

# Inspection Report

10 August 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><b>Organisation/Registered Provider:</b> Kilmorey Care Ltd</p> <p><b>Responsible Individual:</b> Mr Cathal O'Neill</p>	<p><b>Registered Manager:</b> Mrs Samantha Hackett</p> <p><b>Date registered:</b> 24 September 2020</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Samantha Hackett</p>	<p><b>Number of registered places:</b> 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).</p>
<p><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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. The unit on the lower ground floor provides dementia nursing care. Nursing care for all other categories of care as listed above are provided on the ground floor; first and second floor. Patients have access to communal lounges, dining rooms and outdoor spaces.</p>	

## **2.0 Inspection summary**

An unannounced inspection took place on 10 August 2023 from 9.50 am until 4.45 pm. The inspection was carried out by a care inspector.

The purpose of the inspection was to assess progress with all areas for 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.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

## **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 patients and staff were asked 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.

Questionnaires 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "It's great here", "Well looked after", "They (staff) couldn't do anything more for you", "Very good care here" and "It's great here". Some patients said that more staff were needed as the staff were very busy. Any comments received were shared with the manager to review and action as necessary. There were no questionnaires received from patients or relatives following the inspection.

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Good induction", "Really enjoy working here", "Staffing levels have improved since the last inspection", "I love it here", "Staffing is good at the moment" and "We have more availability of staff". There was no response from the staff on-line survey.

Three relatives spoken with during the inspection commented very positively about the home. Comments included: "My (relative) is getting well cared for here", "I have no concerns", and "(The) staff are very friendly and welcoming".

Comments received during the inspection were shared with the manager.

#### 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 16 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27(4) (d) (i) <b>Stated:</b> First time	The registered person must ensure the practice of wedging fire safety doors ceases.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b>  Observation of the environment evidenced that this area for improvement had not been met and has been stated for a second time.  This is discussed further in section 5.2.3.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41(1) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager during and after the inspection evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard E 8 <b>Stated:</b> First time	The registered person shall ensure all call assistance alarms are accessible for patients to avail of.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with patients evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Monthly checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of a sample of staff recruitment and induction records evidenced that not all relevant information was available during the inspection. Details were discussed with the manager and following the inspection, written assurances were provided confirming that all relevant information had been received and would be accessible to the manager going forward.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager found that most of these had been completed with the exception of one nurse. Following the inspection written confirmation was received from the manager confirming that the relevant assessment had been completed.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

### **5.2.2 Care Delivery and Record Keeping**

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. 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.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records evidenced that these were mostly well maintained.

Review of care records specific to wound care evidenced that the type of dressing and frequency of renewal was not documented in the care plan to direct the relevant care. Details were discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. Two staff members were observed standing when assisting patients with their meal. This was discussed with the manager to review and action as necessary.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst staff were providing the correct diet as recommended by SALT, a choking risk assessment had not been completed for patients. This was discussed in detail with the manager and following the inspection written confirmation was received that relevant action had been taken to address this.

Review of a sample of care records evidenced that the recommended daily fluid target was not consistently recorded within dietary/fluid intake care plans. It was further identified that the care plans did not specify at what stage the General Practitioner (GP) should be contacted if the fluid

target has not been achieved. This was discussed in detail with the manager and following the inspection written confirmation was received that relevant action had been taken to address this.

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

Review of a sample of care records evidenced that a number of care plans did not contain sufficient details and were not fully reflective of the patient's current needs. It was further identified that not all patients had care plans in place for identified medical conditions. Specific details were discussed with the manager and an area for improvement was identified.

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

Confidential patient information was observed unsecure within two areas of the home. This was discussed with the manager and an area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Patient's bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for patients to sit.

Whilst most areas of the home were clean, the underneath of identified sanitary ware and paper towel dispensers were stained. Dust was evident to high and low surfaces and carpets on identified stairwells were stained. This was discussed with the manager who agreed to have these areas reviewed. Following the inspection written confirmation was received that relevant action had been taken to address these issues, with ongoing monitoring to ensure sustained compliance.

There was evidence that a number of areas throughout the home had been painted and redecoration works were being completed during the inspection within the unit on the lower ground floor. Some surface damage was evident to a number of vanity units, a dining table, cupboards within a kitchenette, walls and wood work. It was further identified that a number and floor coverings were not fitting properly to the edges of identified rooms. Details were discussed with the manager who confirmed that refurbishment works were ongoing. Following the inspection, written confirmation was received from the manager that refurbishment work had been scheduled to commence in October 2023 to address these issues.

