

Inspection Report

13 June 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: Ms Kayle Carbonell, staff nurse</p>	<p>Number of registered places: 33</p> <p>A maximum of eight patients in category NH-DE. A maximum of six persons accommodated within categories NH-LD/LD(E). The home is also approved to provide care on a day basis to one person in the dementia unit. There shall be one named resident receiving residential care in category RC-LD(E). One 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 year. 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: 30</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 two units and has bedroom accommodation over four floors.</p>	

2.0 Inspection summary

This unannounced inspection took place on 13 June 2022, from 9.45am to 3pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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. Staff were knowledgeable and well trained to deliver safe and effective care.

No areas requiring improvement were identified during this inspection.

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.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 the inspection were discussed with Mr Cathal O'Neill, the responsible individual, at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection 20 patients were met with. All confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere. Two patients made the following comments; “The care is very good and so are all the staff including the new staff. They can be terribly busy but they do attend to you.” and “All’s good. No problems at all.”

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to St.Macartans was undertaken on 16 May 2022 by a pharmacy inspector; no areas for improvement were identified.

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 and the level of communication between staff and management. Staff meetings were held on a regular basis. Staff said their workload was busy but manageable and felt that the staffing levels were suitably planned for.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis.

Systems were in place to ensure that staffs registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were checked monthly and maintained on an up-to-date basis.

Staff spoke positively about the provision of training and said that they felt training needs were being met and also identified at supervision and appraisal. A newly appointed member of staff described her recruitment which confirmed safe recruitment processes. This member of staff also described their induction and the support and teamwork from other staff in helping them adjust to their role.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

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. For example with the provision of meals and dietary needs and social care needs.

Staff said that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were respectful, understanding and sensitive to patients' needs.

Patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Frailer patients were seen to be comfortable and to be attended to regularly by staff.

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 seen to engage with patients' consent with statements such as "Would you like to..." and "Can I help you with..." when delivering personal care.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

The daily dinner time menu was suitably displayed, with choice of meal. The dinner time meal was presented nicely and was appetising and nutritional. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. One patient said; "The food is lovely. Hotel like and always a choice."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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, where possible, were involved in planning their own care and the details of care plans were shared with patient's next of kin, if this was appropriate.

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. Two patients made the following comments; "All's very good and so are the staff here. I have no complaints." and "The staff are very kind and the care is very good. I am being cared for well including the care of my diabetes."

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 (IPC)

The home was clean and tidy with evidence of a programme of upkeep of décor and furnishings. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The laundry department was clean, tidy and well organised.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 11 April 2022. There were no recommendations made from this assessment. Fire safety drills and safety checks in the environment were being maintained on an up-to-date basis. A number of staff were due to receive up-dated fire safety training which was booked for 14 June 2022.

The maintenance man was seen to attend to repairs in patients' bedrooms, such as ensuring television receptions were working properly in a kind, courteous manner.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of 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.

5.2.4 Quality of Life for Patients

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff. One patient said; "We're spoilt here. As you see I have all my comforts."

There was a nice atmosphere and ambience with residents enjoying the company of one another and staff, relaxing and watching television. The responsible individual explained that an activities member of staff is currently being recruited.

The genre of music and television channels was in keeping with residents' age group and tastes. Daily and weekly newspapers were available with some patients keen to enjoy same.

Patients in the dementia unit were seen to be comfortable and content and engaged in person centred activity.

5.2.5 Management and Governance Arrangements

Mrs Samantha Hackett has been the registered manager of the home since 24 September 2020. Staff spoke positively about the manager, saying that they was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding and whistle blowing policies.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends and need for corresponding actions.

Systems of quality assurance and audit were in place which included regular wound care audits, mattress, restrictive practices and medication audits.

The home is visited each month by a representative of the registered provider. A report is then published of these visits for relevant parties to examine. A review of the most recent monitoring visit reports found this to be well maintained with corresponding action plans put in place to address any issues identified.

Records of complaint were recorded appropriately.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Cathal O'Neill, the Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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