

Inspection Report

30 July 2024



Kilwee Care Home

Type of service: Nursing Home

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

Telephone number: 028 9061 8703

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Merit Retail Limited Responsible Individual: Mr Jarlath Conway	Registered Manager: Ms Deborah Campbell Date registered: 3 June 2021
Person in charge at the time of inspection: Ms Deborah Campbell	Number of registered places: 32 This number includes 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 (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia 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: 32
Brief description of the accommodation/how the service operates: This home 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 for patients with nursing dementia needs. This nursing home shares the same building as Kilwee residential care home, which occupies the second floor of the building. The registered manager for Kilwee nursing home also manages Kilwee residential home.	

2.0 Inspection summary

An unannounced inspection took place on 30 July 2024 from 9.10 am to 4.10 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.

The home was clean, well lit, free from malodour, and the internal temperature was maintained to a comfortable level. There was a welcoming atmosphere throughout the day, as staff were seen to greet visitors in a warm manner.

Patients told us that they were satisfied with the care and services provided in the home and spoke in positive terms about the staff.

Relatives shared their views by completing questionnaires and expressed that they were very satisfied with the care and services provided in Kilwee Care Home. Further detail about patient and relative views can be found in section 4.0 of this report.

It was evident that staff were familiar with individual patients' needs, and demonstrated through their actions and discussions that they were trained to deliver safe and effective care. Staff were observed to be polite and respectful during interactions with each other and visitors, and were warm, reassuring, and at times fun, during interactions with patients.

Areas of good practice were identified in relation to person centred care, meaningful engagement through activities, and life story work with patients and families. No new areas for improvement were identified during this inspection.

RQIA were assured that the delivery of care and service provided in Kilwee Care Home was safe, effective, compassionate and that the home was well led.

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.

4.0 What people told us about the service

Patients spoke in positive terms about their experience of living in Kilwee Care Home. Patients described staff as “excellent”, “friendly and polite”, “they are very attentive and go the extra mile”, and “in all things they are great.”

Patients said that staff were “generous with their time”, and were always on hand to “met all my needs.”

Patients said that the food was good and they had choice at each meal. Patients told us that they were happy with the home’s environment and the activities on offer.

A relative told us that the staff were “excellent” and that they were kept informed about their loved one’s needs and care.

RQIA received seven completed questionnaires from relatives following the inspection. All respondents said that they were very satisfied with the care and services provided in the home. Relatives described staff as “very friendly, attentive, and helpful”, “fantastic...they go above and beyond”, “staff could not do any better”, “I find the staff very thoughtful and caring”, “management and staff are very attentive...they are professional and friendly.”

Relatives said that their loved one’s needs were met and said they were happy with the home’s environment and the activities programme; “it’s clean, lovely rooms, and good outside space”, “great activities”, and “the laughter from staff and residents is amazing.”

Relatives said that they felt confident “knowing they (patients) are in safe hands” and said the overall service was “brilliant.”

Staff said that they were happy working in the home, that there was enough staff on duty each shift, and that they felt supported by the management team.

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 26 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are administered as prescribed and accurate records maintained, including reasons for any omissions. This area for improvement is made regarding inhaler preparations.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 37 Stated: First time	The registered persons shall ensure that governance records pertaining to Kilwee nursing home are maintained separately from those records pertaining to Kilwee residential home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and appropriate action is taken when the temperature recorded is outside the recommended range of 2-8°C.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment records evidenced that a robust system was in place to ensure staff were recruited correctly to protect patients. Staff new to the home confirmed that they were provided with a comprehensive induction to their role and were provided with opportunity to work alongside more experienced staff to become familiar with the policies and procedures in the home.

Checks were made to ensure that relevant staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), as required. This system was monitored monthly by the manager to ensure registrations remained valid.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours and capacity worked were stated on the duty rota and the nurse in charge of the home in the absence of the manager was highlighted.

Records evidenced that any nurse taking charge of the home had a competency and capability assessment in place to ensure they held the necessary knowledge and skills. Staff said that they were happy with the staffing levels and that they were able to meet the patients' needs in a timely manner. It was observed that there was enough staff in the home.

There were systems in place to ensure staff were trained and supported to do their job. For example, mandatory training was provided to all staff pertinent to their role and the manager monitored staffs' compliance with training. Staff were further supported in learning through supervision sessions and annual appraisals.

Patients said that staff were always available to them when they needed assistance, or even just for company. Patients said that staff were "very friendly and attentive", "if I need something they are just a buzz away", and "go the extra mile."

Relatives said that staff were “very friendly, attentive and helpful”, “generous with their time”, “fantastic”, “couldn’t do any more”, and “willing and able to help.”

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 needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients.

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. Patients care records were held confidentially.

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.

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.

Patients’ individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients’ care needs and what or who was important to them. Staff told us that this information played an important part in how effectively they provided care. For example, staff were familiar with individual patients’ interests and significant people in their lives, and would use this information to engage the patient in meaningful conversations which helped to alleviate any distress or anxiety for patients. This is good practice.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly.

