



Unannounced Care Inspection Report 10 July 2019



Kilwee Care Home

Type of Service: Residential Care Home
Address: 42f Cloona Park, Dunmurry BT17 0HH
Tel No: 02890 618703
Inspector: Marie-Claire Quinn

www.rqia.org.uk

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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited Responsible Individual: Therese Elizabeth Conway	Registered Manager and date registered: Isabel Neves 15 March 2019
Person in charge at the time of inspection: Vladimir Stoenescu, senior care assistant Isabel Neves, Registered Manager and Julie McKearney, Regional Manager, later joined the inspection.	Number of registered places: 16
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced care inspection took place on 10 July 2019 from 11.50 hours to 16.50 hours.

The inspection assessed progress with all areas for improvement identified in the home during since the last care inspection and sought 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, recruitment, the environment, care delivery, relationships between residents, staff and relatives, dining arrangements, the culture and ethos of the home, management arrangements, maintaining good working relationships and ongoing quality improvement in relation to governance.

Two areas requiring improvement were identified. These were in relation to ensuring that resident's social needs and preferences are recorded in care plans and reflected in the activities provided in the home.

Residents described feeling happy, content and well cared for in the home. Residents unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions 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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Isabel Neves, registered manager, and Julie McKearney, regional manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 March 2019

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 14 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 this home. This included the last inspection findings, registration information, 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. We did not receive any responses within the agreed time frame of two weeks after the inspection.

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

- recruitment and induction records for two members of staff
- staff training matrix
- the care records of four residents
- activities schedule

- a sample of audits from May and June 2019 including dining experience and care plans audit
- complaints and compliments records
- monthly monitoring reports dated 27 May and 26 June 2019
- minutes of staff meeting 6 May 2019 (provided post inspection)
- resident's guide (provided post inspection).

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection(s)

One area for improvement was identified at the last inspection. This was reviewed and assessed as met.

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.

Staffing levels were adequate to meet the needs of residents. Care was delivered in a prompt and calm manner. Staff were vigilant and able to support residents who were agitated or distressed. No concerns regarding staffing levels were raised by residents, relatives or staff. Residents stated:

- "I'm very happy here. Staff are good. They keep me and my clothes clean."
- "There are enough staff and they keep the home very clean."
- "Staff are kindly, genuine, good people. Anything you want, you get."

Relatives were also very positive:

- "I was worried about (my relative) coming here but I have never had any concerns and have no complaints whatsoever about staff. (My relative) thinks this is a hotel. It's good to see they have increased staffing at night, now that the home is full."
- "Staff are marvellous. The rooms are lovely, and the place is very clean."

We reviewed records which confirmed that staff were recruited safely and received adequate induction. Competency and capability assessments were completed with any staff as required. Discussion with staff and management and review of records confirmed that staff completed mandatory training. There were robust systems in place to monitor this to ensure full compliance, including a new regional training manager. Staff were positive about the training in the home, including support for continued professional development.

Care records contained the home’s post falls procedure which stated that residential care staff should complete neurological observations. We discussed this with staff and management who confirmed that this is only ever completed by staff with the appropriate training. This information is then immediately relayed to medical professionals such as G.P.s or district nursing.

Correspondence with the home prior to and during the inspection confirmed that adult safeguarding policies and procedures were adhered to. Staff were aware of their obligations under whistleblowing and the manager had recently reviewed this policy with staff.

The home was clean, warm and tidy. We saw staff adhere to health and safety work practices and there were no obvious hazards in the home. Colourful, written and pictorial signage was displayed throughout the home, to support residents’ independence. This had been an area of improvement at the last care inspection, and has now been met.

We identified areas where the home could further ensure that residents’ confidential information is secure at all times. The home began to rectify this on the day of the inspection, and confirmed this had been fully addressed by the next day.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment and the environment.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Residents were relaxing in the lounge or in the privacy of their bedrooms when we arrived to the home. Residents looked comfortable and content and had been supported to attend to their personal care and appearance. There was good rapport between residents and staff. Staff stated:

- “All the residents are healthy and happy. We have no concerns about their care.”
- “Residents get all they need.”

Staff were cordial, responsive and attentive to any requests from residents or relatives. This was confirmed by relatives, “Staff are excellent, they manage the home well and are patient with all the residents. (My relative) doesn’t sleep well and can become agitated; if (my relative) is up at night, staff give them tea and toast. Staff got (my relative’s) medication reviewed and it’s worked well.”

We observed part of the lunch time meal. The dining room was clean and tidy. Staff created a relaxed and calm atmosphere by playing music, which residents enjoyed singing along to. Residents had two choices for their lunchtime and evening meal, and the menu was on display. Meals were well presented and reflected the dietary needs of the residents. Staff were available to support residents with eating as required, and this was done in a dignified and respectful manner. Staff also gently encouraged residents to eat, if required. Residents confirmed they got enough to eat and described the food as lovely. Specific comments made by residents include:

- “I enjoy eating my lunch in the lounge as the dining room is too busy for me. Staff check on me and bring me a cup of tea afterwards.”
- “I was laughing that much during lunch, I bit my tongue!”

Overall, review of care records was satisfactory. Care plans were holistic and person-centred. There was evidence of residents, relatives and multi-agency professionals’ involvement and agreement with the care being provided in the home. One care plan required further detail regarding the resident’s social needs and preferences. The manager advised that life story work was in progress but the care plan was yet to be updated to reflect this. This has been stated as an area of improvement.

