

Unannounced Care Inspection Report 22 February 2017



St Francis

Type of Service: Nursing Home
Address: 71 Charles Street, Craigavon, BT62 4BD
Tel no: 028 3835 0970
Inspector: Donna Rogan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of St Francis nursing home took place on 22 February 2017 from 10.00 to 16.00.

Two concerns were raised recently by concerned relatives via the duty desk to RQIA. The concerns related to poor staffing levels in the home. The inspector sought to seek assurances that staffing was sufficient in skill mix and numbers to meet the needs of the patients residing in the home and to assess progress with any issues raised during and since the last care inspection.

In general the issues raised by both callers were not validated, and at the time of the inspection, patients' needs were well met in a safe and professional manner. However, four recommendations were made following the inspection. The one requirement and seven recommendations made at the previous inspection dated 22 August 2016 had been validated as having been addressed. One recommendation in relation to the management of activities is carried forward to the next inspection.

There was no enforcement action taken as a result of this inspection. Refer to section 4.3 for details of the inspection findings.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

One recommendation in relation to the management of activities was not validated and is carried forward to the next inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Laura Lavery, acting manager by telephone the day following the inspection. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 22 August 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There are no current ongoing safeguarding issues being managed by the home.

2.0 Service details

Registered organisation/registered person: Mary Bernadette Breen	Registered manager: Laura Lavery (acting)
Person in charge of the home at the time of inspection: Romegen Uy, registered nurse	Date manager registered: Acting
Categories of care: NH-PH, NH-I	Number of registered places: 25

3.0 Methods/processes

Information was received by RQIA via from two anonymous callers which raised concerns in relation to the sufficiency of staffing levels in the home as stated in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations 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. As a consequence of this contact and having reviewed recently submitted staff duty rotas from the home it was agreed that an inspection would be undertaken to review the following areas in St Francis nursing home:

- the management arrangements
- staffing levels
- daily routine
- complaints
- staff views
- communication with relatives

Prior to inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since August 2016
- submitted copies of the staff duty rotas

The following records were examined during the inspection:

- duty rotas
- complaints
- communication books
- accident books/incident books
- minutes of meetings
- audits
- competency and capability assessments
- care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. There were no issues required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 August 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: Second time</p>	<p>The registered provider must ensure that when a patient is identified as being “at risk” of pressure ulceration a corresponding care plan is prepared to manage this risk and that this is kept under regular review.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of one care record with a patient identified as being “at risk” of pressure ulceration had a corresponding care plan in place to manage the risk. The care record was being regularly reviewed.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 43 Stated: First time	The registered provider should: <ul style="list-style-type: none"> • ensure the maintenance room is kept locked when not in use • ensure toilet seats are appropriately cleaned after use • ensure broken handles to wardrobes and drawers are repaired/replaced 	Met
	Action taken as confirmed during the inspection: A review of the maintenance room evidenced it was locked and was being maintained tidy. All toilet seats were observed to be appropriately cleaned. There was no broken handles on wardrobes observed.	
Recommendation 2 Ref: Standard 46 Stated: First time	The registered should: <ul style="list-style-type: none"> • ensure sluice rooms are reorganised, tidied and appropriately cleaned, as there were inappropriate items stored in this area • ensure bedpans and commode pots are appropriately cleaned and when cleaned appropriately stacked and store 	Met
	Action taken as confirmed during the inspection: Sluice rooms were observed to be organised and appropriately cleaned. There were no inappropriate items stored in this area. Bedpans and commode pots were clean and appropriately stored.	
Recommendation 3 Ref: Standard 4 Stated: First time	The registered provider should ensure that the identified care record issues are addressed in accordance with patient need.	Met
	Action taken as confirmed during the inspection: A review of the care records evidenced that the identified care records were updated following the previous inspection.	

