



Unannounced Follow-up Care Inspection Report 21 February 2019



Our Mother of Mercy

Type of Service: Nursing Home
Address: 1 Home Avenue, Newry BT34 2DL
Tel No: 028 3026 2086
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Kilmorey Care Ltd Responsible Individual: Cathal O'Neill	Registered Manager: Elizabeth Doran
Person in charge at the time of inspection: Elizabeth Doran	Date manager registered: 4 November 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 48 A maximum of 13 patients in category NH-DE and maximum of 2 patients in category NH-LD/LD(E). There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 10.00 to 15.20 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- governance arrangements of quality improvement and complaints management
- nutrition and hydration
- wound care

Patients described living in the home in positive terms. Patients' comments can be found in Section 6.3. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Our Mother of Mercy which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Doran, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 21 August 2018

The most recent inspection of the home was an unannounced care inspection. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with 12 patients. In addition, the inspector met with eight staff and five patients' representatives. A poster was displayed at a staff area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 11 February 2019
- three patients' care records
- three patients' daily care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p>	Met

	<p>Action taken as confirmed during the inspection: A review of the environment and a review of auditing documentation pertaining to infection prevention and control evidenced that this area for improvement has now been met.</p>	
<p>Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time</p>	<p>The registered person shall ensure that the identified patient's care plans, in respect of nutritional assistance and dietary requirements, are kept under review to ensure that they are reflective of the patient's current assessed needs and does not contain conflicting information.</p>	Unable to validate
	<p>Action taken as confirmed during the inspection: The identified patient was no longer accommodated in the home.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 40 Stated: First time</p>	<p>The registered person shall ensure that a system is in place to ensure that registered nursing and care staff employed receive two recorded supervisions annually</p>	Met
	<p>Action taken as confirmed during the inspection: A system was in place to ensure that registered nursing staff and care staff received two recorded supervisions per year.</p>	
<p>Area for improvement 2 Ref: Standard 47 Stated: First time</p>	<p>The registered person shall ensure that safe and healthy working practices are conducted within the two identified areas in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the two identified areas evidenced that this area for improvement has now been met.</p>	

Area for improvement 3 Ref: Standard 43 Criteria (9) Stated: First time	The registered person shall ensure patient comfort in the identified area during periods of hot weather or bright sunlight.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that measures had been taken in the identified area to ensure patient comfort during periods of hot weather or bright sunlight.	
Area for improvement 4 Ref: Standard 4 Criteria (4) Stated: First time	The registered person shall ensure that recommendations made from other healthcare professionals are included within the patient's care plan. This is in relation to the identified patient's wound care plan.	Met
	Action taken as confirmed during the inspection: A review of the identified patient's care plan evidenced that this area for improvement has now been met.	

6.3 Inspection findings

Staffing

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review. A review of the staffing rota for week commencing 11 February 2019 confirmed that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Consultation with 12 patients and eight staff confirmed that they were satisfied that the staffing levels in the home met the assessed needs of patients. One relative consulted during the inspection expressed concern with the staffing levels in the home especially during the night shift. Identified concerns were passed to the registered manager for their review and action as appropriate. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff stated that they worked well together as a team; each staff member knew their role, function and responsibilities. Comments from staff included:

"Teamwork is excellent here."

"The day runs smoothly; there is an excellent continuity of staff."

"Teamwork is brilliant; we are all like one big family".

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork, continuity of staff and with the shift handover.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Nutrition and hydration

We reviewed the management of nutrition and hydration in the home. Nutritional risk assessments had been completed monthly. Nutritional care plans had been developed reflective of the assessments conducted and were reviewed regularly. There was evidence that referrals had been made appropriately to other healthcare professionals, as required, such as the dietician and/or speech and language therapist. Patients’ care records had been updated to reflect the recommendations made by the healthcare professionals. Staff confirmed that the home’s kitchen staff would be notified of any change in dietary requirements.

Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. However, it was observed within one patient’s records that the fluid intake had not been recorded consistently. The patient had a fluid target identified and required to have intake monitored. This was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

Areas of good practice were identified in relation to nutritional risk assessment and care planning.

