



Unannounced Care Inspection Report 4 March 2019



Kilwee Care Home

Type of Service: Nursing Home (NH)
Address: 42f Cloona Park, Dunmurry BT17 0HH
Tel No: 028 9061 8703
Inspector: Sharon McKnight

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited Responsible Individual: Therese Elizabeth Conway	Registered Manager: Isabel Neves
Person in charge at the time of inspection: Isabel Neves	Date manager registered: 15 March 2019
Categories of care: NH-I, NH-PH, NH-PH(E), NH-MP, NH-DE	Number of registered places: 48 A maximum of 20 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH(E).

4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 09:15 to 17:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 provision of training, adult safeguarding and the home's environment. Care records were well maintained and evidenced good practice in the management of nutrition, falls and wound care. We observed good practice in relation to the culture and ethos of the home, dignity and privacy and the serving of lunch. There were examples of good practice found in relation to the culture and ethos of the home, dignity and privacy and the serving of lunch.

Areas requiring improvement were identified with regard to recruitment records and the creation of care plans for patients assessed as at risk of developing pressure ulcers.

Patients said they were well looked after by the staff and felt safe and happy living in Kilwee. Examples of comments provided are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' 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, 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 7 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 7 November 2018. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with five patients individually and with others in small groups, one patient's relative and 10 staff.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from 1 February – 7 March 2019
- staff training records
- incident and accident records

- three staff recruitment and induction files
- five patient care records
- two patients repositioning charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 inspection dated 7 November 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(1)(a) Stated: First time	<p>The registered persons must ensure that there is proper provision for the health and welfare of patients.</p> <p>In the event of a suspected head injury neurological observations must be recorded. If patients refuse to have the observations taken this should be recorded on each occasion they refuse.</p> <p>Ref: Section 6.2</p>	Met

	<p>Action taken as confirmed during the inspection: A review of care records evidenced that neurological observations were recorded in the event of an unwitnessed fall and/or a suspected head injury. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Regulation 20(1)(a) Stated: First time</p>	<p>The registered person shall ensure that there are sufficient staff on duty to meet the assessed needs of the patients.</p> <p>Ref: Section 6.4</p> <p>Action taken as confirmed during the inspection: A review of the duty rota for the period 1 February – 7 March 2019 evidenced that the planned staffing had been adhered to. Discussion with staff and observations made during the inspection confirmed that there were sufficient staff to meet the needs of the patients. This area for improvement has been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 35.3 Stated: First time</p>	<p>The registered person shall ensure that the auditing of accidents/incidents is further developed to include confirmation that neurological observations are completed.</p> <p>Ref: Section 6.2</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 41.1 Stated: First time</p>	<p>The registered person shall ensure that robust systems are put in place to clearly identify the number of staff required to meet the assessed needs of the patient.</p> <p>Staffing levels must be clearly communicated to those staff given the responsibility of being in charge of the home in the absence of the manager.</p> <p>Ref: Section 6.4</p>	Met

	<p>Action taken as confirmed during the inspection: The manager explained that the dependency of patients and current occupancy of each unit is reviewed daily to ensure the staffing is sufficient to meet the needs of the patients. We spoke with two registered nurses who were aware of the planned staffing levels. This area for improvement has been met.</p>	
<p>Area for improvement 3 Ref: Standard 41.2 Stated: First time</p>	<p>The registered person shall ensure that the manager has oversight of the staffing rosters to ensure the planned staffing levels are consistently adhered to.</p> <p>Ref: Section 6.4</p> <p>Action taken as confirmed during the inspection: The manager confirmed that they check the staffing rosters daily to ensure the planned staffing is adhered to. Staffing also is discussed at the daily safety meeting. This area for improvement has been met.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 February – 7 March 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion via questionnaires; none were returned within the timescale for inclusion in this report.

Five patients spoken with stated that they were well looked after by the staff and felt safe and happy living in Kilwee. The following comments were provided:

“They’re all awful good to me.”
 “I am nice and comfortable here.”
 “I can’t think of anything more they could do.”

A review of three staff recruitment files evidenced that their reasons for leaving previously held positions which involved working with children or vulnerable adults were not recorded. This was identified as an area for improvement. All other information and records required were maintained. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an electronic learning programme. A training programme was in place for the first quarter of 2019 and included manual handling, fire safety and dementia awareness. Compliance rates of staff that have completed training via electronic learning were available and evidenced good compliance with mandatory training. The manager confirmed that systems were also in place to ensure staff received annual appraisal and regular supervision. The regional manager explained that a training manager has recently been appointed with a view to providing more face to face training; an approach favoured by staff.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager confirmed that systems were in place to collate the information required for the annual adult safeguarding position report and that an ‘adult safeguarding champion’ (ASC) was identified for the home.

