



Unannounced Care Inspection Report 19 November 2019



Kilwee Care Home

Type of Service: Nursing Home
Address: 42f Cloona Park, Dunmurry, Belfast BT17 0HH
Tel no: 02890618703
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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 32 patients.

3.0 Service details

<p>Organisation/Registered Provider: Merit Retail Ltd</p> <p>Responsible Individual: Therese Elizabeth Conway</p>	<p>Registered Manager and date registered: Isabel Neves 15 March 2019</p> <p>The management arrangements have changed since this inspection; there are currently temporary management arrangements in place.</p>
<p>Person in charge at the time of inspection: Isabel Neves</p>	<p>Number of registered places: 32</p> <p>A maximum of 20 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH(E).</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 30</p>

4.0 Inspection summary

An unannounced inspection took place on 19 November 2019 from 08:50 hours to 16:00 hours.

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 in respect of the previous pharmacy inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was bright, spacious and safely managed.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required.

We observed that patients were offered choice with the daily routine and that a range of varied activities were provided.

There were stable management arrangements with systems in place to provide management with oversight of the services delivered.

An area for improvement was identified with the management of pressure relieving mattresses.

Patients told us they were happy living in the home. Comments received from patients, people who visit them and staff during and after 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 patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Isabel Neves, registered manager, and Jarleth Conway, company director, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 July 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 July 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 previous inspection findings including pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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 patients 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.

The following records were examined during the inspection:

- duty rota for staff from 8 – 21 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- six patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits made on behalf of the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last 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 areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Two staff recruitment files reviewed contained the reasons for staff leaving previously held positions which involved working with children or vulnerable adults. This area for	

	improvement has been met.	
Area for improvement 2 Ref: Standard 23.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that patient assessed as at risk of developing pressure ulcers had a prevention and treatment care plan in place. This area for improvement has been met.	

Areas for improvement from the last medicines management inspection dated 25 July 2019		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall review the management of liquid medicines in relation to measuring and audit.	Met
	Action taken as confirmed during the inspection: Records evidenced that the management of liquid medicines was being audit. This area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

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

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 8 – 21 November 2019 confirmed that the staffing numbers identified were provided. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. Two activity co-ordinators were employed to plan and deliver a range of social activities; they were supported by the wider staff team.

The registered manager informed us that the provision of care staff on the dementia unit had recently been increased in response to the needs of the patients. We discussed the staffing levels with nursing and care staff. Staff in the dementia unit were satisfied that there was enough staff to meet the patients' needs and commented positively with regard to the recent increase.

Issues with the staffing levels on ground floor general nursing unit in the afternoon and early evening were raised by a relative who provided examples of how a lack of staff impacted on care. We reviewed the dependency of the patients and the afternoon/early evening staffing provision. This was discussed with the registered manager and company director, Jarleth Conway, who readily agreed to review the staffing taking into consideration the dependency of the patients. Confirmation was received on 13 December 2019 that the review had been completed and action was being taken to increase the staffing in the afternoon/early evening.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how can report any concerns.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

The environment in Kilwee was warm and comfortable. A large selection of cushions and knee blankets were available in the lounge of the dementia unit to enhance patient comfort. The offer of a blanket from staff was gratefully received by many patients. One patient told us, "I'm really cosy." The home was clean and fresh smelling throughout. Patients' bedrooms had been individualised with items that were important to the patients and reflected their likes and interests. No issues were observed with fire safety. The access to

fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was bright, spacious and safely managed.

Areas for improvement

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

	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.

We spoke with three patients individually who were happy with the care they were receiving. They confirmed that staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

We reviewed six patients' care records and observed that in three records assessments to identify patient need were completed and care plans were in place to direct the care required.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

We reviewed the management of nutrition, patients' weight and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. A number of patients had pressure relieving mattresses in place which required to be set manually – a number were not set accurately in accordance with the patients weight; this was identified as an area for improvement. Systems to ensure that correct setting is maintained must be implemented.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wounds care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and appropriate care planning to identify the specific support required by each patient. Patients' weights were kept under review and checked a minimum of monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patient's care records. Food charts were maintained to record patient's daily intake.

Throughout the inspection we witnessed assistance being provided in response to individual patient need and in a manner which supported individual patient choice. This patient centred approach was not always evident in patients' care records. For example care plans for patients who at times could become distressed did not include any personalised descriptors of how their distress manifested, any known triggers to their distress or interventions which helped, care plans for dementia did not include how the patient was affected by dementia. The manager had identified this area for improvement in their audit of care records in October. Progress with this improvement work will be reviewed at the next inspection.

Patients had the choice of coming to the dining room or having their meals brought to them on a tray; the majority of patients came to the dining room. There was a relaxed atmosphere in the dining rooms during lunch and the tables were nicely set with cutlery. Patients were assisted to the dining room in a timely manner prior to the serving of lunch. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help. Patients and staff were complimentary regarding the meals served and the choices available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

Areas for improvement

An area for improvement was identified with the setting of pressure relieving mattresses.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 08:50 hours. Breakfast was being served and patients were present in the dining rooms or were having their breakfast in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with personal preference. The atmosphere in the home was calm and quiet.

We spent time with the patients throughout the day; they told us the following:

“I love it here.”

“I wouldn’t change this place for the world.”

“I’m very comfortable.”

We spoke with the relative of one patient. Whilst they were complimentary of the care delivered, as previously discussed, they did not feel there was sufficient staff at times to meet the needs of the patients. Their opinion was shared with management during feedback and it was agreed they would meet with the relative to discuss the issues further and discuss the proposed review of staffing.

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

We discussed how patient and relative opinion was sought on the day to day running of the home. The manager explained that questionnaires were provided annually to relatives; these were last issued in July 2019; no completed responses were received. Management explained that they were currently reviewing the processes to identify a more effective way of engagement.

The manager explained that patients meetings are held approximately every three months; the most recent was held on 30 July 2019. At this meeting ideas for activities, views on food and suggestion for improvements to the home were all discussed. The next meeting is planned for 29 November 2019.

Two activity co-ordinators are employed to deliver activities. We spoke with the activity co-ordinator on duty who explained that they aim to provide activities that are reflective of the patients’ previous life styles and past interests. To enable them to achieve this they are currently working on life story books which include details of childhood, school days, work and family. A variety of activities were arranged for the Christmas period, including visits from local schools, churches and a Christmas party for patients and their families.

The home has received numerous compliments, mainly in the form of thank you cards. These are some of the comments included:

“I am so grateful for all the fantastic staff at Kilwee – thank you for the care you have given mum.”

“On behalf of our mum ... we would like to thank everyone for the excellent care, compassion and love she was given here....each and everyone making her life at Kilwee more like her home.”

“You were so helpful, caring and supportive of her ... she really couldn’t have been in a better place for her last year.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine and the activities provided.

Areas for improvement

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

	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.

At the time of the inspection there were well established management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, was registered with RQIA since March 2019 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. Staff reported that the manager was very approachable and available to speak to.

The manager reviewed the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents. Where areas for improvement were identified there was evidence of re-audit to ensure that the necessary improvements had been made.

The owner of the home is required to check the quality of the services provided in the home. This was done during a monthly unannounced visits to the home by a manager from another home within the company. A report of the outcome of these visits was available. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Examples of compliments received have been provided in section 6.5 of this report.

Since the inspection there has been a change in the management arrangements; there are currently temporary management arrangements in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

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

	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 Jarleth Conway, company director, 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 23.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection</p>	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A template has been formulated and implemented for the manual setting mattresses to ensure that there is a correct setting for each individual resident. This is checked daily and adjusted accordingly if and when required.</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

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care