

Inspection Report

Name of Service: Our Mother of Mercy

Provider: Kilmorey Care Ltd

Date of Inspection: 17 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	Kilmorey Care Ltd
Responsible Individual:	Mr Cathal O'Neill
Registered Manager:	Mrs Jacqueline Rooney
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 46 patients. The home is divided in three units; a self-contained dementia unit on the first floor that provides care for up to 15 people living with dementia. The ground floor and second floor of the home provides general nursing care and care to those with a learning and/or physical disability.</p> <p>Patients in general nursing have access to a large communal lounge area and dining room on the ground floor as well as a range communal bathroom and toilet areas. The home comprises of single and double bedrooms.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 April 2025 from 9.15 am to 5.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; induction of agency staff, activity provision, record keeping, providing choice at mealtimes and infection prevention and control (IPC) practices.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One other area for improvement was stated again and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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 very happy here. I like everything about it. The staff are brilliant", "It's dead on. The staff are the best that's going.", "The staff are kind." and "I am 20 years here and I love it."

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

Relatives commented positively about the overall provision of care within the home. One relative said: "The staff are so lovely."

Staff spoken with said that Our Mother of Mercy was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Staff comments included, "There is a good working relationship between the nurses, care assistants and whole team," and "Management are approachable and will help on the floor. They are visible, supportive and really helpful."

We did not receive any responses from the staff online survey. One questionnaire response was received from a patient who was pleased with the care delivered in the home. Comments included, "Staff are very friendly 10/10. I like it here. The staff offer help when I need it. I feel safe here. Some staff are quite shy at activities but always helpful. Sometimes I don't like the food."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage most aspects of staffing. However, review of agency staff induction records confirmed that not all staff had a documented induction. This was discussed with the deputy manager and an area for improvement was stated for a second time.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

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 patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the deputy manager indicated that there were systems in place to manage patients' nutrition. Discussion with the manager following the inspection confirmed they plan to review the mealtime experience with consideration given to the introduction of a "safety pause" in keeping with regional guidance.

It was observed that the pictorial menu displayed in the dementia unit contained multiple options, some of which were not available that day; this could be confusing for patients living with dementia. In addition, there was no choice of meal for those patients who required a modified diet. This was discussed with the deputy manager and areas for improvement identified.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Easter decorations were displayed throughout the home and an activity planner displayed highlighted events such as music, singing, movies, floor and board games, chair exercises and bingo.

However, discussion with staff and patients confirmed there is no activity co-ordinator working in the home at present. Review of the rota evidenced no-one was identified to lead on activities in the absence of the activity co-ordinator. Comments from patients included, "I used to enjoy painting but I haven't done it in a while. We play bingo sometimes. There used to be a girl to do activities but not anymore", "We used to do activities" and "Sometimes we do games and have music the odd time. There hasn't been anything lately." To ensure meaningful activities are delivered to provide structure to the patient's day, an area for improvement was identified.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. 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. Gaps identified in record keeping were discussed with the deputy manager for follow up with staff as required.

There was evidence that some care plans and risk assessments had not been reviewed for a period of up to and including two months. An area for improvement was identified.

Food and fluid supplements consumed by patients were not accurately and consistently recorded as part of their food and fluid intake records. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well-maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, all staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment. In addition, a number of staff were not bare below the elbow. This was discussed with the deputy manager who agreed to address this with staff and review their current audit systems. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jacqueline Rooney has been the Registered Manager in this home since 23 July 2021.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kerrie-Ann McNamee, Deputy Manager, and 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 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 April 2025</p>	<p>The registered person shall ensure that patients care plans and risk assessments are regularly reviewed to reflect the needs of the patients.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: All Nurses have been given clear instruction that should they be going on annual leave that must ensure that their care plans are reviewed accurately before they leave. Management will continue with ongoing audits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 17 April 2025</p>	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Infection control training now includes the importance of sanitising hands and changing of PPE between each resident at meal times. A meal time audit has been devised to monitor same. All disposable gloves for provision of intimate care are now nitrile gloves.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 39.1 Stated: Second time To be completed by: 17 April 2025	The registered person shall ensure that induction records are maintained for agency staff who work in the home. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: All nurses have been instructed on the importance of agency induction procedures and accuracy in recording of same ,this will continue to be monitored.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 17 April 2025	The registered person shall review the provision of meals for those patients who require a modified diet to ensure there is a choice of meals. Ref: 3.3.2
	Response by registered person detailing the actions taken: A selection of modified diets is now reflected on the daily menu. The cooks will continue to provide modified diets to meet residents preferences.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 17 April 2025	The registered person shall ensure that a daily menu is on display in a suitable format for patients living with dementia. The menu should reflect the meals served on any given day. Ref: 3.3.2
	Response by registered person detailing the actions taken: A designated person has been allocated for each area to check that the displayed menu is reflective of the daily menu choices

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 April 2025</p>	<p>The registered person shall ensure a programme of meaningful activities is provided for patients, including in the absence of the activity co-ordinator.</p> <p>Ref: 3.3.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 April 2025</p>	<p>Response by registered person detailing the actions taken: A new activity coordinator has been appointed and is currently completing our induction process. We have implemented a plan of activities which has been outlined for allocated staff in her absence</p> <p>The registered person shall ensure that food/fluid supplements consumed by patients are recorded as part of their food/fluid intake records.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Nurses have been instructed to record all given food supplements on the daily food and fluid charts , this will be routinely audited by Management</p>

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