# Unannounced Care Inspection Report
# 9 November 2020

# Kilwee Care Home

**Type of Service: Residential Care Home (RCH)**
**Address: 42f Cloona Park, Dunmurry, BT17 0HH**
**Tel No: 028 9061 8703**
**Inspector: Marie-Claire Quinn**

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 DHSSPS Residential Care Homes Minimum Standards. August 2011.

## 1.0 What we look for


## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 16 residents.

## 3.0 Service details

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| **Organisation/Registered Provider:**<br>Merit Retail Limited<br><br>**Responsible Individual(s):**<br>Jarleth Conway | **Registered Manager and date registered:**<br>Deborah Campbell, acting |
| **Person in charge at the time of inspection:**<br>Deborah Campbell | **Number of registered places:**<br>16 |
| **Categories of care:**<br>Residential Care (RC)<br>DE – Dementia. | **Number of residents accommodated in the residential home on the day of this inspection:**<br>14 |

## 4.0 Inspection summary

An unannounced inspection took place on 9 November 2020 from 10.50 to 15.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- Infection Prevention and Control (IPC) measures
- staffing arrangements
- care delivery
- recording of care
- management and governance arrangements.

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 |
|---|---|---|
| **Total number of areas for improvement** | 0 | 5 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Deborah Campbell, manager, and Gillian Cowan, team leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous inspection report

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

A number of questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- staff duty rota from 30 October 2020 to 12 November 2020
- two staff recruitment records
- a sample of staff induction and training records
- a sample of staff competency and capability records
- care records for seven residents
- a sample of governance records including audits
- monthly monitoring reports dated 12 August 2020 and 5 October 2020.

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 previous inspection(s)

No further actions were required to be taken following the most recent medicines management inspection on 05 December 2019.

## 6.2 Inspection findings

### 6.2.1 Infection Prevention and Control (IPC) measures

On arrival to the home, the inspector's temperature and contact tracing details were obtained by staff. We also observed this process being carried out on a visitor to the home as per COVID-19 guidance. Personal Protective Equipment (PPE) was readily available and PPE stations were well stocked throughout the home. Hand sanitising gel was also available at various locations within the home.

The home was clean and tidy and residents told us that they were content and comfortable. However staff advised us that they struggled at times with the heat within the home, especially when wearing PPE. This was discussed with the manager who agreed to monitor the temperature within the home during daily walk arounds and regular temperature checks of the environment. The manager further advised that staff uniforms would be reviewed to ensure they are cooler and more comfortable.

The home provides care to residents living with dementia, who may have a limited understanding of the need to maintain social distancing. The manager outlined the measures they had taken, while limiting any upset or distress to residents.

Staff wore face masks throughout the inspection, and additional PPE when providing residents with direct personal care. There were occasions when staff were unable to maintain social distancing with residents, and were not wearing additional PPE. For instance, when staff were escorting residents to the dining room, or providing support when eating. This was highlighted to the manager for further risk assessment, in line with current COVID-19 guidance.

We observed staff washing their hands before and after contact with a resident and/or their environment. Staff were knowledgeable regarding the importance of good hand hygiene and encouraging residents to do the same. Despite this good practice, we identified that some staff were not adhering to IPC best practice, namely, wearing nail polish and/or excessively long finger nails. An area for improvement was made.

### 6.2.2 Staffing arrangements

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. Residents did not raise any concerns regarding staffing levels and appeared relaxed around staff.

Staff described how they had worked together to manage the challenges of the COVID-19 pandemic, including the home experiencing an outbreak earlier this year. Staff advised they had been busy and worked very hard, but were positive about working in the home. Staff told us:

- "I love it here. I love the residents and being able to build relationships with them. The residents here are so well looked after."
- "Some residents were very unwell with COVID-19. It's amazing how they recovered and great to see."
- "It's a good, supportive team."

