



The Regulation and
Quality Improvement
Authority

Unannounced Follow up Care Inspection Report



Kilwee

Type of Service: Nursing Home (NH)

Address: 42f Cloona Park, Dunmurry, Belfast 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 Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager: See below
Person in charge at the time of inspection: Wayne Salvatierra – nurse in charge	Date manager registered: Sharon McCreary- Acting – no application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 48 A maximum of 36 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 7 November 2018 from 16:30 to 22:15 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 was undertaken following information received by RQIA raising concerns in relation to staffing, deployment of staff and the delivery of care.

It is not the remit of RQIA to investigate complaints or concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Staff deployment
- Early evening and night time routine

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	*2	*3

*The total number of areas for improvement include two which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Therese Conway, responsible person, 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 26 July 2018.

The most recent inspection of the home was an unannounced care inspection undertaken on 26 July 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 three patients, four patients' relatives and 11 staff. Questionnaires were 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 home 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.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rotas for nursing and care staff from 28 September – 8 November 2018

- staff allocation sheets
- incident and accident records
- seven patient care records.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 26 July 2018

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

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 July 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 To be completed by: Immediate from the day of inspection	The registered persons must ensure that there is proper provision for the health and welfare of patients. 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Due to the focus of this inspection this area for improvement was not reviewed and is carried forward to the next care inspection	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.3 Stated: First time To be completed by: 23 August 2018	The registered person shall ensure that the auditing of accidents/incidents is further developed to include confirmation that neurological observations are completed.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Due to the focus of this inspection this area for improvement was not reviewed and is carried forward to the next care inspection.	

6.3 Inspection findings

The nurse in charge explained the planned daytime staffing levels for the home and confirmed that on the day of the inspection the planned staffing levels were adhered to. Whilst there were three registered nurses on duty one nurse was completing their induction and therefore was supernumerary. We discussed this with the nurse in charge who explained how the nursing duties were being fulfilled. No issues were identified with the deployment of registered nurses on the evening of the inspection. We spoke with seven members of care staff, no issues were raised with the provision of staffing on day duty.

We reviewed the duty roster for night duty from the period 28 September to 7 November 2018. There was an inconsistent number of staff rostered from night to night. Staff were unable to confirm what staffing levels were required; there was no clear guidance for the nurse in charge to determine the number of staff required. An email confirming the planned staffing for night duty was received from the manager the day following the inspection.

A review of the duty rosters evidenced that the confirmed planned staffing was not consistently adhered to. Staff spoken with on night duty were of the opinion that when the planned staffing was provided there were sufficient staff to meet the needs of the patients. Staff explained how they were deployed and were knowledgeable of the working practices and how best to meet the needs of the patients. Staff explained that for this deployment to work there must be the full complement of staff on duty. The following areas for improvement were made with regard to staffing:

- there must be sufficient staff on duty to meet the assessed needs of the patients
- there must be robust systems to clearly identify the number of staff required to meet the assessed needs of the patient
- 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
- the manager must maintain oversight of the staffing rosters to ensure the planned staffing levels are consistently adhered to

We spoke with the relatives of four patients who spoke at length regarding staffing. All were complimentary regarding the caring attitude of staff. One relative confirmed that recently they had discussed their concerns regarding staffing levels with the manager; they were satisfied that improvements had been made following their discussion. One relative commented, "staff

do a good job but sometimes they're under pressure.” Another relative spoke highly of the activity co-ordinator but would like to see more activities for the patients. All of the comments provided by relatives were shared with the responsible person at the conclusion of the inspection.

Relative questionnaires were also provided. None were returned prior to the issue of the report.

Staff were asked to complete an online survey, we had 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.

We arrived in the home at 16:30 hours and staff were assisting patients with their preparation for evening tea. Patients were assisted to the dining rooms in a timely manner prior to the serving of tea. There was a choice of two dishes; staff confirmed that alternative meals were also provided in response to their requests. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to modify fluids. The serving of the meal was well organised and there was a calm atmosphere throughout the meal. Food and fluid intake charts were maintained for all patients.

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 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.

Review of records pertaining to accidents and incidents from July 2018 confirmed that these were appropriately managed. Records evidenced the patients' relatives and the relevant health and social care trust had been notified. Appropriate notifications had also been made to RQIA. A falls risk assessment was completed for patients on admission and reviewed regularly.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attitude and knowledge of patients' individual needs and the delivery of timely care.

Areas for improvement

Areas for improvement were made in relation to the planning and provision of staff.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Therese Conway, responsible person, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection</p>	<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>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection</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>Response by registered person detailing the actions taken: Patient dependency levels are reviewed monthly by management and staffing levels are adjusted accordingly to reflect both this and current occupancy within the home. The Home Manager oversees all duty rotas to ensure that the skill mix of staff is appropriate for optimum care delivery.</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2018</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 required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be completed by: 5 December 2018</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>
<p>Area for improvement 3</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection</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>Response by registered person detailing the actions taken: Monthly dependency audits are carried out by management to ensure that staffing levels adequately reflect the nursing needs of all patients and the current occupancy within the home. These staffing levels are communicated (both verbally and via written supervision) to all nurses who may be in charge of the home in the manager's absence.</p> <p>Response by registered person detailing the actions taken: The manager oversees and signs off all duty rotas on a weekly basis, to ensure that adequate skill mix and staffing levels are being adhered to.</p>



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