

# Inspection Report

27 May 2021



## St Macartans

**Type of Service: Nursing Home**  
**Address: 74 Main Street, Clogher, BT76 0AA**  
**Tel no: 028 8554 8250**

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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><br/>Kilmorey Care Ltd</p> <p><b>Responsible Individual(s):</b><br/>Mr. Cathal O'Neill</p>   | <p><b>Registered Manager:</b><br/>Mrs. Samantha Hackett</p> <p><b>Date registered:</b> 24 September 2020</p>  |
| <p><b>Person in charge at the time of inspection:</b><br/>Mrs. Samantha Hackett</p>   | <p><b>Number of registered places:</b><br/>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. There shall 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><b>Categories of care:</b><br/>Nursing Home (NH)<br/>I – Old age not falling within any other category.<br/>DE – Dementia.<br/>LD – Learning disability.<br/>LD(E) – Learning disability – over 65 years.<br/>PH – Physical disability other than sensory impairment.<br/>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><br/>31</p>   |
| <p><b>Brief description of the accommodation/how the service operates:</b><br/>This home is a registered Nursing Home which provides nursing care for up to 33 patients. The home is divided in two units. One of which provides care for people with living with dementia and the other which provides general nursing care.</p> <p>Patient bedrooms are located over four floors. Patients have access to communal lounges, a dining room and a garden.</p> |   |

## 2.0 Inspection summary

An unannounced inspection took place on 27 May 2021, from 9.50 am to 15.00 pm by a care inspector.

The inspection assessed progress with the 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.

One area of improvement was identified in respect of ensuring staff receive training in dementia awareness.

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.

Comments received from patients and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in St Mccartans was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide management 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 residents, 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 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.

At the end of the inspection the Registered Manager was provided with details of the findings.

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

During the inspection we spoke with 17 patients and seven staff. No questionnaires were returned and we received no feedback from the staff online survey. Patients spoke in positive terms about the care they received and on their interactions with staff. Patients confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. Staff acknowledged the difficulties of working through the COVID–19 pandemic but felt well supported and stated that there was good teamwork, morale and managerial support in the home.

#### 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 8 September 2020 by a care inspector  
**Areas for improvement from the last inspection on 08 September 2020**

| <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><br><b>Ref:</b> Standard 41 (1)<br><b>Stated:</b> First time          | 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. | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>The manager reported how this review was undertaken and how additional support will be available when a deputy manager's position is recruited.  |                                 |
| <b>Area for Improvement 2</b><br><b>Ref:</b> Standard 44 (1)<br><b>Stated:</b> First time          | The registered person shall make good the flooring in the top floor shower room.  | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>This flooring has been made good.  |                                 |

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Review of two employee recruitment records evidenced that there was a robust system in place to ensure that staff were recruited correctly to protect patients as far as possible.

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 additional training where required. An area of improvement was identified for nursing and care staff to receive up-to-date training in dementia awareness. Staff were also provided with regular supervision and appraisal.

The staff duty rota accurately reflected all of 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. Staff told us that there was enough staff on duty to meet the needs of the patients. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Discussion with staff confirmed this.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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.

Staff told us 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.

Patients said that they felt safe in the home and that staff were always available. One patient stated that they felt staff were very busy and there were delays in requests for attention. This was brought to the attention of the manager who agreed to monitor during daily walk arounds.

There were systems in place to ensure the staffing in the home is safe.

### 5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Inspection of staff training records confirmed that all staff had completed adult safeguarding on an up-to-date basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

Patients spoken with said that they knew how to report any concerns and said they were confident that the Manager would resolve and address any issues. Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. Inspection of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent. This was good practice.

Staff were observed to be prompt in recognising patients' needs and were skilled in communicating with patients. Staff interactions with patients were found to be polite, warm, friendly and supportive.

The home has appropriate arrangements in place to ensure patients feel safe from harm.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was clean and tidy, with evidence of an on-going programme of décor and furnishings being maintained.

Patients' bedrooms were largely personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, clean and tidy; and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence in the home of displays of photographs of patients undertaking in the part of the activity programme provided.

The home's most recent fire safety risk assessment was dated 9 March 2021. The one recommendation made as a result from this assessment had corresponding evidence in place to confirm that this had been addressed.

Inspection of staff training records and fire safety records confirmed that fire safety training and fire safety drills were up-to-date for all staff. Fire safety checks in the environment were also maintained on a regular and up-to-date basis.

The environment is well managed to ensure patients are comfortable and safe.

### **5.2.4 How does this service manage the risk of infection?**

The manager stated that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) 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.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by patients or staff were cleaned daily.

Appropriate measures are in place to manage and minimise the risk of infection.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, 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.

It was observed that staff respected patient privacy by their actions such as knocking on doors before entering and discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care had this clearly recorded in their care records. There was evidence that their needs were being shared with the aligned named worker and appropriated health care professional(s).

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients had well-fitting footwear, the home was well lit and any obvious hazards had been removed. Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a patient has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. There was choice of meals offered, the food was attractively presented and smelled appetising, and good portions were provided. There was a variety of drinks available. Patients said that they had enjoyed their meal and the

company of others. Patients could also choose to take their meals in their own rooms and trays were taken to these patients.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. 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.

Staff described how they were made aware of patients' nutritional needs and confirmed that patients' care records were important to ensure mistakes about modified food and fluids were not made.

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.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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 these 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 patients' relatives, 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.

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.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. This review should include the patient, the home staff and the patient's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home management.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or reside in areas of choice. Patients were observed to be comfortable and at ease in their environment and interactions with staff. Depending on the assessed needs of the patient, we observed additional support being provided by staff as required. Activities were facilitated mostly on a one to one basis or in small groups. Patients commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted



patients to make phone or video calls. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

In summary the home supports patients to have meaning and purpose to their day.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

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. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

Review of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## **6.0 Conclusion**

Observation of care practices, feedback from patients and staff, and review of records provided assurance that this service is providing safe, effective, and compassionate care; and that the service is well led.

## **7.0 Quality Improvement Plan/Areas for Improvement**

One area of improvement has been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of Areas for Improvement</b> | 1                  | 0                |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Samantha Hackett, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 20(1)( c )<br>(i)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>27 July 2021 | The registered person shall ensure all nursing and care staff receives up-to-date training in dementia awareness.<br><br>Ref: 5.2.1<br><br><b>Response by registered person detailing the actions taken:</b><br>Suitable training will be provided to all nursing and care staff. |

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



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