The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Our Mother of Mercy

**Provider:** Kilmorey Care Ltd

**Date of Inspection:** 3 March 2026

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

## 1.0 Service information

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| **Registered Provider:** | Kilmorey Care Ltd |
| **Responsible Individual:** | Mr Cathal O'Neill |
| **Registered Manager:** | Mrs Jacqueline Rooney |
| **Service Profile –**<br>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.<br><br>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 is comprised of single and double bedrooms. | |

## 2.0 Inspection summary

An unannounced inspection took place on 3 March 2026 from 9.25 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.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection, the six previous areas for improvement were assessed as having been addressed by the provider. One area for improvement has been 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 4.0.

## 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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: "This is a great home. It is brilliant. The food is first class and all the staff are fantastic", "I love it in here. I enjoy the company. I feel safe. I enjoy the arts and crafts" and "I am more than happy here."

Staff offered choices to patients throughout the day, which included preferences for getting up and going to bed, 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. Comments included, "My wife is getting great care. I couldn't complain about a thing."

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.

We did not receive any responses from the staff online survey within the timescale specified. Three questionnaire responses were received from relatives who all reported a high level of satisfaction with the care provided to their loved ones. Comments included, "The care in the home is first class. The staff are hardworking and give their full commitment to the residents", "The staff are very helpful in all aspects of my mum's care" and "Nice friendly staff. Everything is clean and tidy. Trustworthy staff. Their attitude is very reassuring. They are helpful and take their time."

## 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 systems in place to manage staffing.

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 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented, although records examined did not consistently evidence robust analysis or shared learning with staff. In addition, incidents were not routinely reviewed on a monthly basis. This was discussed with the manager who agreed to include further detail in their monthly audit.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were not consistently reflective of the speech and language therapists recommendations. An area for improvement was identified.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Concerns were identified in relation to the supervision of patients requiring assistance at mealtimes. It was observed that a number of patients were not appropriately supervised in keeping with their assessed needs. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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. An activity planner displayed throughout the home highlighted events such as chair yoga, exercises, music, singing, bingo, movies, board games and arts and crafts.

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, were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, examination of the management of wound care evidenced that care plans were not consistently in place to direct staff as to how to manage wounds. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care.

Examination of supplementary care records evidenced that these were generally well completed. However, gaps were noted in in a selection of repositioning records. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

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

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

However, observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. An area for improvement was stated for a second time.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

## 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.

However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight/management of care records, IPC practices, wound care and restraint.

RQIA were satisfied that management understood their role and responsibilities in terms of oversight of aforementioned areas and needed a period of time to address this area of work. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

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. 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 |
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| **Total number of Areas for Improvement** | 3* | 2 |

*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 Jacqueline Rooney, Registered 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**

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| **Area for improvement 1**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>3 March 2026 | 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.<br><br>Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement.<br><br>Ref: 2.0 and 3.3.4 |
| | **Response by registered person detailing the actions taken**:<br>Infection control training is being revisted with staff<br>Nurses have been supplied with tools to observe and record day to day mointoring of infection control measures among staff .<br>Donning and doffing and five step hand hygiene posters have been added to PPE stations.<br>An infection control Nurse lead has been appointed and is currently resoucing appropriate training to disseminate to staff.<br>New PPE stations have been assembled in dining rooms .<br>On going monitoring of practices and obsrervation charts will be overseen by Manager and Deputy Manager |
| **Area for improvement 2**<br><br>**Ref:** Regulation 16 (1)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>3 March 2026 | The registered person shall ensure that nutritional care plans are reflective of SALT recommendations.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken**:<br>All nutrional care plans have been reviewed by staff and fully meet the recomendations of the SALT team .<br>this will continue to be reviewed and monitored by the Nursing team & management |
| **Area for improvement 3**<br><br>**Ref:** Regulation 13 (1) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>3 March 2026 | The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Management have met with kitchen staff ,Nursing and care staff to ensure that the REDS folder is followed accuratley and foods are not placed in front of Pts at risk until staff member is present |

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| | to provide support. this will continue to be monitored by Nursing Staff and Management |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 21.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>3 March 2026 | The registered person shall ensure that patients receiving wound care have an individualised care plan.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Wound care reviews have been increased to identify the short falls in the provision of accurate care plans |
| **Area for improvement 2**<br><br>**Ref**: Standard 4.9<br><br>**Stated:** First time<br><br>**To be completed by:**<br>3 March 2026 | The registered person shall ensure that repositioning records are accurately maintained and completed contemporaneously.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Nurses are carrying out 6 hrly reviews of repositioning charts and any short falls are addressed immediately with staff .<br>these charts are checked daily by management team . |

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

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