Areas for improvement

An area for improvement was identified under standards in relation to the monitoring of fluid intake on patients at risk of dehydration.

	Regulations	Standards
Total number of areas for improvement	0	1

Wound care

A pressure risk management assessment tool, Braden assessment tool, had been recorded and reviewed appropriately within all three patients’ care records. Where a wound was identified, an initial assessment was completed and a wound care plan had been developed. The wound care plan directed the care of the wound including the dressing regime and the frequency of dressings. A recent photograph of the wound was available within the patient’s care records.

Progress with the wound was monitored through the completion of wound observation charts at the time of wound dressing. There was evidence of input from the tissue viability nurse. The tissue viability nurse's recommendations had been incorporated within the patient's wound care plan. The patient's wound had been dressed in accordance with the wound care plan. An area for improvement in this regard has now been met.

Areas of good practice

An area of good practice was identified in the management of the patient's wound.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Discussion with the registered manager and responsible individual evidenced recent improvements to the home. The external walls and communal corridors had all been recently repainted. The registered persons discussed plans for future improvements to the home. Compliance with infection prevention and control measures was well maintained. An area for improvement in this regard has now been met. Chemicals were not observed accessible to patients in any area within the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Areas of good practice

An area of good practice was identified with compliance with infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Governance arrangements of quality improvement and complaints management

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, complaints and compliments. A review of auditing records evidenced that infection prevention and control audits had been conducted regularly. Records included identified shortfalls, actions taken, persons responsible and date actions completed. Cleaning schedules had been maintained and there was evidence within the records of spot checks conducted weekly.

Care record audits had been completed online. Shortfalls within records were identified and sent to the named nurse responsible for the completion of records. The named nurse would review and action the shortfalls as required. The registered manager oversees the process of auditing in the home.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives and Trust representatives on request. Complaints were reviewed as part of this visit.

Areas of good practice

Areas of good practice were found in relation to the quality improvement on infection prevention and control and care records.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Consultation

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Our Mother of Mercy was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments to the inspector and lay assessor included:

- “It is fine here. The staff are very nice. I am very comfortable here.”
- “It’s grand. I like my room. Staff are very good.”
- “Staff are very friendly. I can lie in when I want.”
- “Food is first class.”
- “I love this place.”

Five patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Three were returned within the timeframe. The respondents indicated that they were satisfied or very satisfied with the care provision in the home.

Some patient representatives’ comments to the inspector included:

- “Everything is first class. You can place your trust in the home to care for him. Would recommend this home to anyone.”
- “My aunt is very well cared for. The staff are all very nice.”

“Would like to see more checks on the patients during the day and night. Staff are very hard to find at night. Need more staff for night time.”

“Always made to feel welcome in the home. We can come and go when we want.”

“Very happy with the care here.”

“I feel the care in the home is very good.”

Five questionnaires were returned which did not indicate if they were from patients or their relatives. Four of the five indicated that they were satisfied or very satisfied with the care provision in the home. The fifth scored three out of five that the home was delivering safe, effective and compassionate care and indicated that they were satisfied that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Comments from eight staff consulted during the inspection included:

“It’s grand here. I love it.”

“I enjoy working here. There is a nice atmosphere among staff.”

“It is brilliant. I love it here.”

“It is 100 percent working here.”

“Lovely place to work. Very happy here.”

“Absolutely adore it here.”

“This is a great place to work.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

A file containing cards and letters of compliment and thanks was maintained in the home. Some of the comments recorded included:

“We as a family appreciate all the care and attention you gave our mum. We will never forget you.”

“Thank you all for the wonderful care given to mum over the last few months. You could not have done enough in every department of the home.”

“We as a family would like to thank you and your entire team for the care of ...”

Areas of good practice

An area of good practice was identified in relation to the delivery of compassionate care resulting in patients’ appreciation of staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Doran, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that when a patient's dietary intake requires monitoring, that the fluid intake is accurately recorded and measured against the patient's fluid target. Ref: 6.3
To be completed by: 21 March 2019	Response by registered person detailing the actions taken: The Registered person will put in place a system to identify when the need for fluid intake is to be monitored and accurately recorded.

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



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