

Inspection Report

Name of Service: St Macartans

Provider: Kilmorey Care Ltd

Date of Inspection: 17 December 2024

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 Veronica McElmurry

Service Profile:

This home is a registered Nursing Home which provides nursing care for up to 33 patients including one named resident in learning disability over 65 years of age.

The home is divided into two units and has bedroom accommodation over four floors. The unit on the lower ground floor provides dementia nursing care for 8 patients and up to one patient on a day care basis. Nursing care for frail elderly patients over 65 years of age and up to six patients with learning disability over and under 65 years of age is provided on the ground floor; first and second floor.

Patients have access to communal lounges, dining rooms and outdoor spaces.

2.0 Inspection summary

An announced inspection took place on 17 December 2024, from 9.50 am to 10.50 am by an estates and care inspector.

The purpose of the inspection was to review the recent changes made to the environment. An application to vary the registration of the home was submitted to RQIA prior to any work commencing.

The variation application was approved from both an estates and care perspective and the home provider was notified on the 19 December 2024, that the rooms could now be used.

There were no new areas for improvement identified during this inspection. Areas for improvement from the previous care inspection on 2 July 2024, were not reviewed as part of this inspection and will be reviewed at a future inspection.

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 registration information and the variation application.

3.2 What people told us about the service

The inspection focused on the variation application and did not review any other areas of the home and/or communication with patients, staff or visitors.

3.3 Inspection findings

Environment:

Review of the former bathroom on the first floor evidenced that the necessary works had been completed to change this into a single bedroom; the room was suitably decorated with access to hand washing facilities, a nurse call bell system and a lockable storage space. Appropriate window restrictors were in place and the wardrobe was secured to the wall for safety. An armchair was required for the room and confirmation was received following the inspection that this had been provided.

A former linen store on the first floor had been converted into a shower room; the room was appropriately decorated with access to a shower chair and an emergency pull cord. A discussion was held with the management team regarding the need for a pedal operated waste bin in this room, and following the inspection, written confirmation was received that this had been provided.

An identified bedroom on the second floor had been changed from a double bedroom into a single bedroom.

The former smoke room and adjacent toilet on the lower ground floor had been converted into a bathroom. Review of the bath evidenced that there was some surface damage; this was discussed with the management team who agreed to have this repaired. Following the inspection, photographic confirmation was received that relevant action had been taken to address this.

A small overhead shelter had been installed to an exit door at the front of the home to create an outdoor smoking area for patients.

Statement of Purpose and Service User Guide:

Prior to the inspection the Statement of Purpose and the Service User Guide were submitted to RQIA. A number of amendments were required and discussed in detail with the management team. Following the inspection, written confirmation was received that the necessary amendments had been made.

Estates review of test certificates and associated documents:

The fire risk assessment and legionella risk assessment documents were examined and it was noted that the respective control measures were amended to comply with current good practice guidelines.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.

Areas for improvement from the previous care inspection on 2 July 2024, will be reviewed at a future inspection.

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

^{*} The total number of areas for improvement includes one regulation and one standard that have been carried forward for review at the next inspection.

Quality Improvement Plan			
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005			
Area for improvement 1	The registered person shall ensure that the infection prevention and control (IPC) issues identified during inspection are		
Ref: Regulation 13 (7)	addressed with ongoing monitoring to ensure sustained compliance.		
Stated: First time	Action required to ensure compliance with this regulation		
To be completed by: 2 July 2024	was not reviewed as part of this inspection and this is carried forward to the next inspection.		
	Ref: 2.0		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)			
Area for improvement 1	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and		
Ref: Standard 38.3	mandatory requirements.		
Stated: First time	With specific reference to ensuring that:		

To be completed by:	
2 July 2024	

- any gaps in employment are explored and explanations recorded
- a pre-employment health assessment is obtained prior to commencing employment.

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.

Ref: 2.0

^{*}Please ensure this document is completed in full and returned via the Web Portal*



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