

# Inspection Report

## 28 November 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:</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 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 be 1 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 28 November 2023, from 10.10 am to 4.25 pm by a care inspector.

The purpose of the inspection was to follow-up on progress with all areas for improvement identified in the home since the last care inspection on 10 August 2023 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients 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 identified during this inspection are detailed throughout the 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 management team 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: "I am happy here", "Getting well looked after", "The staff are excellent here", "I could not complain about one thing", "I feel safe here" and "The manager is very good". 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: "I enjoy working here", "Staffing levels are good" and "Great support from management". There was no response from the staff on-line survey.

## 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 10 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> Ref: Regulation 27 (4) (d) Stated: Second time	The registered person must ensure the practice of wedging fire safety doors ceases.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the management team evidenced that this area for improvement had been met.	
<b>Area for Improvement 2</b> Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall ensure that all exposed hot water pipes are reviewed and covered where necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection: if carrying forward:</b> Observation of the environment and discussion with the management team evidenced that this area for improvement had been met.	
<b>Area for Improvement 3</b> Ref: Regulation 14 (2) (a) Stated: First time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	<b>Not met</b>

	<p><b>Action taken as confirmed during the inspection:</b>                  Observation of the environment and discussion with the management team evidenced that this area for improvement had not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.4</p>	
<p><b>Area for Improvement 4</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time</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><b>Partially met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b>                  Observation of the environment and discussion with the management team evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.4</p>	
<p><b>Area for Improvement 5</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the IPC issues identified during inspection are addressed.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b>                  Observation of the environment, staff practices and discussion with the management team evidenced that this area for improvement had been met.</p>	
<p><b>Area for Improvement 6</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time</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><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b>                  Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.3	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

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

Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The management oversight of staff recruitment and induction records was discussed with the manager at the previous care inspection and whilst there was evidence of improvement noted during this inspection, the record of induction and confirmation of an Access NI for one employee was not available during the inspection. Following the inspection, the relevant information was received, therefore an area for improvement was not required on this occasion.

### 5.2.2 Care Delivery and Quality of life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. During the inspection patients were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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. Staff had made an effort to ensure patients were comfortably seated.

Patients commented positively about the food provided within the home with comments such as: "The food is excellent", "Plenty of choices" and "Good food here".

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. 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). Review of care records evidenced that choking risk assessments were not consistently and/or fully completed on a monthly basis. Following the inspection the manager provided written confirmation that relevant action had been taken to address this.

### 5.2.3 Care Records

Daily records were kept of how each patient spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a patient.

Care records were regularly reviewed and updated to ensure the assessed needs of the patients are being met. Whilst improvements to care plans had been made since the last care inspection to reflect patients' needs, a number of care records did not include care plans for relevant medical conditions. Details were discussed with the manager and an area for improvement has been stated for a second time.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging. Review of a sample of accident reports evidenced that where neurological observations were required following unwitnessed falls, there were inconsistencies with the recording of observations. Details were discussed with the manager and an area for improvement was identified.

### 5.2.4 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and patients' bedrooms were found to be personalised with items of memorabilia and special interests. There was refurbishment work being completed to a number of communal toilets and painting of walls within corridor areas of the home during the inspection. The responsible individual discussed future redecoration plans to ensure the home is well maintained.

Review of a sample of bedrooms identified that high and low dusting was not being consistently completed. This was discussed with the manager who agreed to review this and to monitor during her daily walk around of the home and through regular audits.

The use of cleaning equipment was not in keeping with the universal colour coding of cleaning equipment. On discussion with staff it was evident that a number of mop buckets and mops were not available in identified colours. This was discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address this.

A cleaning product, scissors, razors and denture cleaning tablets were found accessible in some areas of the home. Whilst RQIA acknowledge that these issues were addressed during the inspection, the importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement has been stated for a second time.

In addition to these findings, a discussion was held with the management team regarding unsupervised access to a lift on the lower ground floor, an electrical cabinet not secure within a linen store and the use of portable radiators within the dementia unit. Following the inspection, the manager provided written confirmation of the action taken to address these issues.

The administration of medication for two patients was discussed in detail with the management team and shared with the RQIA pharmacy inspector. Written assurances were provided following the inspection that relevant action had been taken to address this.



Prescribed topical creams were easily accessible to patients within identified areas of the home and a number of creams were not suitably labelled. This information was shared with the RQIA pharmacy inspector and an area for improvement was identified. Following the inspection, the manager confirmed that relevant action had been taken to address this, with ongoing monitoring to ensure sustained compliance.

Prescribed thickening agents were observed unattended in three areas of the home. This was discussed with the manager and an area for improvement has been stated for a second time.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. However, the type of gloves used for personal care delivery in keeping with infection prevention and control (IPC) best practice was limited to one size only. Following the inspection, the manager provided written confirmation of the action taken to address this.

### 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.

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 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
<b>Total number of Areas for Improvement</b>	4*	1*

\* The total number of areas for improvement includes two regulations and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Samantha Hackett, Registered Manager and Mr Cathal O'Neill, Responsible Individual, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 November 2023</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: 5.1 and 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A group supervision took place with all staff. They were advised to ensure all rooms are checked prior to leaving, and all utensils which could cause a hazard are stored appropriately. Daily checks of rooms are to be completed and signed off.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 November 2023</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: 5.1 and 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A group supervisions was completed, all staff are aware of ensuring safe storage of suppliments and thickening agents, regular checks to be completed daily.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 November 2023</p>	<p>The registered person shall ensure that neurological observations are consistently recorded in accordance with best practice.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A supervision took place with all nurses re this area, management to review monthly when audits being completed.</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>The registered person shall ensure that prescribed topical creams are stored safely and securely as per the manufacturers' instructions and suitably labelled for individual use.</p>

<p><b>To be completed by:</b> 28 November 2023</p>	<p>Ref: 5.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Discuaaion with all staff and pharmacy, to liase with pharmacy for new labels if and when required. Daily checks to ensure safe storage.</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 4</p> <p><b>Stated:</b> Second time</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: 5.1 and 5.2.3</p>
<p><b>To be completed by:</b> 22 December 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Group supervisions with nurses and area discussed, management to review in monthly audits.</p>

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



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