Recommendation 4 Ref: Standard 21 Stated: First time	The registered provider should ensure entries to care records include the year of entry and the progress reports should include the outcome of care delivery.	Met
	Action taken as confirmed during the inspection: A review of the care records evidenced that entries included the year of entry. Progress reports included the outcome of care delivery.	
Recommendation 5 Ref: Standard 7 Stated: First time	The registered provider should ensure that notice boards are kept up to date with relevant information and patient personal information should not be displayed.	Met
	Action taken as confirmed during the inspection: All notice boards were observed to display appropriate and up to date information.	
Recommendation 6 Ref: Standard 11 Stated: First time	The registered provider should ensure that more formal arrangements are put in place in order to evidence activities in the home. Records should be maintained of patient participation in a more structured and meaningful way.	Not validated and carried forward to next inspection
	Action taken as confirmed during the inspection: This recommendation was not reviewed on this occasion and will be reviewed during the next care inspection.	
Recommendation 7 Ref: Standard 35 Stated: First time	The registered provider should ensure that all audits should formulate an action plan and there should be evidence of follow up of the action plans to ensure there are no outstanding issues.	Met
	Action taken as confirmed during the inspection: A review of the auditing process evidenced that action plans were formulated to address outstanding issues.	

Recommendation 8 Ref: Standard 20 Stated: First time	The registered person should ensure that care records reflect the needs and wishes of patients at the end of life, including their spiritual, religious and cultural needs, where appropriate.	Met
	Action taken as confirmed during the inspection: A review of two care records evidenced that the wishes of patients at the end of life was sought, this included their spiritual, religious and cultural needs.	

4.3 Inspection findings

4.3.1 Management arrangements

The acting home manager Ms Laura Lavery, has just recently returned to the home from a period of managing a sister home in the company. A permanent home manager has not yet been appointed for St Francis. Once this situation is rectified an application should be made for the home manager to be registered with RQIA. This process was discussed at length with Mr Cathal Breen who represented the registered person Mrs Mary Breen during the inspection visit.

There was some confusion noted by the inspector in respect of the management structure and roles and responsibilities of the senior management team. It is therefore recommended that the registered person Mrs Mary Breen, ensures that all personnel within the home have established roles and responsibilities identified in order to assist the acting home manager in the smooth operation of the nursing home. Each role should have a definitive job description alongside contractual arrangements.

The acting home manager currently works in direct patient care each morning and in a management role each afternoon. The registered person Mrs Mary Breen should continue to monitor this arrangement to ensure that the needs of the patients are fully met and that the hours dedicated to the management role are sufficient to meet the roles and responsibilities of the acting home manager.

4.3.2 Staffing levels

All staff on duty in the home informed the inspector that an additional member of care staff has recently been employed to assist in the morning routine from 09.00 to 14.00. All stated that this has assisted in assuring patients receive care in a timely way. All stated they felt that it would be more appropriate in respect of meeting the needs of patients if the additional member of staff commenced duties from 08.00 hours. This information was passed to the acting home manager who agreed to discuss the arrangement with the registered provider. The acting home manager confirmed that recent staff increases were required due to the additional numbers of patients residing in the home. It was confirmed that the acting home manager would continue to monitor the staffing levels in terms of numbers and skill mix in keeping with the dependency of the patients accommodated in the home. A recommendation is made in this regard under staffing.

A recommendation is also made that the duty rotas are prepared at least three weeks in advance to ensure forward planning and to foresee any difficulties in terms of appropriately staffing the home.

4.3.3 Daily routine

A review of the morning routine evidenced it to be well organised and all patients who wished were up, had their breakfast and had their personal needs attended to and medications received by 11.00 hours. All patients spoken with stated that they had their needs attended to in a timely way. There were no concerns expressed to the inspector by patients or their relatives/representatives. As previously stated staff stated that the additional member of staff was of great assistance during the morning routine. However, they felt that additional staff may be required during the twilight hours in the home. This was discussed with the acting home manager who agreed to review the twilight hours in the home and provide or redeploy staff as necessary. A recommendation is made in this regard under staffing.

4.3.4 Complaints

A review of the complaints record evidenced that there had been no complaints logged from 25 April 2014 to February 2017 when two complaints were registered. The acting home manager stated that she could not account for time prior to her employment in the home. However, it was agreed that a complaint is any level of dissatisfaction raised by patients, their representatives, staff or other stakeholders and all should be recorded appropriately in the home. The complaints register will then evidence and ensure transparency and allow the senior management team to ascertain any common trends which could be addressed. The acting home manager stated that all staff will be informed of this process. A recommendation is made in this regard.

