

Unannounced Care Inspection Report 5 July 2017



Kilwee Care Home

Type of Service: Nursing Home

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

Tel No: 028 9061 8703

Inspector: Sharon McKnight

www.rgia.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

Registered organisation/registered person: Merit Retail Ltd Therese Elizabeth Conway (acting)	Registered manager: Grace Pena
Person in charge of the home at the time of inspection: Grace Pena	Date manager registered: 8 January 2013
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 registered places: 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 5 July 2017 from 09:15 hours to 17:30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of patient's preferences, assessment of patient need and creation of care plans and staff interaction with patients.

Areas for improvement were identified under regulations with the provision of staffing, the management of soiled linen and the delivery of wound care.

Areas for improvement were identified under the standards with the multi-disciplinary review of patients assessed as at high risk of falls, the completion of repositioning charts and the recording of wound care.

Patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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	3	*3

*The total number of areas for improvement under the standards include two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Grace Pena, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 22 February 2017.

The most recent inspection of the home was an unannounced care inspection undertaken on 22 February 2017. 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 the majority of patients in small groups, eight staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 30 June 2017 to 6 July 2017
- staff training records
- incident and accident records
- five patient care records
- three patient reposition charts
- menu choice records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 21 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14(5)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that no patient is subject to restraint unless it is the only practical means of ensuring their welfare and there are exceptional circumstances.</p> <p>Any decision to use restraint, or restrictive practises, must be discussed, and agreed, with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: We did not observe any patients who were subject to restraint during this inspection. Staff spoken with were knowledgeable regarding what constitutes restraint and the decision making process around restraint. This area for improvement under regulation has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 18.10 Stated: Second time</p>	<p>It is recommended that the registered provider should ensure that staff are trained to recognise what restrictive practice is, the parameters under which restrictive practice may be implemented and the impact on patients' rights.</p>	Met
	<p>Action taken as confirmed during the inspection: Records evidenced that the policy with regard to restrictive practice and deprivation of liberty had been read by 22 staff. Additional information with regard to the mental capacity act and deprivation of liberty safeguards was available for staff. Staff spoken with were aware of the term restrictive practice and the decision making processes required. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 21.1 Stated: First time</p>	<p>It is recommended that the registered provider should ensure that a multi-disciplinary review of patients assessed at high risk of falls should be requested to ensure that staff are supported to manage patient safety in keeping with best practice.</p>	Not met
	<p>Action taken as confirmed during the inspection: We reviewed the care records of three patients assessed as at high risk of falls. One care record evidenced that a patient had been referred to the falls clinic; this referral was made nine days prior to this inspection. There was no evidence that staff were pro-actively seeking reviews for patients who were at high risk of fall or following actual falls. This area for improvement has not been met and is now stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p>	<p>It is recommended that the registered provider should review the supervision arrangements for patients to ensure that patients are appropriately supervised. This review should include the provision and deployment of staff.</p>	<p>Not met and subsumed in to an area for improvement under regulation.</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following observations during this inspection with the provision of staffing and care delivery this area for improvement under the standards had been subsumed into an area for improvement under regulation.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>It is recommended that the registered provider ensures that individual care records are in place for each wound.</p>	<p>Not met and subsumed in to an area for improvement under regulation.</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following a review of wound care for one patient this area for improvement under the standards had been subsumed in to an area for improvement under regulation.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>It is recommended that the registered provider ensures that repositioning charts and mouth care charts are completed in full to evidence care delivery.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of repositioning charts for three patients evidenced that two were completed fully and evidenced care delivery; one did not.</p> <p>Care records evidenced the delivery of mouth care for one patient.</p>		
<p>This area for improvement is assessed as partially met and is stated for a second time.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that the registered provider ensures that staff support patients to choose from the full range of dishes available on the menu. This includes patients who require a modified diet.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of menu choice sheets evidenced that staff were supporting patients to choose from the full range of dishes available on the menu. Patients were choosing a variety of meals; this included patients who required a modified diet. This area for improvement has been met.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that the registered provider monitors the delivery of doll therapy to ensure it is in line with evidence based practice.</p> <p>Staff should be provided with the necessary knowledge to implement doll therapy in accordance with best practice.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Research based information was available in the home and staff were aware of the information. An awareness session on doll therapy was held on 29 March 2017 and records evidenced that this was attended by 13 staff. Staff spoken with were more aware of the use of dolls as a therapy than during the previous inspection. This area for improvement has been met.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels had been subject to a recent review to ensure the assessed needs of the patients were being met. As a result of this review the registered manager explained that staffing on night duty had been increased in one unit.

