



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 30 September 2019



## Our Mother of Mercy

**Type of Service: Nursing Home**  
**Address: 1 Home Avenue, Newry, BT34 2DL**  
**Tel No: 028 3026 2086**  
**Inspectors: Dermot Walsh and Alan Guthrie**

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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 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 48 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Kilmorey Care Ltd</p> <p><b>Responsible Individual:</b> Cathal O'Neill</p>	<p><b>Registered Manager and date registered:</b> Elizabeth Doran – 4 November 2013</p>
<p><b>Person in charge at the time of inspection:</b> Elizabeth Doran</p>	<p><b>Number of registered places:</b> 48</p> <p>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><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46</p>

### 4.0 Inspection summary

An unannounced inspection took place on 30 September 2019 from 09.15 to 18.00 hours.

This inspection was undertaken by care inspectors.

The term 'patient' is used to describe those living in Our Mother of Mercy which provides both nursing and residential care.

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. Areas for improvement in respect of the previous finance inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, training, adult safeguarding, monitoring of staff professional registrations, pressure and wound management, management of complaints and incidents and with quality improvement. Further good practice was identified in relation to communication between patients, staff and other key stakeholders, the delivery of compassionate care and maintaining good working relationships.

Areas requiring improvement were identified in relation to compliance with best practice on infection prevention and control, compliance with Control of Substances Hazardous to Health (COSHH) legislation, storage of thickening agents and with care planning. An area for improvement in relation to the management of hydration has been stated for a second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*3

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Cathal O'Neill, responsible individual and Elizabeth Doran, registered 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 dated 21 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 including care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 23 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- a sample of daily patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from January 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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)**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First 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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients’ hydration records evidenced that this area for improvement has not been fully met. This will be discussed further in section 6.4.  This area for improvement has been partially met and has been stated for a second time.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.11  <b>Stated:</b> First time	The registered person shall ensure that all staff (including accounts staff who may be visiting the home from time to time) receive adult safeguarding training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of training records evidenced that this area for improvement has now been met.	

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 23 September 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff confirmed that an allocation sheet was developed daily identifying which area in the home they were going to work in. Staff also confirmed that this would not prevent them assisting other team members in other parts of the home where assistance was required. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home and confirmed that face to face interactive training was conducted which allowed staff to ask questions when they arose. Staff confirmed that they were encouraged by the home's management to request additional training where they see that this would benefit them in their role in the home. Compliance with training was monitored monthly on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the manager and a review of accident records evidenced that falls in the home had been managed in accordance with best practice. Falls risk assessments and care plans had been developed and updated regularly or following a fall. Accident records had been maintained appropriately.

We reviewed the home’s environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. However, compliance with best practice on infection prevention and control had not been well maintained in identified areas around the home. This was discussed with the manager and identified as an area for improvement. Several areas which had been identified were managed appropriately during the inspection.

During the review of the environment, thickening agents were observed accessible to patients in an unsupervised area of the home. This was discussed with the manager and identified as an area for improvement.

We also found chemicals accessible to patients in five separate areas in the home which was not in keeping with COSHH legislation. This was discussed with the manager and identified as an area for improvement.

Environmental improvements were identified during the inspection. The responsible individual confirmed that five bedrooms had recently been redecorated and a further five had been identified for redecoration. Thirty new bedside lockers and 10 new wardrobes had been ordered to replace existing furnishings. An ongoing painting programme was evident in the home.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, training, adult safeguarding and monitoring of staff professional registrations.

**Areas for improvement**

Areas for improvement were identified in relation to compliance with best practice on infection prevention and control, compliance with COSHH legislation and with storage of thickening agents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.



Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Several staff commented that the home's management were, "Very approachable". Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed two patients' hydration records. Records did not demonstrate that the required fluid target had been achieved in one patient's records. The other patient did not have a fluid target where one should have been calculated. Care plans did not demonstrate the actions to take should the targets not be met. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

We reviewed the lunchtime meal experience. Lunch commenced at 12.00 hours. Staff confirmed that a second sitting for lunch would commence at 12.30 hours. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Individual menus were positioned on patients' tables identifying meal choice. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed one patient's wound care records. A clear wound care plan was evident within the patient's care records to guide the dressing regime and management of the wound. The care plan reflected the recommendations of a tissue viability nurse. A photograph of the wound was available and wound observation charts were completed at the time of wound dressing to monitor the progress of the wound.

A review of one patient's moving and handling care plan evidenced that this was written in a generalised, non-person centred manner. Generalised statements did not identify the actual equipment required to aid the patient's moving and handling or the restrictions to mobility which the patient had. This was discussed with the manager and identified as an area for improvement. We discussed the importance of developing individualised person-centred care plans providing specific detail of how to meet all patients' assessed needs in the home.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to pressure and wound management and with communication between patients, staff and other key stakeholders.

## Areas for improvement

An area for improvement was identified in relation to care planning. An area for improvement in relation to hydration management has been stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients chose where to sit during the day in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- "We know that ... and us as a family appreciated the efforts and hard work that Elizabeth and her staff put in on a daily basis. For this we are truly grateful."
- "... The words no or you can't were never uttered. You kept us fed and watered 24/7. Thank you most sincerely."

Consultation with 11 patients individually, and with others in smaller groups, confirmed that living in Our Mother of Mercy was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- "This is a very good home."
- "It is lovely here. It's great."
- "You get the best of attention and the best of food here. I'm as snug as a bug."
- "It's grand here."
- "I like it in here. The staff are very nice."
- "It's great here. I would be lost without them."

No patients' visitors were consulted during the inspection. Patient representatives' questionnaires were left for completion. None were returned.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “I love it here.”
- “There is a good atmosphere here. It’s brilliant; love the staff.”
- “I like it; everybody gets on.”
- “It is not like a care home. More like a family.”
- “I love it. Management are very approachable.”
- “I do love working here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

**Areas for improvement**

No new areas for improvement were identified during the inspection in the compassionate domain.

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

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home’s staff or management. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care infection prevention and control. Auditing records evidenced the actions taken in response to any shortfalls that were identified.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals. Action plans were included within the monthly reports. The responsible individual described steps taken to ensure that documentation in the office can be located in the absence of the manager.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cathal O'Neill, responsible individual and Elizabeth Doran, registered 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 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2019</p>	<p>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.</p> <p>A more robust system to ensure compliance with best practices on infection prevention and control must be developed.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> A more robust system is now in place. The Clinical lead has attended an infection control study day and is now the link nurse.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff have been instructed to ensure all harmful chemicals are put away after use and are not accessible to patients in keeping with COSHH legislation</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2019</p>	<p>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.</p> <p>Ref: 6.1 and 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Nurses have been instructed when commencing a patient on a fluid intake chart to ensure a realistic target is set and that a care plan reflects this and also what to do if targets are not met.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff have been instructed to ensure thickening agents are not accessible to patients and are stored safely.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2019</p>	<p>The registered person shall ensure that the identified patient's care plans are written in a person centred manner and reflect the actual specific care requirements in meeting their assessed needs.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The identified patients careplan has been updated and is now patient centred</p>

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



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