

# Unannounced Follow Up Care Inspection Report 6 March 2018



## Kilwee Care Home

Type of Service: Nursing Home (NH)  
Address: 42f Cloona Park, Dunmurry, Belfast BT17 0HH  
Tel No: 028 9061 8703  
Inspector: Sharon McKnight

[www.rqia.org.uk](http://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 provider 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 nursing home registered to provide nursing care for up to 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Merit Retail Ltd	<b>Registered Manager:</b> See below
<b>Responsible Individual:</b> Therese Elizabeth Conway	
<b>Person in charge at the time of inspection:</b> Jacinta Silva, acting manager	<b>Date manager registered:</b> Jacinta Silva, Acting- No Application Required
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 48  A maximum of 36 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH(E).

### 4.0 Inspection summary

An unannounced inspection took place on 6 March 2018 from 10:40 to 15:55.

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.

On 5 March 2018 RQIA received a phone call via the duty inspector system raising concerns about the standards of care within the home and a lack of action in response to complaints made to the manager. The caller informed RQIA that the previous manager had left at the end of the previous week and was concerned that no one appeared to be in charge of the overall running of the home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. At the time the caller was directed to raise their concerns with the appropriate health and social care trust. However, when RQIA is notified of a potential breach of regulations or care standards, it will review the matter and take appropriate action as required. Following discussion with senior management it was agreed that an unannounced inspection would be undertaken.

The following areas were examined during the inspection:

- staffing and staff induction
- care delivery
- management arrangements
- management of accidents
- management of complaints

Patients said they were happy with the standard of care they were receiving. 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
<b>Total number of areas for improvement</b>	2*	6*

\*The total number of areas for improvement include two which have been stated for a second time and four which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacinta Silva, acting manager and Jane Bell, regional 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 18 & 19 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 & 19 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

#### 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
- 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

During the inspection we met with four patients individually and the majority of patients in small groups, seven staff and one relative.

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

The following records were examined during the inspection:

- staff roster for week commencing 2 March 2018
- one staff induction record
- record of complaints
- accident reports
- two patient care records

Four of the previous areas for improvement identified at the last care inspection were reviewed as part of this inspection; three were carried forward to the next care inspection.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated**

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

The three areas for improvement not examined during this inspection will be validated by the care inspector at the next care inspection.

**6.2 Review of areas for improvement from the last care inspection dated 18 & 19 January 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(1)(b) <b>Stated:</b> Second time	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.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20(2) <b>Stated:</b> First time	The registered person shall ensure that nurses awaiting registration with the NMC are appropriately supervised.  Records must be maintained to evidence the supervision completed.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no records to evidence that the nurse awaiting registration with the NMC was being appropriately supervised. This area for improvement has not been met and is stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14(2)(c) <b>Stated:</b> First time	The registered person must ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.  Sluice room doors must be locked to ensure cleaning chemicals are stored securely.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations confirmed that sluice room doors were locked. This area for improvement has been met.	

<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> Second time	The registered person shall ensure that wound care is recorded in accordance with best practice.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 41.4 <b>Stated:</b> First time	The registered person shall ensure that a minimum skill mix of at least 35% registered nurses and 65% care assistants is maintained over 24 hours.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The staff roster for week commencing 2 March 2018 evidenced that on two days the skill mix was not maintained. This area for improvement has been partially met and is stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that the management of odours in the identified bedroom is reviewed and necessary action taken to eliminate the malodour.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered person shall ensure that recommendations made by healthcare professionals are actioned in a timely manner	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the individual patient's care records evidenced that this area for improvement has been met.	

## 6.3 Inspection findings

### 6.3.1 Staffing

The regional manager confirmed the planned daily staffing levels for each unit within the home. A review of the staffing roster for week commencing 2 March 2018 evidenced that there were variances from the planned staffing levels. Staff were unable to confirm what staffing levels were required as they explained that staff were adjusted in response to the occupancy of each unit; there was no clear guidance for the nurse in charge to determine the number of staff required. Staff stated that, at times, unoccupied beds did not impact significantly on their workload yet staffing levels were reduced. To ensure staffing is sufficient to meet the needs of the patients the number of staff required must be determined by jointly considering the occupancy of each unit and the dependency of patients. Clear staffing guidance must be available to those staff with the responsibility of the day to day management of the home. This was identified as an area for improvement under the standards.

