

Inspection Report

06 October 2022



Our Mother of Mercy

Type of service: Nursing (NH)
Address: 1 Home Avenue, Newry, BT34 2DL
Telephone number: 028 3026 2086

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

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| <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: 23 July 2021</p> |
| <p>Person in charge at the time of inspection: Jacqueline Rooney</p> | <p>Number of registered places: 46</p> <p>A maximum of 15 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) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 43</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 46 patients. There is a self-contained dementia unit that provides care for up to 15 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 06 October 2022 from 9:50am to 4:55pm by a care inspector.

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

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection.

Patients had choice in where they spent their day either in their own bedrooms or in one of the communal rooms. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

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.

Areas requiring improvement were identified including falls management, record keeping and the menu provision. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP)

Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; “staff are very good, they couldn’t do enough for you” and “there are good activities here”.

Patients spoke positively about the cleanliness of the home and the care provided. The meal provision was described as “food is first class, it’s like what you would get at home”.

Staff said they were happy working in the home and they felt well supported by the manager.

Relatives stated they were satisfied with communication and all aspects of the care provided.

Two responses were received from the resident/relative questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home.

No responses were received from the staff questionnaires following the inspection.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 04 November 2021 | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14.2.(d) Stated: First time | The registered person shall ensure all staff complete relevant training in first aid. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
|---|---|--------------------------|
| Area for improvement 1 Ref: Standard 23.2 Stated: Second time | 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employee's recruitment records evidenced that for one employee only one satisfactory reference had been received and the appropriate check on their registration status with their professional body had not been checked prior to them commencing employment. This was discussed with the management team and an area of improvement for improvement was identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

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

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of these assessments found them to be comprehensive in detail to account for the responsibilities of this role.

It was observed 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. Staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

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' 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 health professionals. Patients care records were held confidentially.

Deficits were identified in the quality of the care records; specifically personal care and continence care plans lacked detail and did not reflect the person centred needs of the patient. An area for improvement was identified.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not always completed for the recommended timeframe. This was identified as an area for improvement.

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

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 and their care records accurately reflected their needs.

Care plans reflected the patients' needs regarding the use of pressure relieving mattresses. However the recommended mattress setting for specific mattresses was not consistently recorded. It was also established that there was no system in place to monitor that required mattress settings were correctly maintained. This was discussed with the manager and an area for improvement was identified.

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. Staff had made sure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

The menu board in the general nursing unit had a different menu displayed than the menu cards on each of the tables, this was discussed with the manager and an area for improvement was identified.

Staff advised that they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Patients said that they were satisfied that the home was kept clean and tidy.

However, there was evidence of some surface damage and concerns in relation to cleanliness; one ensuite required painting and a deep clean and an identified chair in the dementia unit could not be effectively cleaned. Some of the crash and alarm mats also required more attention to detail when cleaning. This was discussed with the manager and an area for improvement was identified.

The home's most recent fire safety risk assessment was dated 04 August 2022. Discussion with the manager confirmed that they were addressing all of the recommendations. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Cleaning chemicals were maintained safely and securely.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures had been provided.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients advised that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were in place in line with the current guidance in this area.

Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Jacqueline Rooney has been the manager in this home since 23 July 2021.

Staff members 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. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. For example, the manager regularly reviewed the incidences of falls in the home and the content of complaints received.

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 safeguarding champion for the home.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 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/or the Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
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| Total number of Areas for Improvement | 3 | 3 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Rooney, manager and Cathal O'Neill, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 12 1(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that patient care records are reviewed and updated to reflect the individual assessed need of the patient.</p> <p>The care records should evidence a person centred approach to their nursing care.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: I have met with nursing staff to discuss the ongoing development and personalisation of care plans to reflect the specific needs of each resident . The audit of care plans will ensure compliance .Nursing staff will be supported in this with supervision</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 1(b)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that regional post falls protocols are adhered to in respect of the monitoring and recording of neurological observations.</p> <p>If observations are stopped by nursing staff before the recommended timeframe, a clear rationale should be recorded for this within the patient's record.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: A revised version of our current post fall accident book is in development, this new version will include a 24 hr review period and will have a CNS observation form attached to accident book. All falls will continue to be audited to ensure that there is a record as to why observations were not completed in the time frame</p> |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (c) and (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that the premises are kept in a good state of repair.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • the cleanliness of alarm and crash mats • ensuite required painting and a deep clean • identified chair in the dementia unit was cracked and could not be effectively cleaned. <p>Ref: 5.2.3</p> |
| <p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 38 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that before staff commence working in the home that the required pre-employment checks are received and reviewed in accordance with relevant statutory employment legislation and mandatory requirements</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The HR team and Manager of the home have revised the records and received appropriate references from former employers and will continue to comply with same for all new staff members.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that care records for patients who require a pressure relieving mattress accurately reflect the prescribed pressure setting and evidence the regular review of these settings</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The current system for mattress checks has been revised and will be completed on a daily basis. Nursing and care staff have been made aware of the potential risks for a resident in the dementia unit to interfere with mattress and settings same should be checked on a routine basis throughout the day</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> | <p>The registered person shall ensure the daily menu displayed reflects the meals served and can be understood by the patients. Ref: 5.2.2</p> |
| <p>To be completed by: 30 November 2022</p> | <p>Response by registered person detailing the actions taken: I have met with kitchen staff to revise current menus and explained the importance of ensuring that the correct menu is available in both visual and readable formats & changed on a daily basis. This will ensure that resident choices are met.</p> |

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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