



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 October 2019



St Macartans

Type of Service: Nursing Home
Address: 74 Main Street, Clogher BT76 0AA
Tel No: 02885548250
Inspector: Michael Lavelle

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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 is registered to provide nursing care for up to 33 persons, with residential care for two named patients.

3.0 Service details

<p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual(s): Cathal O'Neill</p>	<p>Registered Manager and date registered: Samantha Hackett – registration pending</p>
<p>Person in charge at the time of inspection: Samantha Hackett</p>	<p>Number of registered places: 33</p> <p>A maximum of 8 patients in category NH-DE. A maximum of 6 persons accommodated within categories NH-LD/LD(E). The home is also approved to provide care on a day basis to 1 person in the dementia unit. There shall be a maximum of 1 named resident receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-LD(E). 1 named patient receiving care on a day basis in category NH-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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 DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 30</p>

4.0 Inspection summary

An unannounced inspection took place on 7 October 2019 from 09.25 hours to 18.30 hours.

This inspection was undertaken by the care inspector. The term 'patient' is used to describe those living in St Macartans 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.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, improvements to the home environment, the development of an IDDSI quick prompt guide, human

rights focused care planning, teamwork and communication between residents, staff and other key stakeholders. Further good practice was identified regarding the culture and ethos of the home, dignity and privacy, compassionate care, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff supervision, infection prevention and control practices, post falls management, wound management and care plan review,

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them, and staff during 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, and enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Samantha Hackett, manager, and Cathal O'Neill, responsible individual, 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 14 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 April 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 registration information, and any other written or verbal information received.

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.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 7 October 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
- agency staff induction records
- four patient care records
- a selection patient care charts including food and fluid intake charts, personal care records, and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- nurse in charge competencies
- minutes of staff meetings
- minutes of patient and relatives meetings
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- evidence of fire drills and smoking policy
- 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 Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure training is embedded into practice and all staff are competent in relation to moving and handling	Met
	Action taken as confirmed during the inspection: Review of records and observation of practice evidenced safe moving and handling is embedded into practice.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform.	Met
	This area for improvement is made with specific reference to volunteers working in the home. Action taken as confirmed during the inspection: Discussion with the staff and review of records confirmed that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.4 Stated: First time	The registered person shall ensure that a skill mix of 35 percent registered nurses and 65 percent care assistants is maintained over 24 hours.	Met
	Action taken as confirmed during the inspection: Review of the duty rota confirmed the appropriate skill mix of staff is available over a 24 hour period.	

Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should evidence review of supplementary care records in the patient's daily evaluation.	Met
	Action taken as confirmed during the inspection: Review of supplementary care records confirmed these were generally well completed.	

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.

On arrival the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the duty rota for week commencing 7 October 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in St Macartans.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work with the patients in the home.

Staff spoken with said they actively support new staff during their induction to the home. Review of records confirmed that a comprehensive induction was given to one recently recruited employee. Review of records evidenced systems were in place to monitor staffs' registrations with their relevant professional bodies.

Discussion with staff and the manager confirmed that systems were in place for staff training, supervision and appraisal. Most staff received an annual performance appraisal with dates planned for staff who have not completed this to date. Review of staff supervision evidenced that twice yearly supervisions were not being completed for all staff. To ensure supervision requirements are met, an area for improvement was made. We asked the manager to ensure all

supervisory staff complete training in supervision and performance appraisal. This will be reviewed at a future care inspection.

Records reviewed confirmed some nurse in charge competencies were due. This was discussed with the manager who confirmed plans were in place to complete these before the end of October 2019.

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 confirmed they were well informed regarding the role of the safeguarding champion within the company.

We reviewed accidents/incidents records since February 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. However, shortfalls identified related to hand hygiene, use of PPE, management of laundry, decontamination of equipment and adherence to the national colour coding standards. This was discussed with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to. An area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and well decorated. Ongoing maintenance and improvements to the home environment were noted. The responsible individual confirmed that many of the windows in the home have been replaced with additional replacements planned in the coming months. We identified some patient equipment that was required to be repaired or replaced; in particular two identified chairs and identified laundry equipment. This was discussed with the manager for action as required. This will be reviewed at a future care inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. Records evidenced that fire risk assessments have been completed with systems in place to manage and record fire drills and fire alarm tests within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and improvements to the home environment.

Areas for improvement

The following areas were identified for improvement in relation to staff supervision and IPC practices.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners, tissue viability nurses (TVN), dieticians, podiatry, care managers and speech and language therapists (SALT).

We were pleased to see a strong focus on human rights within patient care records particularly regarding the right to liberty. Records reviewed clearly evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced a risk assessment was completed post fall. However, appropriate actions were not consistently taken following the fall in keeping with best practice guidance. This was discussed with the manager and an area for improvement was made.

Wound care, which was being provided to an identified patient, was also considered. Wound care documentation evidenced that the tissue viability nurse (TVN) had been involved in the patients' care and treatment although no recommendations made by the TVN had been incorporated into the patients care plan. There was evidence of good oversight of wound treatment and observation however the wound was not dressed consistently in keeping with the care plan directions. This was discussed with the manager and an area for improvement was made.

Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. We commended the responsible individual for the development of quick reference prompt cards to support staff who care for patients on modified diets. 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 the management of patients on modified diets. Review of documentation confirmed the identified patients care plan had not been updated to reflect the recommendations of the speech and language therapist. In addition, care records had not been updated to reflect antibiotic

therapy for treatment of a recent infection. The manager confirmed these were updated prior to completion of the inspection. An area for improvement was made.

Reviews of supplementary care charts such as food and fluid intake records evidenced these were well completed. Repositioning records were generally well completed with some minor gaps in recording identified. We asked the manager to review the recording of personal care delivery. Care staff should record when care has been offered but refused and document any further attempts that were made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records confirmed that staff meetings were held on at least a quarterly basis for all staff. Relatives and meetings for those who live in the home were also held on a regular basis. Minutes were available with evidence that their views were taken into account. We asked the manager to review the annual report to ensure it captured the views of the patients in the home and was in keeping with regulations and standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the development of an IDDSI quick prompt guide, human rights focused care planning, teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to post falls management, wound management and care plan review.

	Regulations	Standards
Total number of areas for improvement	2	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.

We arrived at the home at 09.25 hours and were greeted by the manager who was friendly and welcoming. Some patients were in their bedrooms; some had been assisted to wash and dress, whilst others remained in bed, in keeping with their personal preference or their assessed needs. Other patients were enjoying breakfast in the dining room or a cup of tea in one of the two bright and spacious lounges. Daily newspapers and magazines were available for patients to read.

There was a relaxed atmosphere in the home. Staff were very knowledgeable regarding patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely with care delivered in an unrushed manner. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social and spiritual needs within the home. Patients said they enjoyed the activities; this included pet therapy. One patient said they were overwhelmed with the kindness shown by staff following a recent birthday.

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences. We did observe a small number of bedrooms that appeared to be less personalised. This was discussed with the manager who agreed to discuss this with patients' families with a view to addressing this.

We observed the serving of the midday meal. Patients were assisted to the dining area and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The staff were observed to be kind and patient in the interactions during lunch. We observed visitors arriving to one dining area during lunchtime. We asked the manager to review visiting at mealtimes to ensure patients have sufficient time to eat and drink without interruption.

We reviewed the compliments file within the home. Some of the comments recorded included:

"To all the staff of St Macartans. Thank you for all the love and kindness you have shown our relatives. It means so much."

We spoke with eight patients individually, and with others in smaller groups who told us they were happy and content living in St Macartans. Patients said:

"We are getting on the best here."

"I like the food. The staff are very good to me."

"I am great and the care is great."

"You get your food and your bed made. What more would you want?"

"I am happy enough with everything."

"We are well looked after."

"It is lovely here."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had no responses within the timescale specified. We spoke with four relatives during the inspection. They said:

"The staff are lovely and very attentive to my relative."

"No complaints. They are fairly good."

"The care is very good."

"We have no complaints."

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Five members of staff were spoken with during the inspection. They all commented positively on working in the home.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered 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, dignity and privacy and compassionate care.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The manager is the person in day to day operation of the home; the current manager had been recently appointed to the home and has submitted her registration application to RQIA. The manager reported that they were well supported by the staff, other home managers in the company and the responsible individual. A review of the duty rota evidenced that the manager's hours were clearly recorded.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included environment, restrictive practices, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. We discussed ways the manager could enhance the current governance systems particularly with regard to the qualitative element of the care records audit, wound management and IPC. The manager agreed to review this.

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. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients and relatives spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 Samantha Hackett, manager, and Cathal O'Neill, responsible individual, 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>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.3.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff have had training with regards to this issue and are aware of the correct use of PPE and handwashing.</p> <p>All required equipment has been purchased and put in place.</p> <p>Required cleaning schedules have been implemented</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Care plans should accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All nursing staff have been fully updated and made aware of all interventions which should take place following an unwitnessed fall. There is a falls information file in place for reference.</p> <p>The home manager will be monitoring all falls to ensure all actions/care is implemented.</p> <p>Care plans are currently being reviewed to ensure they reflect patient care, are more individualised and patient centred.</p> <p>With all reviews the input and MDT follow up will be documented in a timely manner. Should outside advice be given from GP's or Paramedics this is to be taken on board, but the home's policy must be adhered to all times.</p> <p>All falls care plans will state if the resident is on anticoagulant therapy and the action required. This will be audited monthly or sooner if required.</p> <p>Training will be sourced should staff feel they require extra input.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure care plans are reviewed and updated in a contemporaneous manner to reflect the multidisciplinary team recommendations and the assessed needs of patients.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All care plans are currently being reviewed and updated, to ensure they are more patient centred and individualised for each person. These are also reviewed monthly . Staff will be given extra support and guidance in this area, re best practice of care planning to ensure all relevant information is added..</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure all staff have a recorded supervision no less than every six months. A supervision schedule shall be in place, showing completion dates and the name of the supervisor.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All nurses, care assistants and ancillary staff have now had their two supervisions for this year. A new matrix plan will be in place for January 2020 showing expected dates of supervisions for that coming year.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team. Care should be delivered in keeping with the assessed needs of the patient.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This area is currently under review by the home manager and advice and training will be given to all staff re care planning.</p> <p>The home manager will review care plans to ensure they are being discontinued when no longer required.</p>

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



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