Unannounced Care Inspection Report
5 August 2020

Kilwee Care Home

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

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. The home is divided into two units as detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Merit Retail Ltd **Responsible Individual(s):** Jarlath Conway	**Registered Manager and date registered:** Deborah Campbell – acting manager
Person in charge at the time of inspection: Deborah Campbell	**Number of registered places:** 32 A maximum of 20 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH (E).
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 16 – NH-DE (First floor) 11 – NH-I, NH-PH and NH-PH (E) (Ground floor)

4.0 Inspection summary

An unannounced inspection took place on 5 August 2020 from 10.30 to 18.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- communication
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and management arrangements

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Deborah Campbell, 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.

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, registration information, and any other written or verbal information received.

This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

Questionnaires and 'Tell us' 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:

- staff duty rota for weeks commencing 27 July 2020 and the 3 August 2020
- three patients' daily reports and care records
- three patients' care charts including food and fluid intake charts and repositioning charts
- complaints ledger
- staff training records
- incident and accident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- a sample of governance audits/records/action plans
- one staff recruitment file
- a sample of monthly monitoring reports for April 2020 and July 2020

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 19 November 2019.

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 23.5 **Stated:** First time	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately. Systems to ensure that correct setting is maintained must be implemented.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of care records, governance audits and the settings on pressure relieving mattresses evidenced that a system was in place to ensure that the correct setting is maintained.	

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 10.30 hours we were greeted by the manager and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager confirmed the daily staffing levels within each unit and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. Review of staff duty rotas evidenced that the planned staffing levels were adhered to on most occasions.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- “Very supported by management.”
- “Great team.”

- “Manager very good. Very approachable.”
- “I love it here.”
- “New manager has brought stability and direction.”
- “Very well managed home.”

We reviewed staff training records specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) which evidenced that the majority of staff had completed level 2 training. Staff demonstrated a general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place. We further discussed with the manager level 3 training for staff such as registered nurses with overseeing responsibilities which had not been completed. Following the inspection written confirmation was received by RQIA that level 3 training had been commenced by relevant staff specific to their role, with ongoing monitoring to ensure full compliance. This will be reviewed at a future inspection.

6.2.2 Care delivery

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Kilwee care home. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and of how to provide comfort if required. Patients were supported by staff in maintaining their personal care in a timely and discreet manner. Comments from patients included:

- “Getting well cared for here.”
- “Staff are all nice.”
- “Happy living here.”
- “Food is great.”

Staff were observed attending to patients specific requests and were compassionate in their approach. Most patients on the ground floor remained in their bedrooms throughout the inspection due to COVID-19 social distancing measures. Patients within the dementia unit on the first floor were seated within the lounge or in their bedroom as per their preference or assessed need.

Staff described the challenges of managing patients with COVID-19. For example, encouraging patients, who have dementia, to maintain isolation and/or social distancing. On review of the seating arrangements within the dementia unit lounge and dining room, the chairs were positioned beside each other and did not promote an environment for social distancing. This was discussed with the manager and during the inspection the chairs were rearranged to promote a safe distance between patients.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients’ needs in a prompt and timely manner. We saw that staff wore the appropriate personal protective equipment (PPE) and sat beside patients when assisting them with their meal. The meals were well presented with a choice of two main meals provided; however, the menu was not on display within the dining room. This was discussed with the manager and an area for improvement was made.

6.2.3 Communication

We confirmed through discussion with staff and patients that systems were in place to ensure good communications between the home, patient and their relatives during the Covid-19 visiting restrictions. Some examples of the efforts made included**;** video calls, telephone calls, visits to the window and onsite visits in accordance to COVID-19 visiting guidance.

On the day of the inspection planned visits were taking place with the assistance of staff to facilitate social distancing restrictions. The patients appeared to enjoy the visit from their relative and the interaction between the staff and each other.

