



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 27 February 2020



St Francis Private Care Home

Type of Service: Nursing Home (NH)
**Address: 71 Charles Street, Portadown,
Craigavon, BT62 4BD**
Tel No: 028 3835 0970
Inspector: Julie Palmer

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 25 patients.

3.0 Service details

Organisation/Registered Provider: St Francis Private Care Home Ltd Responsible Individual: Cathal Breen	Registered Manager and date registered: Laura Mary Bridget Lavery 17 October 2017
Person in charge at the time of inspection: Romegen Uy – Nurse in Charge	Number of registered places: 25
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced care inspection took place on 27 February 2020 from 09.50 hours to 15.25 hours.

Following the last care and finance inspection, carried out on 3 and 8 October 2019, RQIA was concerned that staff recruitment checks carried out in the home were not sufficiently robust. A decision was taken to hold a serious concerns meeting to discuss the outcome of the inspection with Cathal Breen, Responsible Individual and Laura Lavery, Registered Manager. The meeting was held at RQIA Belfast office on 14 October 2019. During the meeting, the home's management team provided RQIA with an action plan and details of the completed and planned actions to drive improvement, to ensure that the concerns raised at the inspection were addressed.

The inspection was undertaken to ensure that the identified concerns had been effectively addressed. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing-including deployment
- recruitment
- training
- environment
- medicines management
- care records
- governance arrangements

Evidence of good practice was found in relation to staffing, the care provided, treating patients with dignity and respect, communication, listening to patients and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, infection prevent and control deficits, ensuring monthly evaluation of risk assessments and care plans, audits completed to review care records and patients' weights and ensuring notifiable events are reported to RQIA.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*3

*The total number of areas for improvement includes one under the regulations and three under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Cathal Breen, Responsible Individual, and Romegen Uy, Nurse in Charge, 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 3 & 8 October 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 3 and 8 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. As detailed previously enforcement action resulted from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 February to 1 March 2020
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patients' care records including food and fluid intake charts
- a sample of governance audits/records
- a sample of monthly monitoring reports from October 2019 onwards
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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 21 Stated: First time	The registered person shall ensure that the management of recruitment is robust and that all necessary checks and vetting is completed prior to the commencement of employment of all staff in the home.	Partially met

	<p>Action taken as confirmed during the inspection: Three recruitment files were reviewed and this evidenced that all the necessary checks and vetting had been appropriately completed for two employees. However, we observed that a required Access NI check had not been obtained for the third employee. We brought this to the attention of the responsible person and action was immediately taken to resolve this issue. This area for improvement had been partially met and will be stated for the second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 28 Stated: First time</p>	<p>The registered person shall ensure that the management of warfarin is reviewed and revised.</p> <p>Action taken as confirmed during the inspection: No patients were prescribed warfarin at the time of the inspection however we reviewed the current warfarin management policy. The policy was up to date and was reflective of current guidelines.</p>	Met
<p>Area for improvement 2 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure that the identified IPC shortfalls are addressed with repairs or replacement arranged as necessary and that equipment is stored appropriately in the home.</p> <p>Action taken as confirmed during the inspection: Review of the environment evidenced that equipment was stored appropriately. However, other identified IPC shortfalls had not been addressed. This area for improvement had been partially met and will be stated for the second time.</p>	Partially met

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that risk assessments and care plans are consistently reviewed and evaluated on at least a monthly basis.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of six patients' care records evidenced that there was inconsistent review and evaluation of risk assessments and care plans. This area for improvement had not been met and will be stated for the second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the necessary risk assessments and care plans in care records are completed within five days of admission to the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the care records for a recently admitted patient and evidenced that the necessary risk assessments and care plans had been completed within five days of the date of admission.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' weights are monitored on at least a monthly basis or more often if indicated in their care plan and an up to date record of patients' weights should be maintained within their individual care records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that patients' weights were monitored as required and an up to date record was maintained within their care record.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that audits completed to review care records and patients' weights are sufficiently robust and include an action plan to address shortfalls identified.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Audits undertaken to review care records and patients' weights were not available to view during the inspection. This area for improvement had not been met and will be stated for the second time.</p>		

6.2 Inspection findings

Staffing

We discussed the planned daily staffing levels for the home with the nurse in charge who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that they were satisfied with staffing levels and that teamwork was good; comments included:

- “Teamwork is very good.”
- “Care staff will always help out.”
- “Staffing levels are generally good.”
- “Teamwork is fantastic.”

