The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Kilwee Care Home**

Provider: **Merit Retail Limited**

Date of Inspection: **22 September 2026**

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

1.0 Service information

Organisation/Registered Provider:	Merit Retail Limited
Responsible Individual/Responsible Person:	Ms Victoria Humphries
Registered Manager:	Ms Deborah Campbell

Service Profile –
Kilwee is a registered nursing home which provides nursing care for up to 32 patients. The home is divided over two floors. The ground floor provides care for patients with nursing needs within old age, mental health and physical disability categories.

The first floor provides care for patients with nursing dementia needs.

There is a separate registered residential care home which occupies the same site/building and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 22 September 2026, between 9.00 am and 3.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 30 August 2026 ; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.
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.
While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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. 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 spoken with said that the staff were, 'helpful and lovely' and they 'couldn't do enough for you'. They said that they had a choice of meals, they had choice in how to spend their day and when they choose to get out of bed and dressed.
Those who were unable to express their thoughts due to their diagnosis of dementia, were well presented and appeared comfortable in their bedrooms.

Relatives spoke positively about the home, staff and manager. They told us that their loved one was well looked after and the staff communicated any changes with them in a timely manner.

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 felt well supported in their role and that they were satisfied with the staffing levels. They also said that staff were responsive to their calls for assistance and there was always enough staff on duty to help them.

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

During the inspection, it was observed that not all staff were wearing name badges. The manager provided assurance that arrangements were in place to address this.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' 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. A number of positive interactions were observed between patients and staff.

It was observed that 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.

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 sample of records evidenced that the records did not always reflect all staff involved in the repositioning; the area for improvement identified at the previous inspection has been stated again.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients may require varying levels of support with eating and drinking, ranging from simple encouragement to full assistance from staff. Some patients may also require a modified diet.

During the lunchtime meal, the first-floor dining room was observed to be busy and crowded. Some patients were also being assisted with their meals in the day room.

It is important that patients are appropriately positioned and sufficiently alert when being assisted with eating and drinking, in accordance with their assessed needs and care plans, to minimise the risk of choking. RQIA identified and brought to the attention of staff instances where patients who appeared asleep or drowsy, or who appeared to be in a poor postural position for feeding, were being assisted with their meals.

The findings were discussed with the manager on the day of inspection. The manager advised that a comprehensive review of the mealtime experience would be undertaken and that staff would receive further training in safe feeding techniques, in accordance with patients' assessed needs and relevant guidance. Two areas for improvement were identified in relation to the mealtime experience.

The findings were discussed with the manager on the day of inspection and a comprehensive review of the meal time experience will be actioned accordingly. Additionally, assurances were given that staff will receive further training on safe feeding techniques in line with patients assessed needs and appropriate guidelines.

The importance of engaging with patients was well understood by the manager and staff; and the weekly programme of social events was displayed on the noticeboard advising of future events. Patients' needs were met through a range of individual and group activities such as chair exercises, movie nights, 1-1 activities, hair and nail care and rosary 'sing song'. During the inspection, there was a complimentary therapist present. Patients spoke positively of this service and commented that they looked forward to the therapist visiting the home.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. It was observed that staff were engaging patients in a meaningful way and discussing their interests with them.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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 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.

Patients care records were not held confidentially in a number of areas within the home. Details were discussed with the manager and an area for improvement has been stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were homely touches in the foyer and communal spaces. There was evidence of scuffs and marks on paint work in patient rooms, corridors, bathrooms and communal areas. In addition, carpets throughout the home required cleaning or replacement. An area for improvement has been identified.

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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Deborah Campbell has been the registered manager since 3 June 2021.

Patients, relatives and staff commented positively about the manager and the management team, describing them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

It was clear from the records examined, the management team had processes in place to monitor the quality of care and other services provided to patients.

Patients said that they knew how to report any concerns or complaints and said they were confident that the management team would address their concerns.

There was a record of compliments such as 'Thank You' cards received and shared with staff. Some comments from these included 'thank you for the care and compassion'. Also included was a poem written by a patient's family to express gratitude for the care their loved one had received during their time living in the home.

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	3*	5*

* the total number of areas for improvement includes two that have been stated for a second time, two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Deborah Campbell, 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	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated**: First time	The Registered Person shall ensure that medicines are administered as prescribed and accurate records maintained including reasons for any omissions. This area for improvement was made regarding inhaler preparations.
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 30 August 2025	The Registered Person shall ensure that there is proper supervision of patients who are inconsistent in their compliance with prescribed medication. Staff will undertake a robust MDT approach and reflect this in care records. Ref: 3.3.2
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 3 **Ref:** Regulation 19 (5) **Stated:** Second time **To be completed by:** 30 August 2025	The Registered Person shall ensure that patient records will be stored confidentially. Ref: 3.3.3
	Response by registered person detailing the actions taken: Locked cupboards have been provided on all floors to ensure the secure storage of confidential information. Unfortunately, on this occasion, the cupboard had inadvertently been left unlocked. All nursing staff have since received supervision and have been reminded of their responsibilities regarding patient confidentiality and the importance of ensuring that all confidential documentation is securely stored at all times.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time	The Registered Person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and appropriate action is taken when the temperature recorded is outside the recommended range of 2-8 °C.
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 4.10 **Stated:** Second time **To be completed by:** 30 August 2025	The Registered Person shall ensure that where two staff are required to deliver repositioning. Records will record the signature of both staff delivering the care as required. Ref: 3.3.2
	Response by registered person detailing the actions taken: A new form has been developed and uploaded onto the system. Staff have been advised to access and print the form directly from the system rather than photocopying existing copies, as photocopying was resulting in some columns being cut off, preventing staff from completing all the required information.To be monitored on Reg visit and daily walk about form

Area for improvement 3 **Ref:** Standard 12 (14) **Stated:** First time **To be completed by:** 22 September 2026	The registered person shall ensure that meal times are a calm and relaxed experience. Where patients require assistance with meals, this is given in a discreet, hurried and sensitive manner. Ref: 3.3.2
	Response by registered person detailing the actions taken: The dining room will provide a calm, welcoming and relaxed environment where our residents can enjoy their meals in comfort and dignity therefore staff will minimise unnecessary noise and distractions, encourage positive social interaction and ensure that mealtimes are not rushed. Where residents require assistance with eating and drinking, staff will provide support discreetly, sensitively and in accordance with individual care plans. Mealtime checklist will continue to be completed
Area for improvement 4 **Ref:** Standard 12 (21) **Stated:** First time **To be completed by:** 22 September 2026	The registered person shall ensure that patients are positioned correctly, and safely to avoid the risk of choking and promote enhanced enjoyment of meals. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff are to remain familiar with residents' individual care plans, including their specific positioning requirements and preferred dining locations. These preferences and instructions must be consistently respected and adhered to when supporting residents during mealtimes.
Area for improvement 5 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 22 September 2026	The registered person shall ensure that the home is decorated and maintained to an acceptable standard for the residents. This includes but is not limited to upkeep of paintwork and condition of carpet throughout the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: A refurbishment plan has been submitted to Head Office, and redecoration works within the home have already commenced.

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

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