



The Regulation and
Quality Improvement
Authority

Our Mother of Mercy
RQIA ID: 1493
1 Home Avenue
Newry
BT34 2DL

Inspector: Donna Rogan
Inspection ID: IN022082

Tel: 028 3026 2086
Email: omom@kilmoreycare.com

**Unannounced Care Inspection
of
Our Mother of Mercy**

30 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 30 March 2016 from 10.00 to 15.00.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 30 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Suni Chacko, nurse in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Peggy O'Neill	Registered Manager: Elizabeth Doran
Person in Charge of the Home at the Time of Inspection: Sunni Chacko, nurse in charge	Date Manager Registered: 04 November 2013
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), RC-I, RC-MP, RC-MP(E), NH-LD, NH-LD(E)	Number of Registered Places: 48
Number of Patients Accommodated on Day of Inspection: 46 Total 3 in hospital 11 Dementia 32 Frail Elderly	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

The purpose of this inspection was to seek assurances that the care and welfare of patients was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, April 2015. The inspection also sought to assess progress with the issues raised during and since the previous inspection.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately twenty patients and two registered nurses and four care staff.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Our Mother of Mercy Care Home was an unannounced pharmacy inspection dated 14 December 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 30 September 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (c) (i) Stated: First time	The registered manager shall ensure all relevant staff receives training in communication and palliative care.	Met
	Action taken as confirmed during the inspection: A review of the training records evidenced that staff had received training in communication and palliative care.	
Requirement 2 Ref: Regulation 15 Stated: First time	The registered manager shall ensure that all care records are updated to ensure they currently reflect the care needs of patients.	Partially Met
	Action taken as confirmed during the inspection: A new computerized system has recently been introduced to manage care plans. Staff stated that they had been trained in their use and felt they had enhanced the standard of care planning in the home. There were three care plans reviewed, they were all recorded in a timely way and following discussion with staff were reflective of patients' needs. Two supplementary care records had not been appropriately completed to reflect the care they had received. A recommendation is made that they should be monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.	

<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (c)</p> <p>Stated: First time</p>	<p>The registered manager shall ensure the identified care record is updated to reflect the patient's needs.</p> <p>The registered manager shall ensure the issues listed below are addressed as a priority:</p> <ul style="list-style-type: none"> • update the identified care record in relation to pain relief • ensure pain assessments are completed as required • ensure care plans are re-written as opposed to being added to as changes in patients' needs occur • ensure body maps in care records are the most up to date, remove records which are no longer relevant • ensure all care plans are recorded in sufficient detail in order to direct care • ensure abbreviations are not used in care records • update the identified care record in relation to wound care management in keeping with best practice • ensure the dressing regime is always recorded clearly in the care records. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The identified care record was updated following the previous inspection to reflect best practice.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered manager shall ensure that meal times are well organised at all times and that there are always sufficient staff available to assist at meal times. The registered manager is required to regularly observe the serving of meal in the Dementia unit to ensure the meal time is well organised and that patients receive their meals in a timely way.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the serving of the lunch time meal and found it to be well organised. There was good communication and there were sufficient staff available to assist with the meal. Patients spoken to stated they had enjoyed their meal and stated that the food in the home was nice. There were no concerns raised regarding the lunch time meal.</p>		

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5 Stated: First time	<p>The registered manager should assess the noise levels in the sitting room and to ensure that patients are appropriately supervised at night.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager has confirmed to the RQIA that the noise levels in the sitting room have been assessed and that staff will adjust the volume of the television or music in accordance with patient wishes. The registered manager also confirmed that the sitting rooms are regularly supervised during twilight and night time hours.</p>	Met

5.3 Infection prevention and control

There were regular audits carried out by the registered manager regarding infection prevention and control. This included a review of the environment, and the use of staff and their use of personal protective equipment (PPE). An action plan is formulated and addressed to ensure any issues identified in the audit are addressed. Records reviewed evidenced that staff have received training in the management and control of infection. Observations during the inspection evidenced that the following issues are required to be addressed:

- ensure staff where appropriate use PPE when handling soiled linen
- staff should ensure that linen trollies are used to assist in the management of soiled linen
- ensure the appropriate colour coding of cloths are used when cleaning in keeping with the home's infection policies and procedures
- ensure equipment is appropriately cleaned after use.

5.4 Environment

A review of the environment evidenced that it was being maintained in accordance with the refurbishment programme. The environment was assessed as being bright, cheerful and welcoming. It is well decorated and patients communicated that they liked their bedroom and the environment of the home. Bedrooms were observed to be decorated and maintained in accordance with the individual interests and choices of patients. Relevant aids, equipment and support were available for patients to enable choices, independence.

5.5 Meals and meal times

The lunch time meal was reviewed in both units of the home. The meal was served to patients in a timely way in accordance with their meals. There was a choice of mince steak, Irish stew, or homemade burgers served alongside mixed vegetables, mashed potatoes and gravy. For dessert there was a choice of moose and fruit or ice cream or yogurts. All patients in both units were complimentary of the food served stating that they always got a choice and could have more if requested. The meal time was being directed by the registered nursing staff. There was sufficient staff available to ensure that meals were being served in an organised manner and were served hot where appropriate.

5.6 Patient and staff views

Patients

Discussions with patients indicated that they were very happy in the home. Both verbal and non-verbal communication evidenced that patients were content and well looked after. Patients who could communicate verbally stated that they liked the staff in the home stating that they were well looked after and enjoyed staying there. There were no concerns raised by patients.

Staff

All staff on duty indicated that they were very happy working in the home. They stated that care services in the home were excellent and that it was the patients' home and where possible their choices, wishes and feeling were always prioritised. They stated that they were well trained and supported in their roles and responsibilities.

Areas for Improvement

There was one requirement made in relation to infection prevention and control as stated in 5.2. There was one recommendation made in relation to the management of supplementary care records as stated in section 5.1 previous requirements.

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Suni Chacko, nurse in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 13 (7)

Stated: First time

To be Completed by:
30 April 2016

The registered manager shall ensure that the following issues are addressed in relation to the management and control of infection:

- ensure staff where appropriate, use PPE when handling soiled linen
- staff should ensure that linen trollies are used to assist in the management of soiled linen
- ensure the appropriate colour coding of cloths are used when cleaning in keeping with the home's infection policies and procedures
- ensure equipment is appropriately cleaned after use.

Ref: Section 5.3

Response by Registered Person(s) Detailing the Actions Taken:

Staff have been instructed to use PPE gloves when handling soiled linen. Staff are to ensure there are enough linen trollies available to assist in the management of soiled linen. Domestic staff have had basic infection control training and have been instructed in the use of colour coding cloths. Domestic staff have been instructed to ensure their equipment is appropriately cleaned after use.

Recommendations

Recommendation 1

Ref: Standard 21

Stated: First time

To be Completed by:
30 April 2016

The registered person should ensure that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.

Ref: Section 5.2 Previous requirement 2

Response by Registered Person(s) Detailing the Actions Taken:

Nursing staff have been instructed to monitor supplementary care records ensuring that they are completed correctly.

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	31 May 2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address