

Inspection Report

Name of Service: Kilwee Care Home

Provider: Merit Retail Limited

Date of Inspection: 30 September 2024

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:	Merit Retail Limited
Responsible Individual:	Mr Jarlath Conway
Registered Manager:	Ms Deborah Campbell
Service Profile: This home is a registered Residential Care Home which provides health and social care for up to 20 residents living with dementia. The home is divided over three floors. The Residential Home is on the second floor and is self-contained with its own living and dining areas. There is a Nursing Home which occupies the ground and first floors and the Registered Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2024, from 9.40 am to 5.30 pm by a care inspector.

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 7 August 2023 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. One area for improvement will be reviewed at the next inspection. 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 resident's, 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.

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

Residents spoke positively about life in the home. Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "The staff are attentive, we are well looked after" Another resident said, "I have no complaints, the staff are great!"

One relative commented, "They are all brilliant in here, the staff are excellent.

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.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices 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.

Two completed questionnaires were received from relatives following the inspection. Both indicated high satisfaction with the care and services provided. Additional comments were recorded such as, “Absolutely first class care with highly professional and caring staff.”

No completed questionnaires from residents ,or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

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.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

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

The importance of engaging with residents was well understood by the manager and staff. There was an karaoke activity being carried out for residents on the day of inspection.

The weekly programme of social events was displayed on the noticeboard advising of future events. Residents' needs were met through a range of individual and group activities such as crafts, themed activities, religious services and musical activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Review of care plans of residents requiring increased levels of supervision of staff, did not consistently contain enough detail around the supervision arrangements to guide staff. Not all care plans were signed by the resident or their representative. Two new areas for improvement were identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

Review of fire checks highlighted that not all fire alarm call points were being rotated through all points in the home as part of weekly checks. 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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Deborah Campbell has been the manager in this home since 3 June 2021.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these

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	0	4*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Deborah Campbell, 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 Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 6 Stated: First time To be completed by: Immediate action required (4 April 2023)	<p>The registered person shall review the management of distressed reactions to ensure that care plans are in place and regular use is referred to the prescriber for review.</p> <p>Ref: 2.0</p> <p>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.</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 01 December 2024	<p>The registered person shall ensure that each resident has an individual and up to date care plan. Specifically, care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All care plans in relation to 1-1 supervision contain detail on family visiting arrangements and the type of supervision required eg. arms length or closer supervision. Detail of risks and distraction techniques are also included.</p>
Area for improvement 3 Ref: Standard 6.3 Stated: First time To be completed by: 01 December 2024	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: A form has been formulated whereby when residents or their representative read and agree to a care plan, this is documented in writing. This will occur annually or when changes take place.</p>
Area for improvement 4 Ref: Standard 29.2 Stated: First time To be completed by: 01 December 2024	<p>The registered person shall ensure that the weekly test of the fire detection and alarm system should rotate through the the fire call points, so as to give assurance that they remain fully functional.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All fire detection call points are numbered, have location, floor and zone recorded on weekly test sheet so that it can be easily viewed going forward to ensure that all points are checked weekly and are functional</p>

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