

Inspection Report

2 July 2024



St Macartans

Type of service: Nursing Home
Address: 74 Main Street, Clogher, BT76 0AA
Telephone number: 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>Organisation: Kilmorey Care Ltd</p> <p>Responsible Individual: Mr Cathal O'Neill</p>	<p>Registered Manager: Mrs Veronica McElmurry - registration pending</p>
<p>Person in charge at the time of inspection: Ms Priscilla Adjamli, Deputy Manager</p>	<p>Number of registered places: 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>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 years. 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. 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 2 July 2024 from 9.10 am until 4.40 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.

It was positive to note that all areas for improvement identified at the previous care inspection had been met. 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: "Excellent care here", "Very happy and content here", "Getting well looked after" and "The staff are excellent. They (staff) are so good to us". There were no questionnaires received from patients or relatives.

Staff said that the management team were very approachable, teamwork was great and that they felt well supported in their role. Comments included: “I really enjoy working here”, “I love my job” and “Plenty of staff”. A small number of staff commented regarding a recent change in the duty rota that they were dissatisfied with. This information was shared with the management team to review and action as necessary. There was no feedback from the staff online 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 28 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that prescribed supplements and thickening agents are stored safely and securely as per the manufacturers’ instructions.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that neurological observations are consistently recorded in accordance with best practice.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	

Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management 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 and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of the training matrix evidenced that a number of training topics had not been included, such as; infection prevention and control (IPC), first aid, dysphagia and dementia. It was therefore difficult to determine if all staff had completed the necessary training. Following the inspection, written confirmation was received that the training matrix had been updated and that any staff requiring refresher training would be provided with the relevant training.

Appropriate 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 records evidenced that not all relevant pre-employment checks had been completed prior to commencing employment. For example; a number of gaps in employment were evident within one staff members file without any evidence that this had been explored. It was further identified that the staff member had not completed a health

assessment until several days after commencing employment. Details were discussed with the management team and an area for improvement was identified.

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.

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. However, this did not include ancillary staff. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Review of a sample of competency and capability assessments for the nurse in charge in the absence of the manager evidenced that these had been completed.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and whilst the food was covered on transport, desserts were not covered. Details were discussed with the management team who agreed to have this reviewed and to monitor going forward.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a larger/smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

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).

It was identified that a meal time co-ordinator had not been allocated to oversee the delivery of meals. This was discussed with the management team who confirmed that the nurse in charge is present during the delivery of meals within the dining room, and that this would be recorded on the daily allocation sheet going forward.

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.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. A number of minor discrepancies were identified and discussed with the management team who had these updated prior to the completion of the inspection.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. There was evidence that a number of areas throughout the home had been painted and redecoration works had been completed since the last inspection. The management team confirmed that redecoration works were ongoing including the replacement of identified floor coverings and furniture as required.

A number of maintenance related issues were identified requiring either repair or replacement. For example; holes were identified to the ceiling of a communal toilet and to the wall within a smoking room; a door handle required repair and the front facing cover to an electrical socket was damaged. Details were discussed with the management team and following the inspection, written confirmation was received of the action taken to address these issues.

Whilst most corridors were clear of clutter and obstruction and fire exits were maintained clear; one stairwell was obstructed with linen trolleys and a door leading to a conservatory was propped open. When brought to the attention of staff these issues were immediately addressed. The management team agreed to monitor for this type of practice during their daily walk around and to action accordingly.

The most recent fire risk assessment (FRA) completed on 27 March 2024 was not available within the home during the inspection and the management team agreed to forward this once available. Following the inspection, the FRA was received and reviewed by the RQIA estates inspector, which evidenced that any actions required were being addressed by management.

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 also in place to ensure that all staff complete at least one fire evacuation drill yearly.

Observation of staff practices and the environment evidenced that not all staff were compliant with infection prevention and control (IPC) best practice. For example; inappropriate use of personal protective equipment (PPE) by several grades of staff; a number of pedal bins had surface corrosion; there was limited availability of PPE throughout wall mounted storage units; wipes and urinal bottles were observed on top of a number of toilet cisterns and soiled linen trolleys were observed in corridor areas uncovered. These, and any other IPC findings were discussed in detail with the management team and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

During the inspection, a number of patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

An activity schedule was on display offering a range of activities such as; music, puzzles, board games and pampering sessions. One patient said: “There are plenty of activities going on to keep us occupied. Everyday something new”. Another patient said: “Plenty of things to do here”.

Patients commented positively about the food provided within the home with comments such as: “The food is great here”, “Plenty of choices” and “The food is good here”.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Veronica McElmurry is now in the role of the manager since 29 March 2024, and has submitted an application to register with RQIA.

There was a system in place to manage complaints and to record any compliments received about the home.

Review of the records relating to accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients’ next of kin, their care manager and to RQIA.

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, a time frame with a follow up to ensure that the necessary action had been taken.

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 and 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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 2 July 2024	<p>The registered person shall ensure that the infection prevention and control (IPC) issues identified during inspection are addressed with ongoing monitoring to ensure sustained compliance.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Infection control awareness training commenced and ongoing, auditing improved and issues discussed with staff.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 38.3 Stated: First time To be completed by: 2 July 2024	<p>The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • any gaps in employment are explored and explanations recorded • a pre-employment health assessment is obtained prior to commencing employment. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Administration spoken to and issues highlighted. Management to do random checks to ensure better compliance.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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