

Inspection Report

7 August 2023



Kilwee Care Home

Type of service: Nursing

Address: 42f Cloona Park, Dunmurry, Belfast, BT17 0HH

Telephone number: 028 9061 8703

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Merit Retail Ltd	Registered Manager: Ms Deborah Campbell
Responsible Individual: Mr Jarlath Conway	Date registered: 3 June 2021
Person in charge at the time of inspection: Ms Deborah Campbell	Number of registered places: 32 A maximum of 20 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH(E).
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: <p>This is a registered nursing home which provides nursing care for up to 32 patients. The home is divided into two units over two floors. The ground floor unit provides care for patients with nursing needs within old age, mental health, and physical disability categories. The first floor unit provides care to patients with nursing dementia needs.</p> <p>This nursing home shares the same building as a residential care home which occupies the second floor of the building. The registered manager for Kilwee nursing home also manages Kilwee residential home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 August 2023, from 9.25 am to 5.30 pm 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.

Areas for improvement identified at the last inspection were reviewed and assessed as met. Two new areas for improvement were identified in relation to the monitoring of staffs' registrations with the Northern Ireland Social Care Council (NISCC), and the management of some governance records. Please refer to the quality improvement plan (QIP) for further detail.

The home was clean, well-lit, and the décor was well maintained. There was a welcoming and calm atmosphere throughout the day.

Patients who were able to express their views, spoke in positive terms about their experience living in Kilwee Care Home. Due to the nature of dementia, some patients were unable to fully express their views verbally, but indicated through their demeanour that they were comfortable and content.

Relatives told us that they were very satisfied with the care and services provided in Kilwee Care Home.

Staff were observed to be warm, polite, and respectful in their interactions with patients, visitors, and each other. Good practice was identified in relation to staff training and induction, and staffs' knowledge and understanding of patients' needs.

RQIA were assured that the delivery of care and services 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 the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that their experience of living in Kilwee Care Home was overall very positive. Patients said that they were well looked after and spoke highly about staff, describing staff as “very good”, and “like family...great.” Patients told us that staff were always available when they needed anything.

Patients said that they were happy with the level of cleanliness in the home, with one patient saying, “my room is cleaned all the time...they could nearly take a day off from it.”

Patients told us that they could choose to engage in the organised activities if they wished or could occupy their own time watch television, reading, or engaged in prayer. One patient said that they particularly enjoyed the music and sing along sessions. Patients said they were satisfied with the food on offer and that there was “plenty” available.

Relatives said that they were very satisfied with the care, describing the care as, “excellent”, and said that they were happy with the visiting arrangements.

Two relatives told us that there had been previous issues in relation to poor communication or “miscommunication” from the home, but that these previous issues were resolved. One relative said that while the general activities programme was very good, they felt there could be more bespoke activities for those patients with advanced dementia. Comments were shared with the manager at the conclusion of the inspection for consideration and action where required.

Staff told us that they enjoyed working in Kilwee and that they felt supported through training, induction, and good working relationships.

Two questionnaires were received following the inspection and relatives confirmed that they were very satisfied that the care and services provided in the home was safe, effective, delivered with compassion, and that the service was well managed. Comments from relatives included, “we are always made to feel welcome... (our loved one) just loves it here”, and “the standard in Kilwee is second to none... (our loved one) needs for nothing and is given the upmost care and respect.”

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 7 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified with the home's environment are addressed. This is with specific reference to robust cleaning of hand towel, soap and alcohol dispensers, and shower chairs. Ensuring all pull cords are washable. And ensuring clean linen is kept in separate areas from used laundry.	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 Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 18 Stated: First time	The registered person shall review and revise the management of distressed reactions to ensure that: <ul style="list-style-type: none"> when more than one medicine is prescribed the personal medication records and care plans provide details of which medicine should be used first line and the timing interval before a second medicine can be administered the reason for and outcome of administration are recorded. 	Met
	Action taken as confirmed during the inspection: Review of this area for improvement included discussion with RQIA pharmacy inspector. There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 43 Criteria 4 and 8 Stated: First time	The registered person shall ensure that corridor handrails remain free of inappropriate items such as personal protective equipment (PPE).	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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 prior to commencing work. All pre-employment checks such as Access NI, references, employment history, and where required, proof of right to work in the United Kingdom (UK), were obtained and verified prior to any person starting work in the home to protect patients.

