

Inspection Report

8 March 2022



St Macartans

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

<p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual: Mr Cathal O'Neill</p>	<p>Registered Manager: Mrs Samantha Hackett</p> <p>Date registered: 24 September 2020</p>
<p>Person in charge at the time of inspection: Mrs 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 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. 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: 29</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 33 patients. The home is divided in to two units over four floors. Communal lounge and dining areas are located in the lower and ground floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 March 2022 from 10am to 2pm by a care inspector.

The inspection assessed progress with the one area of 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 previous area of improvement was reviewed and found to be met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of patients, through kind, supportive interactions and attentive care practices.

Two areas requiring improvement were identified. These were in relation to the need to cease the practice of wedging opening fire safety doors and replacement of ceiling tiles in an identified bathroom.

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.

RQIA were assured that the delivery of care and service provided in St.Macartans was safe, effective, compassionate and that the home was well led.

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.

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.

The findings of this inspection were discussed with Mrs Samantha Hackett, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection 20 patients, two visiting relatives and seven staff were met with. Patients appeared comfortable, content and at ease in their environment and interactions with staff and spoke in positive terms about their life in the home. The two visiting relatives spoke with praise and gratitude for the care provided and the kindness and support received from staff.

One patient made the following comment; "It's okay here. The staff are all very good. I like them very much."

Staff spoke in positive terms about their roles and duties, staffing levels, training, teamwork and managerial support. Staff also said they felt a good standard of care was provided for and that person centred care was paramount in the home.

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 27 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure all nursing and care staff receives up-to-date training in dementia awareness.	Met
	Action taken as confirmed during the inspection: Review of relevant training records evidenced that this area for improvement had been put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff said that there was enough staff on duty to meet the needs of the patients. Staff also said that they felt patients were treated with kindness and respect. One member of staff described the care as “exceptionally good” and felt there was a nice team of staff who worked well together and described the manager as being “very supportive”.

Staff said that they would feel comfortable about reporting any issues of concerns to the manager and felt that -she would act positively with any such disclosure. A review of staff training records confirmed that all staff were in receipt of up-to-date training in adult safeguarding. A review of the home’s safeguarding procedures and whistleblowing policy found these to be in clear concise detail and in accordance with current guidance. Review of a sample of two recently recruited staff members’ records confirmed that they had received a comprehensive induction -which included safeguarding and fire safety.

It was noted 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.

A review of the records of staff registrations found that all staff were registered with the Nursing & Midwifery Council (MNC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were audited on a monthly basis by the manager.

5.2.2 Care Delivery and Record Keeping

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.

Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

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. Expressions of consent were evident with staff seen to ask patients’ approval before assisting with care. One patient made the following comment; “I love it here. The staff are wonderful, every one of them. I am very comfortable here.”

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. The dinner time meal was appetising, wholesome and nicely presented.

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 healthcare professionals. Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy with patient areas free -from clutter. Due to the age and style of the home areas of it looked dated and tired. This was discussed with the Manager who provided evidence that there was an on-going programme of redecorating and painting within the home to ensure that the home is well maintained. For example the reception area of the home had recently been repainted.

Patients' bedrooms were personalised with items important to the patient. Toilets and bathrooms were clean and hygienic. An area of improvement was -identified in respect of three missing ceiling tiles in an identified bathroom.

Fire safety measures were in place with regular and up-to-date fire safety checks -of the environment. All staff had received up-to-date training in fire safety and fire drills were completed on a regular basis. An area of improvement was identified in relation to several fire safety doors observed wedged open. This was raised with the manager who agreed to act on this practice without delay and to monitor during daily walk arounds.

There was evidence that St.Macartans had systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with the Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Patients

Patients were residing in their bedrooms at the time of this inspection in lieu of the home's current COVID-19 status. Patients were seen to be comfortable and frailer patients were seen to be attended to by staff on a regular basis. There was a calm, peaceful atmosphere throughout the home. The genres of music and television programme played were appropriate to patients' age group and tastes.

One patient made the following comment; "Everything here is very good; the food, the staff and the atmosphere. They (the staff) couldn't do enough for you. Honestly it is very good."

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Two visiting care partners spoke in positive terms about the home and also declared good confidence with the care provided for their relative.

5.2.5 Management and Governance Arrangements

Staff said that they 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. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

A review of the record of accidents and incidents found that these were appropriately managed with all relevant stakeholders notified of such incidents.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

The home was visited each month by a representative of the responsible individual 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 are available for review by patients, their representatives, the Trust and RQIA. Review of a sample of two of these reports found these to be appropriately maintained.

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 (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Samantha Hackett, 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 27(4)(d)(i) Stated: First time To be completed by: 8 March 2022	The registered person shall ensure the practice of wedging open- fire safety doors is ceased. Ref: 5.2.3 Response by registered person detailing the actions taken: All staff have been spoken with re this area and wedges removed from areas. Manger will inspect areas at regular intervals daily.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 44(1) Stated: First time To be completed by: 8 April 2022	The registered person shall replace the missing ceiling tiles in the identified bathroom. Ref: 5.2.3 Response by registered person detailing the actions taken: Ceiling tiles now replaced.

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



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