



# Unannounced Inspection Report 5 December 2019



## Kilwee Care Home

**Type of Service: Residential Care Home**  
**Address: 42f Cloona Park, Dunmurry, BT17 0HH**  
**Tel No: 028 9061 8703**  
**Inspector: Helen Daly**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home which is registered to provide care for up to 16 residents who are living with dementia.

### 3.0 Service details

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|--|--|
| <b>Organisation/Registered Provider:</b><br>Merit Retail Limited<br><br><b>Responsible Individual(s):</b><br>Ms Therese Elizabeth Conway | <b>Registered Manager:</b><br>Ms Isabel Neves    |
| <b>Person in charge at the time of inspection:</b><br>Ms Maureen Munster, Acting Manager   | <b>Date manager registered:</b><br>15 March 2019 |
| <b>Categories of care:</b><br>Residential Care (RC)<br>DE – dementia   | <b>Number of registered places:</b><br>16        |

### 4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 11.00 to 15.15.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, the home's environment and the timely availability of newly prescribed medicines and antibiotics. There was also evidence of good communication between residents, and staff and taking account of the views of residents and their families.

No areas for improvement were identified at this inspection.

Residents said that they liked living in the home and that the staff were kind. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Maureen Munster, Acting Manager, and Ms Gillan Cowan, Senior Carer.

Findings were also discussed with Mr Jarlath Conway, proposed new responsible individual for the service, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent inspection dated 10 July 2019**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 10 July 2019. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about the home. This included the last inspection findings in relation to care and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned to RQIA within the timeframe for inclusion in this report.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- risk assessments, care plans and hospital discharge letters for recently admitted residents
- daily progress notes for residents who had recently been prescribed an antibiotic
- a sample of residents records of care and progress notes
- life stories and care plans in relation to residents' preferred activities
- residents activity records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent care inspection dated 10 July 2019

| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 |   | Validation of compliance |
|--|---|--------------------------|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>      | <p>The registered person shall ensure that each resident's individual care plan includes details of opportunities provided by the home, how information about the resident's lifestyle is used to inform practice and the resident's weekly programme, specifically resident's preferred activities.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The staff on duty were able to tell us what activities each resident enjoyed/disliked and how they supported residents to engage in individual and group activities.</p> <p>Life story booklets had been completed with each resident. The care plans reviewed provided details of their preferred social and leisure activities.</p> <p>We reviewed the records maintained by the home's activity therapists. These evidenced that a range of activities were offered to residents in the home, depending on their preference. Details of the activities the residents had engaged in were recorded in each activity therapist's individual folder. It was agreed that the record of each resident's activities would be retained within the residents' care records from the date of the inspection onwards.</p> | <p><b>Met</b></p>        |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>       | <p>The registered person shall ensure that</p> <p>13.1 the programme of activities and events is based on the identified needs and interests of residents</p> <p>And</p> <p>13.3 residents, including those residents who generally stay in their rooms, are given the</p>  | <p><b>Met</b></p>        |

|  |   |  |
|--|---|--|
|  | <p>opportunity to be involved in the development of the programme of activities.</p>  |  |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>The management team advised that the activity therapists had tailored the activities provided to encourage all residents to engage. Recent activities provided included a men’s club, music and yoga. Photographs of the activities were displayed in the home and in a newsletter.</p> |  |

**6.2 Inspection findings**

**6.3 Is care safe?**

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Staff advised that they felt that there were enough staff to meet the needs of the residents and this was evidenced during the inspection. The five residents we spoke with said that they felt well looked after in the home. Residents’ needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. However, we noted that some updates on the personal medication records and handwritten updates on the medication administration records had not been verified and signed by a two members of staff. This is necessary to ensure accuracy of transcribing. This was discussed with the staff on duty and management within the home who advised that this was the expected practice and would be closely monitored as part of the audit process. Due to these assurances an area for improvement was not identified.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |



## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

The outcomes of the audits which were completed at the inspection indicated that the majority of medicines had been administered as prescribed. Two discrepancies were discussed with the senior carer and management team for follow up. An incident report form was received by RQIA on 5 December 2019 detailing the outcome of the investigation and action taken to prevent a recurrence.

We reviewed the midday meal in the main dining room. Residents dined in the dining room or their preferred dining area. Tables had been laid appropriately for the meal. Food was served from a heated trolley when residents were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. The pictorial menu offered a choice of meal for lunch and alternatives were also available. However, the pictorial menu contained the meals on offer for the full day and did not reflect the choices available on the day of the inspection. The management team advised that this was an oversight and would be discussed with the kitchen staff for immediate action. It was agreed that the options available for breakfast, lunch and dinner would be recorded for the current mealtime only from the date of the inspection onwards. Due to the assurances provided an area for improvement was not identified. Staff were knowledgeable in relation to residents' dietary requirements. Staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Records of food and fluid intake were maintained.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement/assistance provided by staff to ensure that residents received a nutritious meal.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 6.5 Is care compassionate?

**Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Of the questionnaires that were issued, none were returned within the timeframe (two weeks) specified for inclusion in this report.

We spoke with five residents during the inspection. All were complimentary regarding the care provided and staff. The following are some of the comments made:

- “I am very happy here. Staff are very good to me. The food is great. There are plenty of activities.”
- “Staff are good”
- “I like it here, I’m happy.”
- “I’m very happy. I love the music.”
- “I love it here. I have a lovely family and the staff are very good. I enjoy the food.”

Residents who could not verbalise their feelings in respect of their care were observed to be comfortable. Staff engaged residents in appropriate and caring conversations.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining the dignity and privacy of residents, listening to and valuing residents and their representatives and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Medication incidents had been investigated to identify and implement any learning to prevent a recurrence. The management team advised that there were robust auditing processes and that staff knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff advised that they were aware that incidents may need to be reported to the safeguarding team.

We met with a recently recruited senior carer who advised that she had received a comprehensive induction and felt well supported in the home. We also met with two care assistants who said that they loved working in the home, knew all the residents well and felt that they were well cared for in the home.

**Areas of good practice**

There were examples of good practice found in relation to quality improvement and working relationships.



## Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 7.0 Quality improvement plan

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



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