The home employs activities co-ordinators and the activities schedule was displayed in the home. Scheduled activities included a visit from an Elvis impersonator, arts and crafts and music groups. The home maintains good links with the community, with visits from a local school and youth group remaining popular with residents. Residents’ spiritual and religious needs are also supported, including visits from a Eucharistic minister and Rosary prayer group on Fridays. Due to the weather on the day of inspection, the home cancelled the planned barbeque and staff ensured an alternative activity was offered instead. Residents were asked and encouraged to attend the knitting group, but were able to decline if they wished;

- “I don’t knit but I like a sing-song.”
- “I’m happy to sit here reading my books, I love Agatha Christie.”

We spoke with relatives about activities in the home. Specific comments included;

- “Marie there (staff on duty on the day of inspection) is brilliant. She brings in music for the residents and they love it.”
- “Staff are absolutely lovely. Always smiling and very caring. Staff are always kind to (my relative) but don’t always have enough time to just sit and talk and (my relative) doesn’t like the groups. I can worry that (my relative) may be bored or lonely. (My relative) loves gardening, flowers and was fantastic at growing their own vegetables! I would love to see that offered here. ”

When this was discussed with the manager, they agreed to address this immediately and felt arrangements could be made within the week. We agreed on the importance of ensuring activities are person centred and an area of improvement has been made.

Staff had recently completed a sponsored walk and were considering other fundraising ideas such as a car boot sale. The proceeds fund external activities, such as payment for singers and entertainers to visit the home. We were advised that some relatives had queried this. Discussion with the manager and regional manager confirmed that this arrangement is discussed and agreed at the point of admission. They advised that fundraising has always been very successful in the home, and no other concerns or complaints have been raised with them regarding this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to delivery of care, relationships between residents, staff and relatives and dining arrangements.

Areas for improvement

Two areas for improvement were identified within this domain during the inspection, in relation to ensuring that resident's social needs and preferences are recorded in care plans and reflected in the activities provided in the home.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

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

Staff interacted with residents and visitors in a polite and respectful manner. Care was delivered in a way which maintained residents' privacy and dignity and encouraged their independence where possible. Staff knocked on bedroom doors before entering, and sought consent from residents before offering support.

Care plans included residents' wishes and preferences in a range of areas, including clothing, personal care and privacy. Relatives were included in this process, "I'm always welcomed by staff and everyone gets on well. I get contacted immediately if there are any issues and staff ensure everyone is kept informed of what's happening."

During lunch, we noted that all residents were drinking juice during their meal, and we spoke with a family member who felt that their relative was not always provided with a choice of drinks. This was discussed with the manager, who provided additional evidence during and after the inspection to confirm that residents were provided with options and chose which drink they would prefer.

Care records included consideration of residents' consent, capacity to make decisions and human rights. Practices which may infringe on these, such as a secure environment and bed rails, were discussed and agreed with relatives and multi-agency professionals. This helped to ensure that any measures in place were necessary to maintain residents' safety.

Initial review of written records of consent did not include explicit reference to information sharing arrangements, including RQIA's access to records. The regional manager explained that this was discussed and agreed during the assessment and admission process, and contained in residents' individual written agreements. Correspondence with the manager following the inspection confirmed that consent records had also been reviewed and updated in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Staff confirmed that management were accessible and responsive. The manager joined the inspection when off duty, as she stated she wished to support staff who were anxious as this was the home's post-registration inspection. Staff commented;

- "There is good team work here, and staff morale is good."
- "I like working here."

The home has received no complaints and adopts an open door policy so that any issues or queries can be raised with staff and management. The home has received several compliments from residents and their families, such as "So grateful for all the fantastic staff, for the care you've given (relative). Staff have great care and compassion."

Initial review of the most recent staff meeting was unsatisfactory. Discussion with the regional manager clarified that the minutes were still being typed; these were reviewed by RQIA following the inspection and found to be acceptable.

The manager explained how they are continually improving systems in the home to ensure robust governance arrangements. For instance, they have created a 'quick guide' document for the reporting of accidents, incidents and falls. This acts as an additional prompt for staff.

The manager has also implemented an 'audit loop' system which summarises the findings of all the audits completed in that month. This means audit action plans are more easily accessible and promptly addressed. Review of audit records was mostly satisfactory. We discussed minor additional improvements which would further evidence that feedback is shared with staff.

Monthly monitoring reports contained clear action plans and evidence that these were reviewed and implemented in the home. The manager has implemented a 'traffic light' system to aid staff to prioritise items in action plans and reports this has been successful.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, maintaining good working relationships and ongoing quality improvement in relation to governance.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Isabel Neves, Registered Manager and Julie McKearney, Regional Manager, 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 care 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 Ref: Standard 6.2 Stated: First time To be completed by: 10 August 2019	<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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Meeting held with senior care assistants regarding person centred care plans to include details of resident's preferred activities and how the home meets those preferences to ensure that staff provide care and treatment that is based on an assessment of each resident's needs and preferences. Meeting held with relatives and residents where their assistance was requested to complete "Life history" booklets and to share residents experiences and preferences with staff in order to enable the team to provide person centred care.</p>
Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 10 August 2019	<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 opportunity to be involved in the development of the programme of activities.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Meeting held with Activity therapist where weekly activity planner was reviewed in order to reflect the resident's needs and preferences; to provide regular activities that are centred around individual needs that include social interaction, as well as achievable tasks, activities that are stimulating, engaging and person-centred.</p>

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



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