

Inspection Report

07 August 2023



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

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1.0 Service information

Organisation/Registered Provider: Merit Retail Limited Responsible Individual: Jarlath Conway	Registered Manager: Ms Deborah Campbell Date registered: 03 June 2021
Person in charge at the time of inspection: Ms Deborah Campbell- Manager	Number of registered places: 20
Categories of care: Delete as required: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 18
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 on 7 August 2023, from 9:20am to 5:00pm 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.

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

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

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.

RQIA were assured that the delivery of care and service provided in Kilwee Care Home 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 Kilwee Care Home.

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 Ms Deborah Campbell 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. A resident told us of how, "The care is excellent and the staff are attentive. The food is good in the home." Another resident spoke of how "We are well looked after; the staff are kind. I feel safe here."

A relative spoke of how, "I cannot fault the care in the home, the staff are attentive and the food is good."

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 or staff following the inspection. One questionnaire from a resident was received, that indicated a high degree of satisfaction with the care and services in the home.

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 4 April 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (1) (a) Schedule 3 (k) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	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.	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. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

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 person in charge was not identified on the duty rota. An area for improvement was identified.

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.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 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 of 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. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents commented positively on the food provided.

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. 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.

It was discussed with the manager, the need for any residents who are required to have increased levels of supervision from staff, that the times for this additional supervision from staff was recorded in the residents care plan. The manager agreed to implement this.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

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

There was a malodour evident in an identified toilet. This was brought to the Manager's attention and an area for improvement was identified.

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.

A number of resident's bedrooms did not have a call bell lead available. There was no clear alternative system in place to ensure residents could summon assistance if required. This was discussed with the Manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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.

There were regular resident meetings, which provided an opportunity for residents to comment on aspects of the running of the home.

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 games, Zumba, musical activities and a men's club.

5.2.5 Management and Governance Arrangements

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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

A number of records for the residential home were merged with the records for the nursing home. These records included detail of the Northern Ireland Social Care Council (NISCC) registration for staff, and staff meeting minutes. An area for improvement was identified in relation to management of records for two separate registered services.

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

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.

There was a system in place to manage complaints.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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 where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (December 2022) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* 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, 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 Minimum Standards (December 2022) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (4 April 2023)</p>	<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: 5.1</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>
<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that the staff duty rota identifies the person in charge.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Person in charge was included on off duty when identified at inspection. This information continues to be recorded since inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>The registered person shall ensure that the malodour in the identified toilet is addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The flooring, skirting and extraction fan were replaced. Sani clad board was applied to the walls. This toilet area will be monitored to ensure that the corrective action taken has been effective.</p>
<p>Area for improvement 4</p> <p>Ref: Standard E8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that resident call bells are provided in every room used by residents, and linked to a system that alerts staff a call is being made or assistance is required.</p> <p>Ref: 5.2.3</p>

<p>To be completed by: From the date of inspection</p>	<p>Response by registered person detailing the actions taken: For residents who lack capacity to use call bells, an alternative method is used and this is recorded in the care plan.</p>
<p>Area for improvement 5 Ref: Standard 22 Stated: First time To be completed by: From the date of inspection.</p>	<p>The registered person shall ensure that separate records are kept for Kilwee Residential Home and Kilwee Nursing Home. Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The separation of NISCC monitoring records pertaining to Kilwee Residential Home and Kilwee Nursing Home was completed on the day of the inspection. The care home will ensure that the minutes of the staff meetings from Kilwee Residential Home will be held separately from Kilwee Nursing Home.</p>

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