The duty rota accurately reflected the staff working in the home, including highlighting the person in charge of the home in the absence of the manager. The manager works across both the residential and nursing homes, which are on the same site. The manager's hours were recorded on staff duty rotas for the nursing home but not for the residential home. We discussed this with the manager who agreed to ensure this information was also included on the staff duty rota for the residential home.

The recruitment records of two recently employed members of staff included the necessary checks to ensure that staff were safe to work in the home. The manager had a system in place to ensure that staff are registered with their regulatory body, the Northern Ireland Social Care Council (NISCC).

Discussion with staff and review of records confirmed that staff received induction and training to work in the home. Competency and capability assessments were in place for senior care staff with additional duties, including medicines management and monitoring resident's blood pressure and oxygen levels. Systems were in place to ensure that this information was shared with general practitioners (G.P's) for appropriate review and action where necessary.

### 6.2.3 Care delivery

There was a calm and quiet atmosphere throughout the inspection and residents were observed to be content and settled in their surroundings. Some residents were resting in their bedrooms or enjoying each other's company in the lounge and other communal areas in the home.

Residents looked well cared for; they were well groomed and nicely dressed. One member of staff was in great demand as they were also a trained hairdresser; residents were pleased to be having their hair done on the day.

There were good interactions between staff and residents throughout the inspection. Staff were attentive and kind towards residents, who were relaxed and comfortable in approaching and interacting with staff.

We observed the serving of the lunch time meal. This was a well organised and unhurried experience for the residents. There was a lovely atmosphere in the dining room; residents chatted and laughed with each other and with staff. One resident provided some singing entertainment which residents enjoyed. We saw that staff were helpful and attentive to residents, encouraging and assisting residents where necessary.

In the afternoon, several residents were enjoying an arts and crafts session, drawing and colouring in scenes from nature. Residents appeared happy and content. One resident proudly showed us brightly coloured bead bracelets she had made during a previous crafts session.

One resident's relative returned a questionnaire and rated themselves as very satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

### 6.2.4 Recording of care

Care plans were in place to direct and guide staff on the personal care required for each resident; this included management of falls, nutrition, skin care and continence. Progress notes were updated during each shift, and evidenced consultation with resident's relatives, G.P's, care managers and other multi-agency professionals as required.

However care records did not fully reflect the social model of care to be provided in the home.

Clinical nursing assessment tools such as Braden, Abbey Pain Scale and Malnutrition Universal Screening Tool (MUST) had been completed by senior care assistants and retained in care records. The manager acknowledged that staff had not received formal training or competency and capability assessments regarding the completion of these clinical assessment tools and agreed to review this. An area for improvement was made.

Assessment of resident's social and emotional needs lacked detail and an area for improvement was made. Care plans for the management of resident's mental health needs did not fully reflect how their life history, interests and preferences were used to deliver effective, person centred care. For instance, how staff could reduce residents' anxieties and support them if they became disorientated or confused. An area for improvement was made.

The manager acknowledged these deficits and was able to provide assurances that they would be addressed. Activities co-ordinators had already commenced life story work with most residents, and had met with the manager to plan how to improve schedules and care plans for activities and social interaction. The manager further agreed to review the process of recording this information so that it would be easily accessible to all relevant staff as currently these were hand written and therefore not included in electronic care records.

### 6.2.5 Management and governance arrangements

There was a clear management structure within the home. Staff commented positively about the manager and team leader, describing them as supportive, approachable and always available for guidance.

A system was in place to regularly review the quality of care and other services provided by the home, including audits of infection prevention and control measures, resident's weights and restrictive practices. A dining experience audit was undertaken and identified deficits regarding resident's involvement in planning and reviewing the menus and overall dining experience. However, a subsequent clear action plan was not in place to ensure this was addressed by the home. An area for improvement was made.

We examined the records of accidents and incidents which occurred in the home and found that these were appropriately managed and reported.

Monthly monitoring reports were completed and included clear action plans which the manager reviewed and actioned as required.