A review of the staffing rota for week commencing 30 June 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care in two floors of the home confirmed that patients' needs were met by the levels and skill mix of staff on duty. Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Staff were knowledgeable regarding patients preferences, likes and dislikes.

We were present in one identified floor of the home during the period prior to lunchtime. There were a number of patients who were assessed as at high risk of falls. We observed that at least one member of staff was generally present in the lounge area throughout the morning. The member of staff was observed talking generally with patients, completing patients' charts and providing reassurance to those patients who required it. Prior to lunchtime staff began to assist patients to the toilet before they went to the dining room for lunch. We observed that patients in the lounge became more animated with this level of activity; patients who required assistance to mobilise were observed attempting to get up and walk unaided. Staff began serving lunch at 13:00; a nurse and care assistant were present in the dining room; the other two staff were responding to patients who had requested the toilet. The dining room was chaotic; patients had meals served but in the absence of staff to prompt and encourage them they did not begin to eat their lunch, patients attempted to stand up and leave on a number of occasions requiring staff to attend to them and remind them to stay and finish their meal. Patients who were being assisted by staff had their meal interrupted on numerous occasions as staff left to provide assistance/reassurance to other patients. During this time meals were sitting on an open trolley; there was no provision to keep the meals warm until staff were available to assist the patients. The registered manager attended the dining room and requested staff from another floor to assist the patients. Action was taken to ensure meals were hot prior to serving.

We discussed with the registered manager how the level of staffing required was determined. There were clear parameters to determine staffing in response to the occupancy of the unit; however it was unclear how the dependency of patients was considered when assessing the level of staff required. Observations confirmed that there were insufficient staff to meet the needs of the patients at the time of the inspection; this was identified as an area for improvement under regulation. Prior to the conclusion of the inspection the registered manager confirmed that staffing in the identified unit had been increased in the interim until a full review was completed.

We sought staff opinion on staffing via questionnaires. Four of the five staff who returned questionnaires were satisfied that there were sufficient staff to meet the needs of the patients. One staff did not feel there were sufficient staff; this questionnaire was returned by a staff member working in the unit where the area for improvement with staffing was identified.

We sought relatives' opinion on staffing via questionnaires. Five were returned within in time for inclusion in the report. Two of the respondents were satisfied that staff had sufficient time to care for their relative. One relative commented on the amount of paperwork staff were required to complete and that this time would be better spent on stimulating patients. Two relatives commented that staff were "under pressure" but went on to comment that: "...the care given by the available staff is excellent."
"Staff are excellent ."

All of the comments were discussed with the registered manager following the inspection.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The importance of ensuring the home, and in particular the ensuite shower rooms are kept tidy was discussed with the registered manager at the conclusion of the inspection. Fire exits and corridors were observed to be clear of clutter and obstruction.

A notice was displayed advising staff of the action to take with regard to the sluicing of soiled linen. The advice given was contrary to best practice in infection prevention and control. Discussion with staff confirmed that they were following the advice given. The management of soiled linen was identified as an area for improvement under regulation and the registered manager and staff informed that the current practice of hand sluicing certain items must cease with immediate effect.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of patient's preferences and the home's environment.

Areas for improvement

The following areas were identified for improvement under regulation: the provision of staffing to meet the needs of the patients and the management of soiled linen.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

A review of five patients' care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient at the time of admission to the home. Assessments were reviewed as required and at minimum monthly. There was evidence that assessments informed the care planning process.