We discussed the staffing arrangements for the weekend previous to the inspection. The regional manager explained that due to sickness absence a registered nurse from another home in the company agreed to work in Kilwee. A review of records evidenced that the deputy manager completed an orientation and induction with the registered nurse. The staffing roster evidenced that a nurse was identified to take charge of the home when the manager was off duty. The deputy manager confirmed that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the acting manager. As a result of the previously inspection an area for improvement was made to ensure that the skill mix of at least 35% registered nurses and 65% care assistants was maintained. This area for improvement has been partially met and is now stated for a second time.

### 6.3.2 Care delivery

Observations of care delivery at the time of the inspection confirmed that there were sufficient staff to meet the needs of the patients. Patients spoken with confirmed that staff responded to requests for assistance in a timely manner. Patients in their bedrooms had their nurse call bells within easy reach. We spoke with one relative who was complimentary regarding the care their relative was receiving. They commented that:

“The staff are excellent but there’s just not enough of them.”

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.

A review of two care records evidenced that referrals were made to healthcare professionals such as GP’s, occupational therapist (OT) and Tissue viability nurses (TVN) in a timely manner.



### 6.3.3 Management arrangements

On arrival to the home we were met by the regional manager who explained that the position of home manager was vacant. They confirmed that notification of the manager's absence had been submitted to RQIA by the responsible person in accordance with regulation. RQIA registration team confirmed receipt of the notification on 7 March 2018. The regional manager explained that a temporary, acting manager was now in place. The regional manager confirmed that they will be present in the home for a number of days to complete the induction process and provide support to the acting manager. Recruitment for a permanent manager was underway.

### 6.3.4 Management of accidents

Review of records pertaining to accidents and incidents for February 2018 confirmed that these were appropriately managed. Records evidenced the patients' relatives and the relevant health and social care trust had been notified. Appropriate notifications had also been made to RQIA.

### 6.3.5 Management of complaints

Discussion with the regional manager and 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. The regional manager confirmed that a number of complaints had not been addressed in a timely manner and that they were currently working to address the outstanding issues. Complaints management should be monitored to ensure they are responded to in a timely manner. This was identified as an area for improvement under the standards.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, the delivery of care delivery and the management of accidents.

### Areas for improvement

Areas for improvement were identified to ensure that clear guidance on the number of staff required is available to those staff with the responsibility of the day to day management of the home and that complaints are responded to in a timely manner

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacinta Silva, acting manager and Jane Bell, regional 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 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 DHSSPS Care Standards for Nursing Homes (2015).

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2018</p>	<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><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: Section 6.2</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 20(2)</p> <p>Stated: Second time</p> <p>To be completed by: 3 April 2018</p>	<p>The registered person shall ensure that nurses awaiting registration with the NMC are appropriately supervised.</p> <p>Records must be maintained to evidence the supervision completed.</p> <p>Ref: Section 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

### Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2018</p>	<p>The registered person shall ensure that wound care is recorded in accordance with best practice.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: Section 6.2</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2018</p>	<p>The registered person shall ensure that the management of odours in the identified bedroom is reviewed and necessary action taken to eliminate the malodour.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: Section 6.2</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2018</p>	<p>The registered person shall ensure that recommendations made by healthcare professionals are actioned in a timely manner</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: Section 6.2</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 41.4</p> <p>Stated: Second time</p> <p>To be completed by: 3 April 2018</p>	<p>The registered person shall ensure that a minimum skill mix of at least 35% registered nurses and 65% care assistants is maintained over 24 hours.</p> <p>Ref: Section 6.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2018</p>	<p>The registered person shall that ensure that clear guidance on the number of staff required is available to those staff with the responsibility of the day to day management of the home.</p> <p>The number of staff required must be determined by jointly considering the occupancy of each unit and the dependency of patients.</p> <p>Ref section: 6.3.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2018</p>	<p>The registered person shall ensure that complaints management is monitored to ensure they are responded to in a timely manner.</p> <p>Ref section 6.3.5</p> <p><b>Response by registered person detailing the actions taken:</b></p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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