Complaints records were maintained and confirmed that complaints were addressed and managed appropriately. The home also retained compliments and thank you cards from relatives; one card from a relative expressed great appreciation for the staff in the home during the COVID-19 pandemic; "When the days were dark and scary you showed (my relative) all the love and affection we couldn't."

### Areas of good practice

Areas of good practice were identified regarding staffing, care delivery and management and governance arrangements.

**Areas for improvement**

Areas for improvement were identified regarding staff's adherence to IPC best practice regarding being 'bare below the elbow' and staff training in the use of clinical assessment tools. Areas for improvement were also identified in relation to the completion of resident's social and emotional needs assessments, care plans for the management of resident's mental health needs and ensuring the dining experience audit includes an action plan if/when deficits are identified.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 5 |

## 6.3 Conclusion

The home was clean and tidy. Residents looked well cared for and were content and relaxed. Staff attended to resident's needs in a prompt, kind and caring manner. Care, including meal times and activities, were delivered in an organised and unhurried manner. Management were approachable and responsive.

Areas for improvement identified are to be managed through the QIP below.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deborah Campbell, manager, and Gillian Cowan, team leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Standard 35.7<br><br>**Stated:** First time<br><br>**To be completed by:**<br>from the date of inspection | The registered person shall ensure that every effort is applied to promoting high standards of hand hygiene in the home and that staff are bare below the elbow.<br><br>With specific reference to ensuring that staff do not wear nail polish and keep finger nails short.<br><br>Ref: 6.2.1 |
| | **Response by registered person detailing the actions taken:**<br>Uniform policy printed off for staff in RDU highlighting these issues. Policy read and signed by all staff as understood. Hand hygiene audits completed on a weekly basis.There will be supervision of staff following regular monitoring. |
| **Area for improvement 2**<br><br>**Ref**: Standard 23.4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>from the date of inspection | The registered person shall ensure arrangements are in place to meet the training needs of individual staff for their roles and responsibilities. This is specifically in relation to the use and completion of clinical assessment tools including MUST, Braden, and the Abbey pain scale.<br><br>Ref: 6.2.4 |
| | **Response by registered person detailing the actions taken:**<br>Specific teaching competencies in relation to the clinical assessments are ongoing with senior staff |
| **Area for improvement 3**<br><br>**Ref**: Standard 5.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>9 February 2021 | The registered person shall ensure that resident's assessments contain comprehensive details of their social and emotional needs.<br><br>Ref: 6.2.4 |
| | **Response by registered person detailing the actions taken:**<br>Activities and social interaction care plans to be audited by manager. Senior staff to ensure that these are updated and personalised to individual resident's needs.<br>Quality and Compliance Manager to audit when completed. |
| **Area for improvement 4**<br><br>**Ref**: Standard 6.2<br><br>**Stated:** First time<br><br>**To be completed by:** | The registered person shall ensure that an individual comprehensive care plan for the management of residents' mental health needs includes details of how information about the resident's lifestyle is used to inform practice.<br><br>Ref: 6.2.4 |

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| 9 February 2021 | **Response by registered person detailing the actions taken:**<br>Dementia care plans to be audited by manager. Senior staff to ensure that these are updated and personalised to indicidual resident's needs.<br>Quality and Compliance Manager to audit when completed. |
| **Area for improvement 5**<br><br>**Ref**: Standard 20.10<br><br>**Stated:** First time<br><br>**To be completed by:**<br>9 February 2021 | The registered person shall ensure that the audit of the dining experience includes an action plan where deficits are identified with time frames to address the deficits.<br><br>Ref: 6.2.5 |
| | **Response by registered person detailing the actions taken:**<br>Manager to hold residents meeting regarding any issues or concerns. The manager will also ensure that an action plan is created following meal time audits to ensure that issues are addressed appropriately. |

***Please ensure this document is completed in full and returned via Web Portal***

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