6.2.4 Care Records

Review of three patient care records evidenced that there were a number of deficits within care plans and supplementary recording charts to direct the care required as follows:

- identified care plans did not reflect the recommended frequency of repositioning
- there was conflicting information regarding the recommended frequency of repositioning within one identified patient's repositioning recording chart and care plan
- the type of pressure reliving mattress was not recorded in identified care plans
- information regarding patients' recommended daily fluid intake was not included in identified care plans
- one identified patient's daily fluid intake records evidenced a lower intake over several days than the recommended daily intake within the care plan. On discussion with staff the recommended target was set too high for the patient in accordance with their normal fluid intake
- the level of assistance required with personal care was absent within identified care plans
- care records and medication recording charts for one patient specific to pain management contained conflicting information regarding prescribed medication to direct staff
- care plans did not accurately reflect the patients' medical history
- one identified patient's care plan with a history of weight loss did not accurately reflect the most recent malnutrition universal screening tool (MUST) score.

Specific examples were discussed in detail with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records. Following the inspection the manager confirmed that an audit of all patient care records had been commenced. In order to drive and sustain the necessary improvements, an area for improvement was made.

6.2.5 Infection prevention and control (IPC) measures

We found that there was an adequate supply of PPE and hand sanitising gel throughout the home. However, not all patient en-suites had pedal bins for staff to remove their PPE prior to leaving the patients bedroom and the bins that were available were small with limited holding capacity. We discussed this with the manager who advised that larger pedal bins had already been ordered and that they were awaiting delivery. The manager further agreed to review all patient bedrooms to ensure they have a pedal bin and that these would be emptied four times a day or more frequently as required until the larger bins are delivered.

Staff spoken with were knowledgeable regarding the symptoms of Covid-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

We were advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

We discussed the provision of mandatory training specific to IPC measures with management who advised that training had been provided to ensure that staff have the necessary skills and knowledge to care for the patients. Training records confirmed that staff had completed IPC training and that management were monitoring progress with overall mandatory training to ensure full compliance.

Despite IPC training having been completed a number of deficits were identified during the inspection. We observed two staff members incorrectly applying/removing PPE and/or washing their hands; identified staff wearing nail polish; net pants available for communal use; a mattress and bed sheet identified as stained; wipes, patient dentures, tooth brushes and used razors observed on top of toilet cistern lids in a number of en-suite rooms; the underneath of identified shower chairs were stained and the fridge within the dementia unit was unclean. We further identified damage to a number of over bed tables which could not be effectively cleaned and equipment such as wheelchairs and hoists stored within patient en-suites beside a toilet. The above deficits were discussed with the manager and immediate action was taken during the inspection to address these issues. The manager further advised that hand hygiene and PPE compliance audits would be completed weekly to ensure that staff are fully compliant with IPC procedures/practices. In order to drive and sustain improvements an area for improvement was made.

6.2.6 Environment

The environment was neat and tidy with a schedule of painting and decorating ongoing within the home following a relaxation in COVID-19 restrictions. Maintenance men were onsite during the inspection carrying out relevant health and safety checks and an action plan was available regarding areas of the home and equipment that required repair/replacement.

We identified a number of potential risks to patients within the dementia unit in relation to unsupervised access to; denture cleaning tablets and toiletries including razors which were unsecure within patients' bedrooms. We observed unsupervised access to food and food thickening agent within the kitchenette of the dementia unit that had the potential to be consumed by patients with swallowing difficulties. Further concerns were identified in regards to safe storage of medication where a prescribed topical preparation was identified in a patient's bedroom within the dementia unit. The manager was made aware of the urgent need to review all areas within the home to assess any potential risks to patients and agreed to review the current storage arrangements to ensure patients safety. During the inspection the maintenance men reviewed and repaired all vanity unit locks. The manager and staff within the unit reviewed all bedrooms to ensure that all unnecessary items with the potential to cause harm were made secure. This was identified as an area for improvement in relation to current health and safety guidelines.

We observed an identified fire exit door unsecure within the laundry, with the potential risk to patients' safety due to the possibility of unauthorised access to the building. This was discussed in detail with the manager and identified as an area for improvement.

A number of unoccupied rooms throughout the home were being used as temporary storage, and areas to facilitate visiting. The manager advised us that this was a temporary measure due to current COVID-19 restrictions. We discussed the importance of the rooms being used for the purpose that they were registered and requested written information regarding the location of the rooms and that this was a temporary measure during the COVID-19 pandemic. Following the inspection, this information was received in writing from the manager.