As previously discussed in section 6.1 we reviewed the management of wound care for one patient. Care records reflected that the patient had been reviewed by the tissue viability nurse (TVN) and care records reflected the prescribed wound care. We reviewed the delivery of wound care for the period 10 April 2017 to 2 July 2017. Dressing changes were not consistently recorded and we were unable to evidence if wound care had been delivered in accordance with the prescribed regime. Contemporaneous nursing records must be kept of all nursing provided to evidence that patients receive the care and treatment they require. This was identified as area for improvement under the regulations. The delivery of wound care was not consistently recorded; dressing changes and assessment of the wound were recorded in either the evaluation of the care plan or the daily progress notes. An assessment of the wound was not recorded at each dressing change. Wound care should be recorded in accordance with best practice. This was identified as an area for improvement under the standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), SALT and dieticians. The registered manager confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patient need and creation of care plans.

Areas for improvement

Areas for improvement were identified in relation to the delivery and recording of wound care.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:15. Staff were busy attending to the needs of the patients and preparing them for breakfast. Patients were observed either in their bedrooms as was their personal preference, walking around the home or seated in the dining room or lounge areas again in keeping with their personal preference. Staff interaction with patients was observed to be compassionate, caring and timely. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was evidence that patients were involved in decision making about their care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff encouraged those patients who could express their preference to do so and demonstrated a detailed knowledge of patients’ likes and dislikes for those patients who were unable to express their opinion.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were issued; five were returned within the timescale for inclusion in this report. The relatives were all very satisfied or satisfied with the care provided across the four domains. The following comment was provided:

“Excellent home and staff, beautiful setting.”
 “The nursing manager is excellent and always available.”

Ten questionnaires were issued to nursing, care and ancillary staff; five were returned prior to the issue of this report. The staff members were very satisfied or satisfied with the care provided across the four domains.

Comments from relatives and staff with regard to staffing are discussed in section 6.4.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and taking into account of the views of patients.

Areas for improvement

No areas for improvement were identified with the delivery of compassionate care.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager’s working patterns provided good opportunity to allow them to have contact as required. Patients and staff were confident that if they raised a concern or query with management, they were taken seriously and their concern/query was responded to appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the day to day operation of the home.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Grace Pena, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

25 AUG 2017

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that staffing in the identified unit is reviewed and adjusted as required to meet the needs of the patients.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staffing levels are regularly reviewed and adjusted in accordance to patients' needs.</p>
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: Immediate from the date of inspection.	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>The practice of hand sluicing soiled linen must cease with immediate effect. Soiled linen must be managed in accordance with best practice guidance.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All soiled linen is managed in accordance to best practice.</p>
Area for improvement 3 Ref: Regulation 13(1)(b) Stated: First time To be completed by: 2 August 2017	<p>The registered person shall ensure that contemporaneous nursing records are kept of all nursing provided to evidence that patients receive the care and treatment they require.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Wound dressing changes are consistently recorded in a contemporaneous manner that reflects evidence of care and treatment administered to patients.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by:	<p>The registered person shall ensure that a multi-disciplinary review of patients assessed at high risk of falls should be requested to ensure that staff are supported to manage patient safety in keeping with best practice.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken:</p>

2 August 2017	Patients that have been assessed as high risk of falls have been referred to the relevant multi-disciplinary team members.
Area for improvement 2 Ref: Standard 4.9 Stated: Second time To be completed by: 2 August 2017	<p>The registered person shall ensure that repositioning charts are completed in full to evidence care delivery.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Repositioning charts are completed in full to evidence care delivery. This is checked daily by the nurse in charge and regularly monitored by the Registered Manager.</p>
Area for improvement 3 Ref: Standard 4.8 Stated: First time To be completed by: 2 August 2017	<p>The registered person shall ensure that wound care is recorded in accordance with best practice.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A robust system is in place that ensures wound care is adequately documented and communicated with all nursing staff. This is audited monthly by the Registered Manager.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk



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