Review of records and discussions with staff confirmed that staff were provided with a comprehensive induction to their role, and new staff said that they felt supported during this process. Discussion with staff evidenced that they had a good understanding of their own roles and responsibilities in the home, and they demonstrated knowledge of patients' preferences and needs.

There was a system in place to monitor staffs' registrations with their professional bodies. This system was checked monthly. No issues were identified in relation to the monitoring of nurses' registration with Nursing and Midwifery Council (NMC).

Shortfalls were identified in the robustness of the Northern Ireland Social Care Council (NISCC) monitoring system. Staff new to care are afforded a six-month grace period to complete the NISCC application process. Care staff with previous care experience are required to be fully registered with NISCC prior to starting work in the home. The NISCC monitoring tracker did not state the care staffs' start dates in the home. Review of records evidence that a number of staff were in the process of NISCC application and three staff were passed the six-month grace period. An area for improvement was identified.

Furthermore, it was identified that the NISCC monitoring system for Kilwee Care Home nursing, was merged with Kilwee Care Home residential. This is discussed further in section 5.2.5.

Following the inspection, the home's administrator provided RQIA in writing, with an update on staffs' registration status with NISCC.

A range of training to help staff undertake their role was provided and records were in place to assist the manager in monitoring compliance with relevant courses. Training courses were provided on a range of platforms including, eLearning, teleconference, and face to face practical sessions. There was evidence of good compliance with essential training.

The duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours and capacity worked were stated and the nurse in charge of the home in the absence of the manager was highlighted. Observation and discussions with staff, patients, and relatives confirmed that there was enough staff in the home to meet the needs of patients.

Patients said that staff were available to them when they needed anything, and described staff as "very good" and being "like family."

A relative commented that their loved one "just loves it here, and all the staff."

Staff said there was good team work and that they felt well supported in their role, were satisfied with the level of communication between staff and management. Staff spoke with pride about working in Kilwee Care Home, with comments such as, "I love working here", and "really enjoy working here."

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the patients' needs and to inform staff about important tasks for that day, for example medical appointments or blood tests.

Staff demonstrated their knowledge of individual patients' needs, and preferred daily routines. For example, staff were able to talk about individual patients' potential triggers for distress, such as overcrowding or noise levels, and staff spoke about how they supported patients to promote a harmonious milieu.

It was observed that staff respected patients' privacy by their actions such as, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Interactions between staff and patients were seen to be warm and staff provided support and reassurance where required.

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Care plans were person centred.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded and there was evidence of regular communication with patients' Trust key workers.

Patients who require bespoke one to one care had care plans in place which detailed the rationale for one to one, and directed staff on how to maintain patient safety, while providing therapeutic care. Care records contained good detail on potential triggers that could impact on patient safety or wellbeing, and provided staff with activity ideas which were individual to each patient. For example, topics of interest for discussion, favourite sports teams, hobbies, family trees and photographs. Discussion with staff evidenced that they were very familiar with patient care plans. Care plans did not stipulate the start and end times for one to one care, which varied from patient to patient. This was discussed with the manager and nursing staff and confirmation that all one to one care plans had been updated to include start and finish times was provided to RQIA following the inspection.

Review of records pertaining to one to one care and staff duty rotas evidence good rotation of staff on one to one duty to reduce the risk of staff fatigue. There was evidence of regular review of one to one arrangements with the commissioning Trust and involvement of multidisciplinary teams, such as GP, community mental health teams, and dementia outreach specialists.

Patients' care records were held confidentially.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and any specialist pressure prevention equipment in use, such as air flow mattresses.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, specialist equipment such as alarm mats, crash mats, or bedrails were used. Some pressure prevention equipment could be considered to be restrictive. Review of records established that safe systems were in place to manage this aspect of care. Examination of records and discussion with nursing staff 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 patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Breakfast and lunchtime meal service was seen to be an organised and unhurried experience.

Staff were seen to offer support and assistance where required and patients were offered at least two choices per meal sitting.

It was observed that the communal dining room in the dementia unit had limited space to accommodate all patients at the same time. This was discussed with the manager and strategies to manage this were considered, for example having split mealtime sittings. The manager gave assurances that split mealtime sittings would be implemented if and when the majority of patients wish to avail of the dining room. The communal dining space in the dementia unit will be reviewed again at the next inspection.

