

Inspection Report

19 December 2022



Kilwee Care Home

Type of Service: Residential Care Home
Address: 42f Cloona Park, Dunmurry BT17 0HH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation: Merit Retail Limited Responsible Individual : Mr Jarlath Conway	Registered Manager: Ms Deborah Campbell Date registered: 3 June 2021
Person in charge at the time of inspection: Miss Gillian Cowan – team leader	Number of registered places: 20
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential care home on the day of this inspection: 20
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 20 residents. 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 19 December 2022 from 10.25 am to 5.00 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.0.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Kilwee Care Home was provided in a compassionate manner by staff who knew and understood the needs of the residents.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Kilwee Care Home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "The girls are brilliant. I love my room, it is lovely" while another resident said, "I am getting well looked after. They are very gentle people."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I would be dead if the staff weren't taking such good care of my wife. They are angels."

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

5.0 The inspection

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

Review of Areas of Improvements from the last inspection (IN042214), on 8 September 2022.

There were no areas for improvement identified during this inspection and a QIP was not required or included as part of this inspection report.

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Checks were made to ensure that staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to residents. Examination of induction records confirmed records were retained.

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

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. Residents said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known.

Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that staff members were adept at comforting and reassuring residents who became distressed or anxious.

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.

If a resident had an accident or a fall, a detailed report was completed. Review of one resident's care records identified that staff had responded correctly to support the resident. Minor deficits were noted in the records kept, particularly in relation to completion of risk assessments post fall and staff not consistently commenting on the residents status post fall. These were discussed with the team leader who agreed to meet with staff and monitor compliance through their audit systems.

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.

It was observed that residents were enjoying their breakfast and lunch. The dining experience was relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided.

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.

There was evidence that care records were regularly reviewed and updated regarding changes in residents' needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, there was evidence that these had not been consistently recorded for a number of residents. This was discussed with the team leader who confirmed there had been an issue with the computers which impacted on the recording of daily evaluations. It was noted that there was no contingency arrangements in place for staff to maintain a hand written record in these circumstances. The manager agreed to review this. To ensure contemporaneous evaluations of care are maintained, an area for improvement was identified.

Examination of daily evaluations of care confirmed that while some entries were person centred, there was evidence that some staff were using repetitive statements to evaluate resident care. Assurances were provided by the team leader that this would be addressed by the manager. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were decorated to a high standard, suitably furnished, clean and tidy. The team leader confirmed that new bedside tables had been ordered for a number of rooms.

Staff were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of personal protective equipment (PPE) were not always displayed at PPE stations. The team leader agreed to review this. There was an adequate supply of PPE and hand sanitisers readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE while others were observed not to be bare below the elbow. This was discussed with the team leader and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the dining room for meals.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives or singing and dancing to Christmas music with staff.

An activity planner displayed in the home highlighted upcoming events such as the Christmas party, arts and crafts, music, rosary and sing-a-longs. Christmas trees and many decorations displayed throughout the home and staff told of plans for the minister to visit along with children from a local school coming to sing for the residents. Staff said they did a variety of one to one and group activities to ensure all residents had some activity engagement.

5.2.5 Management and Governance Arrangements

Staff members 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.

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

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good although deficits were identified following review of the IPC/hand hygiene audits. This was discussed with the team leader who agreed to review how to improve the governance of this area. Additional training needs were identified to ensure that staff members completing audits have sufficient knowledge to be able to do so. This will be reviewed at a future care inspection.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

A review of accidents and incidents records found that these were well managed and reported appropriately.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Gillian Cowan, team leader, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (k)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (19 December 2022)</p>	<p>The registered person shall ensure a contemporaneous record of all care and services provided to residents is maintained on a daily basis. This should include a record of the resident's condition and any other treatment or interventions.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been supervised on what to record about each of our residents on a daily basis. In the event of computer error, a hand written record will be completed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (19 December 2022)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have received one to one supervision on donning and doffing, use of PPE and hand hygiene. Compliance will be monitored through auditing of same.</p>

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