian Campbell, Clinical Lead Nurse as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 July 2023 | The registered person shall ensure that a controlled drug record book is maintained. The receipts, administrations and disposals of controlled drugs should be recorded in the controlled drug record book.<br><br>Ref: 5.1<br><br>**Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 July 2023 | The registered person shall ensure that records are maintained of the prescribing and administration of thickeners.<br><br>Ref: 5.1<br><br>**Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 July 2023 | The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines for chronic pain.<br><br>Ref: 5.1<br><br>**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Area for improvement 2**<br><br>**Ref:** Standard 38<br><br>**Stated:** First time<br><br>**To be completed by:**<br>25 April 2024 | The registered person shall ensure that references are completed in full before staff commence working in the home and the induction records are retained in the staff file on completion of the induction.<br><br>Ref: 5.2.1<br><br>**Response by registered person detailing the actions taken:**<br>Management will ensure that all necessary references and induction is fully completed prior to commencement of employment. |

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| **Area for improvement 3**<br><br>**Ref:** Standard 16<br><br>**Stated:** First time<br><br>**To be completed by:**<br>25 April 2024 | The registered person shall ensure that a system in in place to monitor the timely completion of care records following a patient's admission to the home.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>Management has now introduced a helpful template for staff to ensure all care records are completed in a timely manner following admission. |
| **Area for improvement 4**<br><br>**Ref:** Standard 23<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 April 2024 | The registered person shall ensure that where a patient has been assessed as requiring repositioning, frequency regime of repositioning is recorded within patient care records.<br><br>Ref:5.2.2 |
| | **Response by registered person detailing the actions taken:**<br>The template used for repositioning has now been amended to include frequency of repositioning. |
| **Area for improvement 5**<br><br>**Ref:** Standard 16<br><br>**Stated:** First time<br><br>**To be completed by:**<br>25 April 2024 | The registered person shall ensure that records maintained for complaints includes results of any investigations and level of satisfaction achieved is recorded.<br><br>Ref:5.2.5 |
| | **Response by registered person detailing the actions taken:**<br>Management will ensure that any complaints will have the above details included |

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

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