Two fire doors were observed propped open preventing these doors from closing in the event of the fire alarm being activated. Details were discussed with the manager and an area for improvement has been stated for a second time.

A fire exit door was obstructed with a large piece of equipment. This was discussed with the manager who immediately removed the obstruction and agreed to monitor going forward.

Holes were observed to identified ceilings in two communal toilets; a wall within a bedroom and to the floor of an identified store room. Details were discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address these issues.

Review of the most recent fire risk assessment completed on 31 March 2023 evidenced that any actions required had been signed by the manager as completed. There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was in place to ensure that all staff attend at least one fire evacuation drill yearly.

Pipes carrying hot water were exposed in a number of areas throughout the home. Details were discussed with the manager who agreed to have these reviewed and covered where necessary and an area for improvement was identified. Following the inspection written confirmation was received from the manager that work had commenced to address this.

Review of a number of windows identified that they were not fitted with tamper proof restrictors and some windows had a wooden wedge in place to assist with keeping the window open. This was discussed with the manager who agreed to have all windows reviewed as a matter of urgency. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

Cleaning products, razors, denture cleaning tablets and staff handbags/food were found accessible in some areas of the home. An area for improvement was identified.

Medicine trolleys were observed not secured to the wall in two areas of the home. This was discussed with the manager who immediately had these transferred to the treatment room and secured. The manager further agreed to discuss this type of practice with relevant staff and to monitor going forward.

Prescribed supplements and thickening agents were observed unattended in two areas of the home. This was discussed with the manager and an area for improvement was identified.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. However, the type of gloves used for personal care delivery was not in keeping with infection prevention and control (IPC) best practice. The manager confirmed that these gloves were available within the home and agreed to have these distributed as required. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Observation of the environment and staff practices evidenced that they were not consistently adhering to IPC measures, including the inappropriate transfer of a used incontinence pad; two members of staff not bare below the elbow and inappropriate storage of patient equipment within communal bathrooms and a sluice room. Details of these and any other IPC issues were discussed with the manager and an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

During the inspection patients were observed watching TV, resting or chatting to staff and were seen to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: "The food is brilliant", "It's like hotel food" and "The food is very good and plenty of choices."



## 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained. However, several notifiable events had not been submitted to RQIA. This was discussed with the manager who agreed to have these submitted retrospectively and an area for improvement was identified.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. The audits completed included an action plan, the person responsible for addressing the action and a time frame with a follow up to ensure that the necessary action had been taken.

There was evidence that the manager had a process for recording complaints. Review of several complaints evidenced that the outcome had not been fully documented. This was discussed with the manager and following the inspection written confirmation was received that these complaint records had been updated.

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. Written reports were completed following these visits and were available within the home.

## 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 (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	6*	3

\* The total number of areas for improvement includes one regulation that has been stated for a second time.

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27(4) (d) (i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person must ensure the practice of wedging fire safety doors ceases.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Nurse in charge will do a walk round at the beginning of each shift to ensure no wedges are in place. All staff have been spoken to again with regarding this practice. Management will continue to do random checks to ensure this practice has ceased.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that all exposed hot water pipes are reviewed and covered where necessary.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All reviewed, protective coverings now in place on identified pipes.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All patient areas are now hazard free, monitored by management and nurses. All staff spoken to regarding this.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that prescribed supplements and thickening agents are stored safely and securely as per the manufacturers' instructions.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Nurses spoken with and all thickening agents and diet supplements stored in correct areas. Staff spoken to and same being monitored.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that the IPC issues identified during inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Identified IPC issues have been dealt with and action taken where required.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that RQIA are notified without delay of any event in the home in accordance with Regulation 30.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Nurses spoken to on this matter and management to ensure being adhered to.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring wound care, the care plan includes the recommended dressing and frequency of dressing renewal to direct the relevant care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan has been rectified. Staff spoken to. Management to monitor this.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 September 2023</p>	<p>The registered person shall ensure that care plans provide sufficient details that are reflective of the patient's current needs and any relevant medical conditions.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans have been reviewed by management. The identified patients medical problem is now included in their care plans. Management to continue with monthly audits.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff spoken to on this issue. Identified area is to be locked at all times when room not in use. The screen lock time has been reviewed on computers.</p>

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



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