

Inspection Report

11 April 2024



Our Mother of Mercy

Type of service: Nursing
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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: Mrs 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: 45</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 11 April 2024 from 9:55am to 4:35pm 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. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

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. 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; “I love it here, everybody is very good to me” and “the food is first class and the staff are the best”. Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

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

Seven responses were received from the resident/relative questionnaires following the inspection indicating they were satisfied that the care provided was safe, effective, compassionate and well led.

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

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 31 August 2023 | | |
|--|--|--------------------------|
| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 44 Stated: First time | The registered person shall ensure that a system is in place to ensure raised toilet seats are effectively cleaned between each use with particular attention paid to the underside of the seat. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

| | | |
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| <p>Area for Improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> | <p>The registered person should ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | <p>Met</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> | <p>The registered person shall ensure that deficits identified by the homes' audit systems clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

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.

The manager told us that agency staff received an induction to the home, however induction records were not available for review. This has been identified as an area for improvement.

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.

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.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place.

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.

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. The menu on display did not evidence the alternative choice for patients on a modified diet, this was discussed with the manager and assurances were given that this would be addressed, this will be reviewed at the next inspection. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

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.

Care plans were in place for patients who required their diets to be modified. However, choking risk assessments reviewed lacked detail of the patients' diet and the care required. This was discussed with the manager and an area for improvement was identified.

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. The downstairs dining room had recently been refurbished to a high standard. 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.

A small number of patient mattress pumps were noted to be on bedroom floors. Confirmation was received from the manager after the inspection that these pumps had been moved and positioned onto the bed frames.

Observation of the environment identified a number of concerns regarding the management of avoidable risk and patient safety. For example, in the dementia unit, the sluice room was unlocked with access to cleaning chemicals and patient toiletries were stored in two communal bathrooms. This was discussed with the manager and an area for improvement was identified.

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.

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 of auditing across various aspects of care and services provided by the home, such as environmental audits and falls.

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.

Review of the complaints book evidenced that systems were in place to ensure that complaints were managed appropriately.

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 the Care Standards for Nursing Homes (December 2022)

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jacqueline Rooney, Registered Manager as part of the inspection process. 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) (a) Stated: First time To be completed by: 11 April 2024 | The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3 Response by registered person detailing the actions taken: Area of concern has been decluttered & staff have been instructed to keep area clutter free. The area continues to be monitored |

| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | |
|--|--|
| Area for improvement 1 Ref: Standard 39.1 Stated: First time To be completed by: 11 April 2024 | The registered person shall ensure that induction records are maintained for agency staff who work in the home. Ref: 5.2.1 |
| | Response by registered person detailing the actions taken: A format has been devised for the induction of all agency staff. This record will be retained by the Manager |
| Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 31 May 2024 | The registered person shall ensure that choking risk assessments are recorded accurately and reflect the current needs of the patient. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: Nursing staff have been advised that all care plans related to dietary intake and food consistency should be amalgamated to reduce the margin for error same is being audited by Manager & Deputy Manager |

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