

Inspection Report

16 February 2023



St Macartans

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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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. Lena McCarroll, 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. Accommodation is over four floors.</p>	

2.0 Inspection summary

This unannounced inspection was conducted on 16 February 2023, from 10am to 2.20pm, 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.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care.

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.

Three areas of improvement were identified during this inspection. These were in relation to wedging opening fire safety doors, review of staffing levels and availability / accessibility of patient call alarms.

RQIA will be assured that the delivery of care and service provided in St. Macartans will be safe, effective, compassionate and well led in addressing these areas for improvement.

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

4.0 What people told us about the service

Patients said that they were very happy with the kindness and support received from staff, the atmosphere in the home and the provision of meals. Two patients made comment about the busy workload of staff.

Staff spoke positively about the provision of care, the teamwork, training and managerial support. Some staff made comments on the busy workload and said at times they felt under pressure with the staffing levels.

Three visiting relatives praised the home for the standard of care and the kindness and support received from staff.

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 undertaken on 13 June 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

The duty rota identified the nurse in charge when the Manager was not on duty. 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. At the time of this inspection there was a shortfall of one member of staff on duty due to an unplanned absence. Some staff spoke about their workload being especially busy and felt that the layout of the home added additional pressures. Two patients also said they felt staff to be under pressure from the current staffing levels. An area of improvement was made for a review of staffing levels to be put in place. This review needs to take account of patients' dependencies and the size and layout of the home.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

There were systems in place to ensure staff were trained and supported to do their job. Staff training records confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

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 statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. One patient said; "Everything is very good here. The staff are very kind and attentive. I like it here."

An area of improvement was made for a review to be put in place to ensure all call assistance alarms are accessible for patients' to avail of, as this was observed in two bedrooms where such was not readily accessible.

Care records were maintained safely and securely. Care records accurately reflected the needs of the patients.

Care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available. One patient said; "The meals are lovely here. You'd say restaurant like."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and / or alarm mats. It was established that safe systems were in place to manage this aspect of care.

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

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. An on-going programme of decoration was in place with paintwork and new flooring being attended to. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and tidy.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 11 April 2022. There were no recommendations made from this assessment.

An area of improvement was made in that a number of doors in the home were wedged open.

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 also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for getting up, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The genre of music played and television programmes was appropriate for the age group and tastes of patients.

The responsible individual reported that they were currently seeking to recruit an activities co-ordinator for the home.

Two patients made the following comments; "I am very happy here. The staff and the meals are fantastic. They (the staff) can be terribly busy but they (the staff) do their best." and "All is very good here. I am being cared for very well."

Three visiting relatives praised the home for the standard of care and the kindness and support received from staff.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs. Samantha Hackett has been the Manager in this home since 24 September 2020. The responsible individual was available on site during this inspection and for feedback of the inspection findings.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff 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.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

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.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Cathal O'Neill, Responsible Individual, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(d)(i)</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2023</p>	<p>The registered person must ensure the practice of wedging fire safety doors ceases.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Door wedges have now been removed, regular checks will be performed to ensure safety is maintained.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

<p>Area for improvement 1</p> <p>Ref: Standard 41(1)</p> <p>Stated: First time</p> <p>To be completed by: 16 March 2023</p>	<p>The registered person shall put in place a comprehensive review of staffing levels so these are in keeping with patients' dependencies and the size and layout of the home.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staffing levels has been reviewed along with the residents dependencies . Dependency levels will be monitored regularly to ensure staffing levels meet these dependency requirements.</p>
<p>Area for improvement 2</p> <p>Ref: Standard E 8</p> <p>Stated: First time</p> <p>To be completed by: 22 February 2023</p>	<p>The registered person shall ensure all call assistance alarms are accessible for patients' to avail of.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All residents will be checked regularly to ensure accessible call system at hand. All staff have been supervised regarding the necessity for residents to have their call bell to hand.</p>

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