The Regulation and Quality Improvement Authority

Inspection Report

17 & 18 April 2024

Kirk House

Type of Service: Residential Care Home
Address: 110 Kings Road, Belfast, BT5 7BX
Tel no: 028 9040 2938

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: Belfast Central Mission **Responsible Individual:** Ms Lois Payam	**Registered Manager:** Mrs Sharon McIlroy **Date registered:** 26 June 2020
Person in charge at the time of inspection: Mrs Sharon McIlroy	**Number of registered places:** 46 A maximum of 14 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.	**Number of residents accommodated in the residential care home on the day of this inspection:** 41
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 46 residents. The home is divided over two floors. On the ground floor there is one wing (Memory Lane) for residents living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 17 April 2024, from 9.35am to 5.15pm, and on the 18 April 2024 from 9.30am to 12.00pm by a care Inspector.

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.

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

New areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) in section 6.0 for details.

RQIA were assured that the delivery of care and service provided in Kirk House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Kirk House.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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.

The findings of the inspection were discussed with Mrs Sharon McIlroy, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents commented positively regarding the home and said they felt they were well looked after. One resident spoke of how," We are all very well looked after. The staff are approachable and my room is kept clean and tidy. I have no complaints." Another resident spoke of how "The food is excellent; I am offered plenty of choice. I am well cared for."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

No additional feedback was received from relatives following the inspection. One questionnaire was received from a resident, who identified a high degree of satisfaction with the care and services provided by the home.

One staff questionnaire was received following inspection, which indicated a high degree of satisfaction with the care provided, and in the management of the home.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 19th April 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Ref: Regulation 14 (2)(a)(c)

Stated: First time</td><td>The registered person shall ensure that substances hazardous to the health of residents, such as dishwasher powder, are safely stored in accordance with COSHH requirements.

Action taken as confirmed during the inspection:
There was evidence that this area for improvement was not met. This is discussed in section 5.2.3.</td><td>Not met</td></tr>
<tr><th colspan="2">Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</th><th>Validation of compliance</th></tr>
</table>

Area for improvement 1 **Ref:** Standard 23.3 **Stated:** First time	The registered person shall ensure that mandatory training requirements are met. This is stated in relation to Infection Prevention and Control (IPC), and First Aid training.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the management of diabetes, and the impact of a locked keypad on DOL safeguards.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time	The registered person shall ensure there is a managed environment that minimises the risk of infection. This is stated in relation to, but not limited to, incontinence pad storage.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 27 **Stated:** First time	The registered person shall ensure the bathroom downstairs is tidied, and that the surfaces of the kitchen cupboards in the memory lane unit are repaired or replaced.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 **Ref:** Standard 29.6 **Stated:** First time	The registered person shall ensure that all staff participate in a fire evacuation at least once a year.	**Not met**
	Action taken as confirmed during the inspection:	

	There was evidence that this area for improvement was not met. This is discussed in section 5.2.3.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The reason for staff leaving previous posts were not being recorded as part of pre-employment checks. This was discussed with the manager and an area for improvement was identified.

Review of staff appraisals highlighted that these were not up to date. An area for improvement was identified.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

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

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The menu displayed for tea did not have a second choice, even though the home did offer this. This was discussed with the manager for her action.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Two on-suite bathrooms in an identified area of the home had steradent tablets which were not being stored securely. These were given to staff to store appropriately. An area for improvement was stated for a second time.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. There was no assurance that all staff had attended a fire drill in the past year. An area for improvement was stated for a second time. One fire door was wedged open, and wooden wedges were visible beside some fire doors in the home. This was addressed on the day of inspection by the manager, and an area for improvement was identified. An area of flooring in in the dining area of the memory lane unit, and in the dining room area of the yellow lounge, required repair or replacement. An area for improvement was identified.

The environment in the memory lane unit needed improvements to promote and orientate residents to their surroundings. Name plates /memory boxes/photographs were missing from outside of some of the bedrooms, and the menu for residents could be displayed in a more dementia friendly format. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A monthly newsletter is completed for residents and relatives.

It was observed that staff offered choices to residents throughout the day which 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.

Residents' needs were met through a range of individual and group activities, such as musical activities, church activities and arts and crafts.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Sharon McIlroy returned as Registered Manager of the home since 5 October 2023.

Through the review of care records, it was identified that one resident had weight loss and it was unclear if appropriate action had been taken. On the day of inspection, staff took appropriate action in relation to this. It was discussed with the manager the need for resident's weights to be regularly audited, and any necessary actions taken. An area for improvement was identified.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices.

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 residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon McIlroy, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref: Ref:** Regulation 14 (2)(a)(c) **Stated:** Second time **To be completed by:** 18 April 2024	The registered person shall ensure that substances hazardous to the health of residents, such as dishwasher powder, are safely stored in accordance with COSHH requirements. Ref: 5.1 & 5.2.3
	Response by registered person detailing the actions taken: Relatives of memory lane have been informed that Steradent is not permitted and residential relatives have been asked to inform us if they are supplying it so we can risk assess storage. Discused at residents meeting and a flyer has been given to residential residents informing them of the risk and the importance of safe storage.
Area for improvement 2 **Ref:** Regulation 27 **Stated:** First time **To be completed by:** 1 July 2024	The registered person shall ensure that the environment in the memory lane unit is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. This is stated in relation to signage and personalisation on the bedroom doors, and in the menu being displayed in a more dementia appropriate format. Ref: 5.2.3
	Response by registered person detailing the actions taken: Activities co-ordinator is creating orientation frames through one to one sessions with residents. Daily menu display board in place on entrance to Memory Lane lounge to highlight food options for the day in an easier to read format
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 29.6 **Stated:** Second time	The registered person shall ensure that all staff participate in a fire evacuation at least once a year. Ref: 5.1 & 5.2.3

To be completed by: 1 July 2024	**Response by registered person detailing the actions taken:** All staff will have taken part in a fire drill by the end of June.
Area for improvement 2 **Ref:** Standard 19 **Stated:** First time **To be completed by:** 18 April 2024	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation. This is stated in relation to the reason for leaving previous employment being recorded.
	Response by registered person detailing the actions taken: Meetign held with HR drpartment and recruitment procedures changed to ensure reason for leaving each role and captured.
Area for improvement 3 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 1 July 2024	The registered person shall ensure that all staff have an up to date annual appraisal. Ref: 5.2.1
	Response by registered person detailing the actions taken: In progress and will be completed by end of July 2024
Area for improvement 4 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 17 April 2024	The registered person shall ensure that fire doors are not wedged open in the home. Ref: 5.2.3
	Response by registered person detailing the actions taken: All wedges removed apart from a couple of areas with corresponding risk assessment as agreed with Head of Estates. New hold open devices in place in managers office and hairdressing room, awaiting for admin and senior offices.
Area for improvement 5 **Ref:** Standard 27 **Stated:** First time	The registered person shall ensure that the flooring in the dining area in memory lane and in the dining area in the yellow lounge is repaired or replaced. Ref: 5.2.3

To be completed by: 1 July 2024	**Response by registered person detailing the actions taken:** Head of estates informed and is on Decroation plan.
Area for improvement 6 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 18 April 2024	The registered person shall ensure that the range of audits in the home is increased to include resident's weights. There is a clear action plan when deficits are identified, indicating actions taken. Ref: 5.2.3
	Response by registered person detailing the actions taken: New weight audit implemented

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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