4.3.5 Staff views

All staff on duty were spoken with by the inspector. All felt morale in the home had increased recently and they were satisfied with the new staffing arrangements particularly in the mornings. All stated there had been a recent staff meeting and they felt included and were kept informed of management decisions in the home. As previously stated care staff felt that the routine in the evening/twilight hours required to be reviewed in keeping with numbers and dependency in the home. Staff were also aware of the management arrangements in the home and felt that they could approach management with any issues they had. All stated that they had received adequate training for their roles and responsibilities and were knowledgeable regarding patient care.

Five members of staff returned questionnaires with the following comments:

- “very satisfied that the home is well managed”
- “very satisfied that care is compassionate”
- “very satisfied that care is safe and effective”
- “the dependency at times can be high especially toileting”
- “there are team meetings, but then no action plan”

4.3.6 Communication with relatives

During the course of the inspection the inspector spoke with eight relatives/patient representatives. All spoke highly of care in the home and commended staff regarding their work ethic and compassion.

Relatives spoken with stated that they felt they were kept well informed of their loved ones conditions. They felt staff communicated with them in relation to how their family members were and if there was any communication with allied professionals.

All relatives spoken with stated that they felt they would benefit from a meeting with management of the home as there had been many changes to the management structure and they had not been kept informed. The acting home manager agreed to arrange this in the near future. A recommendation is made in this regard.

Areas for improvement

There were four recommendations made following this inspection they relate to the management roles and responsibilities, keeping staffing under review and ensuring duty rotas are prepared in advance, the management of complaints and organising a meeting with relatives.

Number of requirements	0	Number of recommendations	4
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Lavery, acting home manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 provider 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 the nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that more formal arrangements are put in place in order to evidence activities in the home. Records should be maintained of patient participation in a more structured and meaningful way.</p> <p>Ref: Section 4.2 previous recommendations</p> <p>Response by registered provider detailing the actions taken: The activities now have a more structured plan and records are retained of resident participation.</p>
<p>Recommendation 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that all personnel within the senior management team have established roles and responsibilities identified in order to assist the acting home manager in the smooth operation of the nursing home. Each role should have a definitive job description alongside contractual arrangements.</p> <p>Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: Administrative staff are working 26 hours and 30 hours and have definitive roles. Cathal the director has sole responsibility for HR and recruitment. Manager 25 hours management and the remainder nursing hours. Each member have defined job roles to assist the manager.</p>

<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should continue to monitor the staffing levels in terms of numbers and skill mix in keeping with the dependency of the patients accommodated in the home. Numbers and skill mix should be altered accordingly.</p> <p>The dependency levels should be reviewed and adjusted accordingly during the twilight hours as discussed. Evidence of such reviews should be maintained and available for inspection.</p> <p>The registered person should continue to ensure that sufficient registered nursing hours and sufficient management hours are provided, to ensure the safe and effective delivery of care and management of the home.</p> <p>The duty rotas should be prepared at least three weeks in advance to ensure forward planning and to foresee any difficulties in terms of appropriately staffing the home.</p> <p>Ref: Section 4.3.2 and 4.3.5</p> <p>Response by registered provider detailing the actions taken: Dependency levels are monitored ongoing. Recent new measures are activities coordinator 25 hours per week and an extra carer from 9-2 each day to assist with feeding duties. Dependency levels will be monitored closely and staff adjusted accordingly. Rotas are processed now on a 3 weekly basis since the new staff have been in post.</p>
<p>Recommendation 4</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that all complaints are recorded appropriately, in order to ensure transparency and to ascertain any common trends which could be addressed. All staff should be informed of this process.</p> <p>Ref: Section 4.3.4</p> <p>Response by registered provider detailing the actions taken: All complaints have been recorded as required. All staff aware of how to document a complaint.</p>
<p>Recommendation 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should make arrangements to meet with relatives as soon as possible. A record of the meeting should be retained and available for inspection.</p> <p>Ref: Section 4.3.6</p> <p>Response by registered provider detailing the actions taken: Relatives meeting 5th April with very positive feedback from all relatives.</p>

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



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