Review of five patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period January to February 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation. Information regarding accidents were also shared with the relevant health and social care trust.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Bedrooms were individualised to reflect the personality and interests of the resident.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, adult safeguarding and the home’s environment.

Areas for improvement

An area for improvement was identified with regard to recruitment records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of five patients' care records evidenced that comprehensive assessments to identify patient need were in place. We reviewed the management of nutrition, patients' weight, management of falls and wound care.

We discussed the management of nutrition and monitoring of patients' weights and were informed that all patients were weighed on at least a monthly basis. Nutritional risk assessments were completed monthly; care plans for nutritional management, including modified textured diets were in place. Records evidenced that referrals and advice had been sought from healthcare professionals as required.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were evaluated following falls in accordance with best practice guidance.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound and the prescribed dressing regime. A review of wound care records evidenced that prescribed dressing regime was adhered to. Records evidenced that the patient had been referred and review by the Tissue Viability Nurse (TVN) from the relevant health and social care trust. Risks assessments were in place to assess patients' risk of developing pressure ulcers; assessments were reviewed regularly. In two of the care records reviewed patients were assessed as at risk of developing pressure ulcers; no care plans was in place to manage this risk. This was identified as an area for improvement. Repositioning charts were maintained and evidenced that patients were assisted to change their position regularly. Pressure relieving equipment was also in place.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. All of the staff spoken with demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and the management of nutrition, falls and wound care.

Areas for improvement

An area for improvement was identified with regard to care plans for patients assessed as at risk of developing pressure ulcers.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 08:40 and were greeted by staff who were helpful and attentive. Patients were being assisted with their morning routine in preparation for breakfast. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

There was a calm atmosphere and the home was noted to be quiet, despite the busy morning routine. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We spoke with five patients individually, and with others in smaller groups. All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"I am warm and don't need anything else."

"I am nice and comfortable here."

"It's a great spot, I love it here."

We spoke with the relative of one patient; they commented positively regarding the care their loved one was receiving.

Discussion with the activity co-ordinator, patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

We observed the serving of lunch. Patients were assisted to the dining room or had trays delivered to them as required. Staff were present in the dining room throughout the meal and were observed assisting patients with their meal as required. Patients able to communicate indicated that they enjoyed their meal.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you all so much for the love and care shown to my late... during his time in Kilwee."

"To all the workers. Thank you for your care and attention to ..."

We observed a folder displayed in the foyer entitled "In Loving Memory." The folder held the funeral order of service cards of former patients. The manager explained that the folder had been created as an act of remembrance and had been positively received by relatives and staff.

As previously discussed relative questionnaires were provided; none were returned within the timescale.

Staff were asked to complete an on line survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after this report is issued will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to in relation to the culture and ethos of the home, dignity and privacy and the serving of lunch.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. An application for registration with RQIA was pending at the time of the inspection and has since been completed and the manager registered. The newly appointed manager was being supported by the regional manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Staff confirmed that there were good working relationships and that management were supportive and responsive to suggestions or concerns raised.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and wound care. The manager explained that they were currently working on a system to provide oversight of care delivery, for example nutritional management/weight loss and the prevalence of wounds. Systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies, as appropriate.

Discussion with the manager and review of records evidenced that visits were completed on a monthly basis by the regional manager on behalf of the responsible individual to provide an

overview of the quality of the service provided. A report of the outcome of the visits was available in the home.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2019</p>	<p>The registered person shall ensure that recruitment records include the reasons for staff leaving previously held positions which involved working with children or vulnerable adults.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The application forms and the interview questionnaires have been reviewed and a separate section was added to the documents to prompt applicants to document reasons for leaving previously held positions and to prompt interviewers to question and document reasons for leaving.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2019</p>	<p>The registered person must ensure that where a patient is assessed as at risk of developing pressure ulcers a prevention and treatment care plan is completed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Pressure Ulcer audits and Care Plan audits implemented to ensure that all relevant care plans are in place and are being reviewed monthly and as required. Wound audits also implemented where all relevant documentation is audited including care plans and the appropriate use of Pressure relieving equipment. Pressure ulcer procedure checklists implemented to be completed by registered nurse when wound is opened and reviewed by manager to ensure that all necessary steps have been taken.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care