

Inspection Report

Name of Service:	St Josephs
Provider:	Kilmorey Care Ltd
Date of Inspection:	10 June 2025

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

1.0 Service information

Organisation/Registered Provider:	Kilmorey Care Ltd
Responsible Individual:	Mr Cathal O'Neill
Registered Manager:	Mrs Ann Begley
Service Profile – This registered nursing homes provides nursing care for up to 49 patients requiring general, learning disability and dementia nursing care. Patients bedrooms and communal spaces, such as lounge and dining areas, are located over three floors. Patients living with dementia are accommodated in a 14 bed ground floor unit called 'Star of the Sea'. All patients have access to a garden.	

2.0 Inspection summary

An unannounced inspection took place on 10 June 2025, from 10 am to 4:30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again and one area for improvement has been carried forward and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "I'm keeping great, staff are great" and "the staff are awful nice to me, staff are very understanding".

Discussion with patients confirmed that they were able to choose how they spend their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "this is the best place, if my... is happy, we are happy".

One questionnaire returned from a patient stated "knowing the staff are about makes me feel safe".

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included "They are great and "I am very happy"

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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; they were respectful, understanding and sensitive to patients' needs

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. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position as required. However, examination of a sample of patients' repositioning records evidenced gaps in the recording of repositioning. An area for improvement.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

The dining experience at the lunchtime meal evidenced that this was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Patients were enjoying their meal and it was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities included visits to the dementia cafe, hairdressing, live music. The home had also had a recent visit from a petting farm which patients said they enjoyed. However, examination of activity records evidenced gaps in recording and lacked detail in regard to patient participation. An area for improvement has been stated for a second time.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Generally, care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. As noted in section 3.3.2, two areas for improvement have been identified regarding the management of other care records.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Some patient equipment required further cleaning. This was discussed with the manager and confirmation was received after the inspection that this had been addressed.

Observation of the environment in the dementia unit identified a number of concerns that had the potential to impact on patient safety. For example, food, fluids and toiletries were observed unsecured and accessible to patients in a number of bedrooms and thickener which is a prescribed medicine was observed in the dining room. An area for improvement stated for the

first time in November 2023 and again for the second time in September 2024 has now been stated for a third time.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ann Begley has been the Registered Manager in this home since 20 May 2022.

The manager is currently attending the “My Home Life” leadership support project, run by the University of Ulster, which aims to improve the quality of life for people, living, dying, visiting and working in care homes. The manager said they felt that it has been a very positive experience.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence of auditing across various aspects of care and services provided by the home. However, it was not clear from the care record, wound and environment audits reviewed who had responsibility to make improvements, where deficits were noted and if the recommended actions had been addressed. An area for improvement was identified.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address their concerns.

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

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* the total number of areas for improvement includes one regulation that has been stated for a third time, one standard that has been stated for a second time and one area for improvement that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ann Begley, 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) and (c) Stated: Third time To be completed by: 10 June 2025	<p>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.</p> <p>Ref: 2.0 & 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Meeting held with staff on the day of the Inspection with a full staff meeting then held on the 06th June 2025 to highlight the concerns raised in relation to Regulation 14 (2) (a) and (c). Routine, documented, environment checks have been tasked to the Senior Care Assistant on duty. In addition staff are aware random environment checks will be conducted by the management team and if any further breach in this area is discovered the appropriate action will be taken with the staff member on duty. Communication has gone out to our relatives in the Star of the Sea Unit to advise of how they can support us in maintaining a safe environment for our residents in the dementia unit, this will be re-issued every 4-6 weeks as a reminder to all. Meeting with Nursing staff took place to remind them of their role in overseeing the environment on each shift.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 14 May 2024	<p>The registered person shall ensure that the maximum, minimum and current temperature of the medicine refrigerator is monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 11 Stated: Second time To be completed by: 31 July 2025	<p>The registered person shall ensure that a record is kept of all activities that take place, the names of the person leading each activity and the patients who participate. The programme of activities should be displayed in a suitable format and an appropriate location.</p> <p>Ref: 2.0 & 3.3.2</p>

	<p>Response by registered person detailing the actions taken: Supervision has taken place with the 2 staff who provide activities within the home in relation to their documentation of activities they are providing and also evidence the times residents do not wish to participate. Senior Carers and Cares have also been advised to ensure they document any activity they provide during their shift. One of our activity staff has been allocated to focus her time with residents who prefer to reside in the bedrooms or required one on one interaction for activities, with the aim to increase activity opportunities for all residents.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning, the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: A review of all reposition regimes and records has taken place. Nursing staff have received support on how to use the computer system to review the records and evidence their review. Care staff have been reminded of repositioning regimes in place and the requirement to follow same. Monitoring from date of inspection notes an improvement - Manager and Deputy Manager will continue to monitor these records, raising and managing any concerns with staff on duty as required</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure that any deficit identified by the home's care record, wound and environment audits are included in the audit's action plan; and that the action plan clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: Manager and Deputy Manager will clearly identify the staff responsible to make the improvement, including the timeframe. When the improvements are being addressed by ourselves we will ensure this is clear on the audit and also the timeframe of when we completed this.</p>

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