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. Records were maintained where required.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were kept free from clutter, patients were encouraged to wear suitable footwear, increased staff supervision, or the use of specialist equipment such as bedrails or alarm systems.

The use of some specialist equipment such as bedrails can be considered to be restrictive. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, the Trust Dementia Outreach Team, their GP, or for physiotherapy.

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.

It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. This review should include the patient, the home staff and the patient's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any patient whose placement was not arranged through a Health and Social Care Trust.

Patients told us about how staff meet their needs. For example, one patient said, "my mobility is not so good...(staff) are generous and kind when I need help with getting about."

Relatives said that they were happy with the care their loved ones received. Comments from relatives included, "the care is great", "my loved one is always clean and tidy...I know they are in safe hands, so no need to worry", "I honestly can leave Kilwee knowing that my loved one is cared for and looked after."

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the environment included a sample of bedrooms, communal lounges and dining rooms, communal bath/shower rooms, corridors, and storage areas. The home was clean and tidy.

All areas of the home were well lit with a combination of soft lighting and natural light. The reception area and main lounge were decorated with flags to mark the Olympic games. The décor throughout the home was well maintained and there were homely touches throughout. For example, framed pictures, photographs of patients and staff, flowers and plants, and items of interest such as reading materials or games.

There was good use of home technology such as smart televisions or voice activated digital devices such as an Alexa. Staff told us how they would stream patients' favourite artists or encourage patients to request songs.

Patient's bedrooms were clean and tidy and well personalised with family photos, or items of significance to each patient, such as religious art or favourite sports team.

The garden area was well maintained and there was a seating and shaded area. Patients, visitors, and staff were seen to enjoy the outside space.

Storage areas were clean and organised, and chemicals such as cleaning materials were stored securely.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Records evidenced that staff participated in regular fire drills.

Fire doors and exits were free from obstruction and fire extinguishers were accessible at strategic points around the home. The most recent fire risk assessment was completed on 4 June 2024 and the manager confirmed that no recommendations were made by the assessor.

There were systems in place to manage the risk of infection. For example, there were regular audits conducted on the environment, staff were trained in best practice for infection prevention and control (IPC), hand hygiene and the correct use of personal protective equipment (PPE).

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 were happy with the level of cleanliness in the home. A relative said “it’s very clean, lovely rooms, and a good outside space.”

5.2.4 Quality of Life for Patients

It was evident that staff were aware of patients’ individual likes, dislikes, interests, and significant others. Staff recognised the importance of meaningful engagement with patients and would draw on their knowledge of patients during conversations. This was seen during interactions between staff and patients resulting in good rapport. One relative said, “the laughter from staff and residents is amazing.”

Discussion with patients confirmed that they were able to choose how they spent their day. For example, one patient told us that they could pick and choose what activities they joined in, a number of other patients said that they preferred to spend time in their bedrooms but would also avail of the outdoor seating area if the weather was good.

Patients who have dementia can sometimes have difficulty making their views known verbally. However, staff were seen to support these patients in making simple decisions about their daily life, such as what drink to have. Staff were seen to support and assist patients who wanted to pace.

Care records included life stories that gave a picture of who the patient was and significant events in their lives. There was evidence of collaboration with patients and relatives in compiling the life stories and records were held in individual patient profiles along with

photographs of 'beautiful moments' depicting life in the home. These patient profiles gave staff more insight into patients' lives and included things that were important to the patient, what they worried about, and what they found comfort in. Staff confirmed that this helped them deliver person centred care. This is good practice.

An activities programme was available, and review of records showed a range of events including, games, parties, pamper sessions, gardening, karaoke, arts and crafts, and religious services. There was evidence of engagement with the local community with links with community groups such as the men's shed or visits from local entertainers.

Recent celebrity events included a visit from singer Mary Black and a separate visit from singer Daniel O'Donnell. Some patients told us about meeting Daniel O'Donnell and showed photographs of him posing with patients.

The activities programme incorporated national and international events. For example, they held an Olympics games day where patients, staff, and visitors took part in mock games.

It was evident that patients' needs in relation to the social, cultural, community, creative, and spiritual aspects of life were being met through the activities programme.

Visiting arrangements were in place and patients and relatives expressed that this was working well.

Patients told us that they were happy with the quality of life in Kilwee, with one patient saying, "I never feel alone...they meet my needs in every way...in all things they are great."

Relatives said, "great activities", "there's always a lot of entertainment provided", "my (loved one) enjoys living in Kilwee."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Deborah Campbell has been the registered manager in this home since 3 June 2021.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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.

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 good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and relatives said that they knew how to report any concerns and said they were confident that the manager would handle any issues appropriately.

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. This is good practice.

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.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

Patients and relatives told us that they felt the service was well led. One relative said, "the management and staff are professional and friendly."

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.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Deborah Campbell, Manager, as part of the inspection process and can be found in the main body of the report.



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)

Assurance, Challenge and Improvement in Health and Social Care