



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 8 September 2020



St Macartans

Type of Service: Nursing Home
Address: 74 Main Street, Clogher BT76 0AA
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Inspector: John McAuley

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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 nursing home registered to provide care for up to 33 persons.

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. 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 9 September 2020 from 10.20 to 14.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery

- Fire safety
- Governance and management

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
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Samantha Hackett, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 18 patients and seven staff. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no responses received from these questionnaires in time for inclusion to this report.

The following records were examined during the inspection:

- duty rota
- competency and capability assessments
- records of staff meetings
- IPC documentation and audits
- Fire safety risk assessment
- Fire safety records
- Care records
- Statement of Purpose
- monitoring reports
- accident and incident reports
- Quality assurance records.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 7 October 2019.

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 13 (7) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Infection prevention and control training was in place with staff including the use of PPE and handwashing.</p> <p>Cleaning schedules and environmental audits were also in place.</p> <p>Equipment previously identified had been replaced and an additional washing machine was reported to have been ordered.</p>	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>An inspection of accident reports together with a sample of care records confirmed that these areas of improvement have been acted on.</p>	

Area for improvement 3 Ref: Regulation 16 (2) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: An inspection of care records confirmed that this has been put in place.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: An inspection of a matrix of staff supervisions confirmed this to be in place.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: An inspection of care records and quality assurance audits confirmed that this has been put in place.	

6.2 Inspection findings

6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. An inspection of two these assessments found that these were appropriately in place.

Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity. Staff advised that their workload was busy but

manageable. In the afternoon and evening periods there was one nurse in charge, with additional trained support from the manager during office hours. In lieu of the layout of the home over four floors it was requested that a review of this be undertaken particularly outside of these hours so as to ensure appropriate cover and staffing levels. An area of improvement has been made in respect of same.

Staff meetings were maintained on a regular and up-to-date basis with the records of these appropriately maintained.

6.2.2 Safeguarding patients from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout. The décor and furnishings were well maintained. Patients' bedrooms were comfortable and tastefully furnished. Other than one shower room, all other bathrooms and toilets were clean and hygienic. The one shower room had tearing to the surface flooring. This has been identified as area of improvement.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment; staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Fire safety

The home's most recent fire safety risk assessment was dated 2 March 2020. The one recommendation made from this assessment had corresponding evidence recorded on the actions taken with this.

Fire safety checks on the environment were maintained on a regular and up-to-date basis. Fire safety training and fire safety drills were also up-to-date.

6.2.6 Care practices

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and any expression of assistance were promptly responded to by staff. Staff explained tasks and duties and sought consent with statements such as "Would you like to..." Patients were well dressed with attention to personal care and hygiene.

Patients were cared for in one of the three communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Feedback from patients in accordance with their capabilities was positive in respect of the provision of care, their relationship with staff and the general atmosphere in the home. Some of the comments made included the following statements:

- "It's very good. They're looking after me well."
- "Everything is very good."
- "This is a marvellous place. Everybody works hard and does a great job. I can't see you finding anything wrong with here."
- "The food is always excellent."
- "I am very happy here."
- "No complaints at all. I like all the staff."
- "This is a lovely place. I am very happy here and well cared for."
- "The staff are lovely. I'd have no complaints."

6.2.7 Dining experience

The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Patients were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed. Staff attended with patients in a kind, caring manner with patients' individual needs being catered for.

Menus were displayed appropriately with provision of choice and alternative.

Tables were nicely set with choice of condiments for those patients who wished to have their meals in the dining room.

The kitchen was seen to be clean, tidy and well organised.

6.2.8 Care records

An inspection of three patients' care records was undertaken. Care plans were detailed and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) professionals and in addition included risk assessments and care plans.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in an individualised manner.

6.2.9 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose.

The two most recent monthly monitoring reports (24 July 2020 and 25 August 2020) by the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

An inspection of accident and incident reports from April 2020 was undertaken. These events were found to be managed and reported appropriately. They also evidenced good managerial oversight in terms of how the reports were scrutinised by the manager, follow up care as needed and analysis of accidents and incidents.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene and IPC and pressure care. These were completed regularly and any areas for improvement were identified and addressed.

Areas of good practice

Areas of good practice were found in relation to staff teamwork, feedback from patients, managerial oversight of accident and incidents and the pleasant atmosphere and ambience of the home.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to putting in place a review of staffing levels and making good the flooring of a shower room.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Patients were seen to be well cared for and positive feedback was also received. Staff undertook tasks and duties in an organised manner and good team working was evident. The environment was clean and tidy and infection prevention and control measures and protocols were duly in place. The two areas of improvement identified during this inspection received assurances from the responsible individual and manager that these would be acted on.

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, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41(1) Stated: First time To be completed by: 8 October 2020	<p>The registered person shall undertake a review of staffing levels particularly the trained staff provision outside of office hours. This review needs to take into account the size and layout of the home.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The registered person has conducted a full review of staffing. It has been established that staffing levels are above the minimum guidelines. The dependence level of the residents within the home has been reviewed and it has been agreed that our staffing is adequate. The lay out of the home has also been considered and it is not seen as detrimental to the staffing levels. The registered person has considered the out of office hours aspect of this recommendation and they can confirm that (a) the manager is contactable after hours, (b) a manager on call is allocated at the weekends (c) a clinical lead is being appointed who will have deputy managers responsibilities in the absence of the manager.</p>
Area for improvement 2 Ref: Standard 44(1) Stated: First time To be completed by: 8 October 2020	<p>The registered person shall make good the flooring in the top floor shower room.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A full renovation of this room is scheduled.</p>

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



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