

Inspection Report

4 November 2021



Our Mother of Mercy

Type of service: Nursing (NH)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual: Mr Cathal O'Neill</p>	<p>Registered Manager: Mrs Jacqueline Rooney</p> <p>Date registered: 04/08/2021</p>
<p>Person in charge at the time of inspection: Mrs Jacqueline Rooney</p>	<p>Number of registered places: 48 A maximum of 13 patients in category NH-DE and maximum of 2 patients in category NH-LD/LD(E) There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 44</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. There is a self-contained dementia unit that provides care for up to 13 people with dementia on the first floor. The ground floor and second floor of the home provides general nursing care. Patients in general nursing have access to a large communal lounge area, and dining room on the ground floor and a range communal bathroom and toilet areas. The home comprises of single and double bedrooms.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2021 from 09:50 to 19:15 by a care inspector.

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

The home was found to be warm, clean and tidy throughout. Some patients relaxed in communal areas of the home whilst others were observed in their bedrooms.

Staff were seen to be professional and polite as they carried out their duties. Patients were observed to be clean and tidy in appearance with obvious time given to their personal care. For those patients who required assistance with mobility, changing position and assistance with meals and fluids they were seen to be attended to by staff in a caring and compassionate manner.

Areas requiring improvement were identified in relation to first aid training for staff and to review the accessibility of nurse call bells for patients in as required. One area for improvement in relation to the management of wound care records has been assessed as being partially met and has been stated for a second time.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Feedback from patients and staff showed they were satisfied with the care and services provided in Our Mother of Mercy Nursing Home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with Jacqueline Rooney, Registered Manager and Cathal O'Neill Responsible Individual at the conclusion of the inspection.

4.0 What people told us about the service

Twenty one patients both individually and in groups and seven staff were spoken with. Feedback from patients and staff was positive in relation to their experiences in the home. Staff supported patients in making positive decisions about their care. In keeping with their level of understanding patients were complimentary regarding the support and assistance staff provided.

Staff told us there was good team work between staff and that they felt well supported by the management team. Staff were knowledgeable of patients' needs and demonstrated a good understanding of patients individual routines and preferences. Staff interactions with patients were observed to be warm and friendly. Patients were observed to be relaxed in their surroundings and in their interactions with staff.

There were eight completed questionnaires returned from patients and their representatives. Respondents indicated that they were very satisfied with the care provided in the home. There were no responses received to the staff online survey.

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 2 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. A more robust system to ensure compliance with best practices on infection prevention and control must be developed.	Met
	Action taken as confirmed during the inspection: Discussion with the manager, inspection of the environment and review of records showed there was a system in place to ensure infection control practices were maintained.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the laundry room is organised and kept clean.	Met
	Action taken as confirmed during the inspection: Inspection of the laundry room showed that it was clean and organised.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>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.</p> <p>This is in specific reference to care plans and risk assessments:</p> <ul style="list-style-type: none"> • care plans and risk assessments must contain consistent information regarding the equipment required for moving and handling • the MUST assessment is completed correctly • where a prescribed treatment is no longer relevant the care plan is updated • care plans are implemented for all relevant medical history to direct the care required. <p>Action taken as confirmed during the inspection: Discussion with the manager and review of care records showed they had been reviewed and updated as required.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>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.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • window blinds and curtain tie backs • window restrictors. <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment confirmed that following risk assessment specific blinds and tiebacks had been removed and identified window restrictors had been repaired.</p>	<p>Met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: Third and final time	The registered person shall ensure that when a patient's dietary intake requires monitoring, that the fluid intake is accurately recorded and measured against the patient's fluid target.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed patient fluid intakes were recorded and measured against patient's fluid targets.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staff duty rota: <ul style="list-style-type: none"> • clearly identifies the hours worked by staff in a format that differentiates between day and night duty • abbreviations have clear codes to reflect what they represent • the full names of staff are consistently recorded. 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the staff duty rota showed it had been updated accordingly.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that menus are displayed in a format that is easy to read and understand.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of dining areas showed menus were displayed in a format suitable for patients.	

<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • The recommended setting/type of pressure relieving mattress are maintained at the correct setting and included in the patients care plan • The recommended frequency of repositioning to be recorded within the care plan and the repositioning chart. <p>Action taken as confirmed during the inspection: Discussion with the manager and review of care records showed these reflected the relevant information including specific mattress settings. Care plans reflected repositioning information, repositioning charts were maintained on an up to date basis.</p>	<p style="text-align: center;">Met</p>
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<p>Area for improvement 5</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a wound has been assessed as requiring treatment, the following measures are implemented:</p> <ul style="list-style-type: none"> • a care plan is implemented to include the dressing type and frequency of dressing renewal and is updated when necessary to reflect any changes • the wound assessment chart is completed in accordance with the care plan. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of care records showed care plans were in place which showed the dressing type required and frequency of renewal. Wound assessment charts were also in place. However one of the records reviewed showed it had not been updated following the most recent change of dressing. Information available elsewhere showed the dressing had been changed, but was not recorded with the wound assessment records. This area for improvement was partially met and has been stated for a second time in the QIP appended to this report.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the home is kept clean and hygienic at all times in accordance with infection prevention and control best practice.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the storage arrangements in the home for patient equipment • linen is stored off the ground • the carpet within the corridor on the ground floor is kept clean. <p>Action taken as confirmed during the inspection: Inspection of the home environment showed that it was clean and hygienic and the identified areas had been addressed.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Care records • IPC • Environment <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the records showed regular audits were completed in relation to IPC, care records and the environment.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role. Staff confirmed they were satisfied with the staffing levels and the level of communication between staff and management.