6.2.7 Leadership and management arrangements

Since the last inspection there has been a change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out monthly and where there were deficits identified an action plan was implemented. Although the audits were identifying some of the issues identified during the inspection such as damage to over bed tables and additional pedal bins required, they did not capture the other deficits as detailed throughout this report. In order to drive the necessary improvements an area for improvement was made.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the report were available for patients, their representatives, staff and trust representatives and provided details of some of the issues identified during the inspection similar to the manager's findings as detailed above, with an action plan to address the deficits. The manager agreed to share the findings of the inspection with the regional manager to review during a future monitoring visit.

Written confirmation was received on 7 August 2020 from the manager detailing immediate action that had been taken to address the issues identified during the inspection, followed by an update on the 12 August 2020 detailing the measures that were implemented to address all deficits going forward, to improve the delivery of safe and effective care within the home.

Areas of good practice

We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was a strong culture of compassionate care in the home.

Areas for improvement

Six new areas were identified for improvement. These were in relation to the menu display, care records, risk management, infection prevention and control (IPC), security of the home and quality governance audits.

	Regulations	Standards
Total number of areas for improvement	3	3

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection and that a plan of action had been developed to address all deficits going forward.

7.0 Quality improvement plan

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

The registered provider 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

Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. This is in specific reference to care plans and daily recording charts: • accurately reflect the frequency of repositioning • contain clear information regarding the recommended type of pressure relieving mattress • contain clear information regarding patients' recommended daily fluid intake and action to take if it is below the set target • accurately reflect the level of assistance required with personal care • accurately reflect the patients pain management • contain clear information regarding medical conditions where treatment is being provided • where a patient has a history of weight loss the MUST is accurately reflected within the care records. Ref: 6.2.4
	Response by registered person detailing the actions taken: Care records are examined through a number of means such as daily walk about, Reg 29 visits and monthly audits. Deficits are raised at the time with staff who are on duty. It is important to reiterate to the staff, through supervision, what is required for appropriate documentation in accordance with legislation and best practice guidance. This has been raised with the training lead in relation to care plan training which is being devised to be delivered to all key staff. Trained staff are completing peer's audits to enhance expected standards in care plans and daily recording charts.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. Ref: 6.2.5

	Response by registered person detailing the actions taken: Hand hygiene and PPE compliance audits are completed weekly ensuring that staff are fully compliant with practices. Pedal bins for use in en-suites are due to be delivered by end of October. Until arrival of these bins, 4 collections per day will remain.
Area for improvement 3 **Ref:** Regulation 27 (2) (t) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to safe storage of: • razors • denture cleaning tablets • food and food thickening agents • medicines prescribed for topical application Ref: 6.2.6
	Response by registered person detailing the actions taken: Risk assessment has been completed for the safe storage of razors and denture cleaning tablets which states that these are stored in locked cabinets within the en-suites. Risk assessment for food and food thickening agents states that they are stored in locked cupboards within each unit. Creams competency has been reviewed and prescribed topical applications will be applied by nurses only. Manager will observe on daily walk around and nurses in charge of each unit will ensure that this is being adhered to.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 12 **Stated:** First time **To be completed by:** With Immediate effect	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location, detailing what is available at each mealtime. Ref: 6.2.2
	Response by registered person detailing the actions taken: A pictorial menu has been developed and made available in each dining room. In addition the typed menu is displayed and changed at the beginning of each week to ensure it is reflective of menu for that week.

Area for improvement 2 **Ref:** Standard 44.5 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure security measures are operated that restrict unauthorised access to the home to protect patients and their valuables, the premises and their contents. With specific reference to the use of an identified fire exit door. Ref: 6.2.6
	Response by registered person detailing the actions taken: The identified fire exit door remains closed.
Area for improvement 3 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 5 September 2020	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. • hand hygiene and PPE compliance audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned • governance audits in respect of care records to ensure care plans and care records are maintained as required Ref: 6.2.7
	Response by registered person detailing the actions taken: Hand hygiene and compliance audits are completed weekly and deficits are actioned immediately with staff. Governance as per improvement 1 Regulation 6.2.4.

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