



The Regulation and
Quality Improvement
Authority

St Macartans
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**Unannounced Care Inspection
of
St Macartans**

14 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 14 January 2016 from 10.15 to 16.15.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in St Macartans which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 19 August 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Kilmore Care Ltd./Mrs Peggy O'Neill	Registered Manager: Veronica McElmurry
Person in Charge of the Home at the Time of Inspection: Veronica McElmurry	Date Manager Registered: 4 December 2008
Categories of Care: NH-LD, NH-LD(E), RC-LD, RC-LD(E), NH-DE, NH-I, NH-PH, NH-PH(E), RC-I	Number of Registered Places: 33
Number of Patients Accommodated on Day of Inspection: 29	Weekly Tariff at Time of Inspection: £470 - £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, three care staff, one registered nurse, three patient's representatives and one visiting healthcare professional.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- seven patient care records
- staff training records
- complaints records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of St Macartans was an unannounced care inspection dated 19 August 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 19 August 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2) (b) (d) Stated: First time	The registered person must make suitable arrangements to ensure that the standard and monitoring of cleanliness throughout the home is maintained. This must include robust systems and processes that provide traceability and follow up on identified areas. Ref section 5.5	Met
	Action taken as confirmed during the inspection: The home was clean and there was no evidence of malodours present. There was also evidence that the manager had been conducting environmental audits on a daily basis and there was follow up on identified issues. Infection control audits were completed on a regular basis.	

Last Care Inspection Recommendations	Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 11.15</p> <p>Stated: First time</p>	<p>The current provision of hours that are dedicated to activities should be reviewed, to ensure patients' individual needs are fully met and their quality of life in the home enhanced</p> <p>A record should be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the nursing home. This record should include the level of participation and enjoyment and the activities provided to patients who cannot or do not wish to partake in group activities.</p> <p>Ref section 5.5</p>
<p>Recommendation 2</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>The records regarding activity provision were reviewed and there was evidence that activities were provided on a regular basis. There were plans in place for the activities records to be maintained on the electronic recording system, which was recently implemented in the home.</p>
	<p>The regulation 29 monthly monitoring report should be further developed to include infection control audits and the observation of activities that are provided in the home.</p> <p>Ref section 5.5</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the regulation 29 monthly monitoring reports confirmed that there were no issues identified regarding the cleanliness of the home. Activities were included if observed by the responsible person.</p>

<p>Recommendation 3</p> <p>Ref: Standard 46.1</p> <p>Stated: First time</p>	<p>The registered manager should ensure that there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures and that the role and responsibility of this person is reviewed, to address the issues identified.</p> <p>Ref section 5.5</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was an identified person responsible for infection control within the home and there was evidence of regular infection control audits, being carried out. However, the audit tool was identified as being in need of further development, in line with best practice for infection control. Refer to section 5.3 for further comment.</p>		

5.3 Additional Areas Examined

Care Records

The care records of seven patients were reviewed. Patients' risk assessments and care plans were generally in place and evaluated on a regular basis. A small number of continence and bedrail assessments had not been reviewed since October 2015; however, a review of the patients' progress notes did not evidence that there had been any change in the patients' needs. This was discussed with the registered manager, who ensured that the assessments were updated and the review dates were amended on the day of inspection.

The process of auditing care records was discussed with the registered manager. There was no formal system in place to evidence the audits that had been completed or follow up action taken to address identified deficits. A recommendation was made to address this.

Patients, Patients' Representatives and Staff Comments

All comments received were positive. Some comments received are detailed below:

Staff

'I have no concerns. Everything is 100 percent'

'Everything is ok – no concerns'

'I am very happy. (The manager) is fantastic. It is a very good home'

'I have no concerns. It can be very busy but there is no impact on patient care'

'We all know the patients' needs very well'

Patients

'This place is exceptional. It is the best home ever and the care is excellent'

'(The staff) are very good to me'

'They are all very kind here, without exception'

'The manager is very good'

Patients' Representatives

'We have no concerns. The care is good'

'It is excellent. The staff really do go the extra mile and they care so much for the patients'

'The staff want the same for the patients, as what I do, as a relative'

'Everything is ok'

'It is first class. I have never once seen anything to be concerned about'

Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be reasonably clean, tidy and warm throughout. There was evidence of redecoration to a number of patients' bedrooms.

However, two identified bathrooms were observed to be in need of refurbishment. The floor vinyl finish was not securely adhered to the wall and there was evidence of paint peeling off the walls. The registered manager stated that the bathrooms were scheduled for refurbishment. A recommendation was made.

A number of chairs were observed to be not cleaned, stained and worn at the back. Three chairs were observed to be torn and in need of replacement. Following the inspection the registered manager confirmed that an audit of seating in the home had been conducted and all identified chairs had been cleaned and those that were identified as being in need of replacement were removed from use.

As discussed in section 5.2, the infection control audits were reviewed. The audit tool required further development in line with best practice for infection prevention and control. For example, the audit tool consisted of four sections, which included hand contamination, the use of personal protective equipment, urinary catheter management and decontamination. However, the audit tool was generalised and there was no traceability in terms of specific areas identified for improvement. A recommendation was made to address this.

Areas for Improvement

The process for carrying out audits of care records should be developed, to ensure that there is traceability of audit and evidence of follow up action taken to address identified deficits.

All bath/shower accommodation should be inspected and a planned refurbishment implemented to ensure that all surfaces are maintained clean and hygienic at all times.

The infection control audit tool should be further developed in line with Regional Healthcare Hygiene and Cleanliness Standards.

Number of Requirements:	0	Number of Recommendations:	3
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 35.3 Stated: First time To be Completed by: 11 March 2016	<p>The process for carrying out audits of care records should be developed, to ensure that there is traceability of audit and evidence of follow up action taken to address identified deficits.</p> <p>Reference: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Current auditing of care records on the goldcrest system has been developed and is being introduced shortly. In addition to Regular "key checks", to enable individual patient audits can now be recorded online and are traceable.</p>		
Recommendation 2 Ref: Standard 44.1 Stated: First time To be Completed by: 11 March 2016	<p>Inspect all bath/shower accommodation; implement a planned refurbishment to ensure that all surfaces are maintained clean and hygienic at all times.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Extensive refurbishment of bedrooms on first & second floors is now complete. Further refurbishment plans will include all areas when budgeting allows.</p>		
Recommendation 3 Ref: Standard 46.2 Stated: First time To be Completed by: 11 March 2016	<p>The infection control audit tool should be further developed in line with Regional Healthcare Hygiene and Cleanliness Standards.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A new company Infection Control Audit Tool & policy has been developed. (Infection Control Policy & Procedures has been emailed separately to Mrs A Donnelly 22-02-16).</p>		
Registered Manager Completing QIP	Veronica McElmurry	Date Completed	19-02-16
Registered Person Approving QIP	Peggy O'Neill	Date Approved	22-02-16
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	22/02/2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address