There were systems in place to ensure staff were trained and supported to do their job. Review of training records information showed all nursing staff had completed first aid training. The issue of first aid training for care staff was discussed with the manager, and again following the inspection. The benefit of ensuring that all staff complete training in relation to first aid was outlined. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients. If on occasion there was short notice absence, staff confirmed every effort would be made to get cover.

The manager told us that the number of staff on duty was regularly reviewed in line with patient dependency information to ensure the needs of the patients were met.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example some patients were observed participating in a sing a long, while others were observed relaxing in their bedrooms either watching TV or listening to music.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff shared their views about working in the home which included "It's a very homely environment, I think the residents are all well looked after. I think they are happy, there are lots of smiles." Another staff member said "This care home is fantastic, it's like a home, like part of your family. Everyone is very supportive, very friendly."

Patients said staff were good, they were getting on well in the home and the food was good. One patient stated "It's a great place, couldn't be happier. Staff are very good. It's like a hotel, great altogether."

5.2.2 Care Delivery and Record Keeping

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. Staff were skilled in communicating with patients and were respectful and sensitive to patients' needs. For example staff were observed asking patients if they preferred window coverings open or closed and which light setting they preferred in their rooms.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff 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. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN).

During the previous inspection an area for improvement was identified in relation to wound management records. Review of these records showed improvement in that care plans included the dressing type required and frequency of renewal. Wound assessment charts were also in place. However one of the charts reviewed showed it had not been updated following the most recent change of dressing. Records available elsewhere showed the dressing had been changed but the information had not been recorded as required. This area for improvement has been stated for a second time in the QIP appended to this report.

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.

The dining experience was an opportunity of patients to socialise the atmosphere was calm, relaxed and unhurried. 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. Daily menu choices were clearly displayed for patients. There was choice of meals offered, food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. We discussed with the manager observations in relation to the positioning of cutlery and napkins on trays for patients who had their meals brought to them in their rooms. The manager confirmed this issue would be addressed with staff.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Food and fluid records were maintained on an up to date basis.

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.

Patients said the food is was good and they were happy with the choices available.

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' 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. For example a patient liked to have a bottle of water left within reach at all times this information was reflected in the care record, and was also observed to be available for the patient.

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.

Arrangements were in place to ensure each patient had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was warm, clean, and tidy. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. The manager and responsible individual shared that there were substantial plans in place regarding renovation and extension work to the home and confirmed that appropriate information had been and would continue to be shared with RQIA as the plans progress.

Inspection of the environment showed that nurse call bells were not always placed within easy access for patients to reach. The need to ensure this issue was addressed with staff was discussed with the manager. As was the benefit of ensuring there as a system in place to regularly review the accessibility of call bells for patients. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. The most recent fire safety risk assessment was completed in July 2021, there was also evidence of regular fire drills taking place.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, visitors to the home had their temperatures recorded and were requested to complete a relevant health declaration. The home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Records showed regular monitoring of staff hand hygiene was completed by the manager.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients had access in the communal area to a library of books which included local history books and events information. Staff advised some patients had special interests and that efforts were made to ensure patients were supported to maintain their individual interests.

There was a range of activities provided for patients these included music sessions, a choir group, baking, tapestry, art, and gardening activities such as potting plants. Patients also had access to daily newspapers.

The activities staff shared the importance of getting to know the patients individual likes and interests through the assessment process and this helped guide the activities and events offered. Patients' needs were met through a range of individual and group activities. Patients were also supported with their religious and spiritual needs.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Jacqueline Rooney has been the manager in this home since August 2021.

There was evidence that a regular 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 clear systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff had completed relevant training in relation to safeguarding.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. 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. Staff said "(the manager) is very helpful, and very pleasant, will give good feedback and guidance".

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.

6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff were observed treating patients with respect and kindness and were attentive to patients who were less able to verbally express their needs. The home was clean, tidy and warm throughout.

Patients were seen to express their choices were able, staff were observed ensuring patients privacy and dignity were maintained. Patients were observed engaging in activities, staff were aware of the importance of respecting individual patients choices and preferences.

Based on the inspection findings two new areas for improvement were identified. These included increasing first aid training for staff, and ensuring a regular system was in place to monitor the availability/accessibility of nurse call bells for patients. One area for improvement has been stated for a second time, this related to wound care records.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Rooney, Registered Manager as part of the inspection process. Cathal O'Neill Responsible Individual was also present at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14.2.(d) Stated: First time To be completed by: 2 February 2022	The registered person shall ensure all staff complete relevant training in first aid. Ref: 5.2.1 Response by registered person detailing the actions taken: First Aid awareness training for all staff will be commenced in January 2022 All Nursing staff had received First Aid training before the inspection
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 23.2 Stated: Second time To be completed by: 6 November 2021	The registered person shall ensure that where a wound has been assessed as requiring treatment, the following measures are implemented: <ul style="list-style-type: none"> • a care plan is implemented to include the dressing type and frequency of dressing renewal and is updated when necessary to reflect any changes • the wound assessment chart is completed in accordance with the care plan. Ref: 5.1 Response by registered person detailing the actions taken: Ongoing wound audits are taking place. All nurses have received supervision in relation to the importance of correct documentation in relation to wound care.
Area for improvement 2 Ref: Standard 35.16 Stated: First time	The registered person shall ensure there is a robust system in place to review call bell availability and accessibility to patients on a regular basis. Ref: 5.2.3

To be completed by: 18 November 2021	Response by registered person detailing the actions taken: A call bell audit tool has been devised and implemented. Staff have received instructions in relation to call bell assability and any concerns will be dealt with immediately.
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