Examination of a sample of patient care records evidenced that some patients were overdue an annual review of their care, arranged by each patients' care manager / Trust key worker. While it is the responsibility of the commissioning Trust to arrange care reviews, it is good practice for the home to monitor and track when reviews are due.

The manager did not have a tracker in place. This was discussed and the manager agreed to implement a tracking system and to maintain a record of communications with the Trust in relation to annual care reviews. This will be reviewed again at a future inspection.

Patients told us that they were “looked after” well and relatives described the care as “excellent.”

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home’s environment included a selection of patient bedrooms, communal lounges and dining rooms, communal bathrooms, corridors, and storage areas. The home was clean and tidy and there was a welcoming atmosphere.

Patient areas were suitably furnished and décor was maintained to a good standard. Patient bedrooms were found to be clean, tidy and personalised with items of interest or importance to the patient.

A few minor issues were observed in the environment, namely, a sticky label was used to identify the door number of one bedroom, one armchair had a torn seam, and one ensuite toilet was noted to have a malodour. This was discussed with the manager who provided assurances that these issues would be addressed.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were free from clutter and fire exits were unobstructed. Staff were aware of their training in these areas and how to respond to any concerns or risks. The most recent fire risk assessment was undertaken on 1 June 2023 and any recommendations made had been addressed.

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. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

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 personal protective equipment (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.

Patients told us that they were happy with the level of cleanliness in the home, with one patient even commenting that their room was cleaned so often that staff could “nearly take a day off”.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. It was observed that staff encouraged and supported patients to make choices throughout the day, for example, where and how they spent their time, what drinks or snacks to have, and planning some social or recreational activities.

An activities programme was available and included events such as, games, make up tutorial and pamper day, book club, garden games, spiritual and religious sessions, and music. Patients were seen to enjoy music and singing in the afternoon with a guest musician. One relative commented that while the activities programme was good, they felt that there were not enough bespoke sessions for those patients with advanced dementia who could not participate in group sessions. This was discussed with the management team who agreed to review the provision of activities for those patients. It was acknowledged that a new activities coordinator had recently started work in the home and it would be appropriate to allow time for the coordinator to get to know the patients. Activities will be reviewed again at the next inspection.

5.2.5 Management and Governance Arrangements

There had been no changes in the management of the home since the last inspection. Ms Deborah Campbell has been the registered manager 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 patients. There was evidence of auditing across various aspects of care and services provided by the home.

As initially stated in section 5.2.1 of this report, the NISCC monitoring records and a number of other records for the nursing home were merged with the records for Kilwee residential home. These records included, NISCC monitoring and meeting minutes. An area for improvement was identified in relation to management of records for two separate registered services.

RQIA received confirmation in writing following the inspection that some records had been separated from the residential service and that work would continue to ensure the records for both services were maintained separately.

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 the manager had a system in place to ensure safeguarding processes were followed. A review of safeguarding records showed that all safeguarding considerations and/or discussions were documented.

Staff, relatives and patients said that they knew how to report a concern and said that they felt confident that the manager or person in charge would take concerns seriously.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, their representatives, the Trust and RQIA.

Staff, patients, and relatives commented positively about the management of the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Deborah Campbell, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: With immediate effect	<p>The registered persons shall ensure that there is a robust system in place for monitoring staffs' registration status with NISCC. The system should clearly state staffs' start dates and appropriate action should be taken if staff are found to be working unregistered.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Employee start date was added to the NISCC registration status matrix on the day of inspection. The care home ensures that NISCC is appropriately alerted when staff are approaching the 6 month threshold for registration and will ensure that staff are registered within the timeframe.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 37 Stated: First time To be completed by: 8 September 2023	The registered persons shall ensure that governance records pertaining to Kilwee nursing home are maintained separately from those records pertaining to Kilwee residential home. This is with reference to staff meeting minutes and NISCC monitoring records. Ref: 5.2.1 and 5.2.5
	Response by registered person detailing the actions taken: The separation of NISCC monitoring records pertaining to Kilwee Nursing Home and Kilwee Residential Home was completed on the day of inspection. The care home will ensure that the minutes of the staff meetings from Kilwee Nursing Home will be held separately from the Residential Home.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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