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with told us that they were satisfied with staffing levels and felt well looked after in the home. Comments included:

- “There’s enough staff to help me.”
- “Sometimes you have a good wait to get to the toilet.”
- “On the whole it’s as good a home as I would come on.”
- “I’m generally happy enough here.”
- “I always have clean clothes every day.”
- “The food is lovely.”
- I like it okay here, it’s alright.”

Patients’ visitors spoken with expressed no concerns regarding staffing levels; they told us:

- “I always see staff in and out.”
- “Never noticed any problems.”
- “The staff are very helpful and friendly.”

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.

Patients appeared to be content and settled in their surroundings and in their interactions with staff; we observed that staff were attentive to patients’ needs and treated them with respect and kindness. Staff demonstrated how to effectively communicate with patients and patients told us that they felt listened to.

Recruitment

At the last inspection we had identified that staff recruitment checks carried out in the home were not sufficiently robust; as previously mentioned the management team had attended a meeting with RQIA and had provided us with an action plan to address deficits and drive improvement in this area.

We reviewed three staff recruitment files during the inspection. In two of the files we observed that all necessary checks had been completed prior to the commencement of employment. In the third file we observed that, whilst an enhanced criminal check had been provided by the employee, an Access NI check had not been obtained by the employer. We brought this to the attention of the responsible person, Mr Cathal Breen, who accepted that an Access NI check should have been obtained and immediately took appropriate action to ensure that this deficit was addressed. This area for improvement had been partially met and will be stated for the second time.

Following the inspection RQIA were provided with evidence that the required Access NI check had been obtained.

Training

Discussion with staff evidenced that they had not received training in deprivation of liberty safeguards (DoLS). We discussed the need for all staff to receive the appropriate level of training in this area with the responsible person who assured us that action would be taken to ensure staff were facilitated to complete the required training. Training in this area and staff awareness of DoLS will be reviewed at the next care inspection.

Environment

We looked at the home's environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, the dining room and the lounge. The home was found to be warm, clean and fresh smelling. Patients' bedrooms were personalised with items that were meaningful to them. Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed that there was no inappropriate storage of equipment in bathrooms. However, identified infection prevention and control (IPC) deficits had not been resolved. We brought these deficits to the attention of the responsible person and the nurse in charge for information and action as required. This area for improvement had been partially met and will be stated for the second time.

Patients spoken with were satisfied with the cleanliness of the environment; they told us:

- "It's lovely and clean.
- "It's clean and tidy, room cleaned every day."

Medicines management

Management of warfarin had previously been identified as an area for improvement. No patients were prescribed warfarin at the time of the inspection however we reviewed the current warfarin management policy. The policy had been reviewed, was up to date and was reflective of current guidelines. This area for improvement had been met.

Care records

We reviewed the care records for six patients and found these to contain a range of validated risk assessments which informed care planning for individual patients. There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required. However, we observed that there was inconsistent review and evaluation of risk assessments and care plans in the records reviewed; these were not all up to date. This area for improvement had not been met and will be stated for the second time.

We reviewed the care records for a recently admitted patient and evidenced that the necessary risk assessments and care plans had been completed within five days of the date of admission. This area for improvement had been met.

Review of records evidenced that patients' weights were monitored as directed in their care plan and an up to date record was maintained within their care record. This area for improvement had been met.

Supplemental records of patients' food and fluid intake were up to date as were daily records documenting the care provided.

Governance arrangements

As previously stated, although patients' weights were monitored as required, we had observed inconsistent review and evaluation of risk assessments and care plans. We observed that monthly schedules were maintained to monitor the recording of patients' weights and review of care records. However, audits undertaken to monitor and evaluate these areas and formulate an action plan were not available to view during the inspection. This area for improvement had not been met and will be stated for the second time.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of accident/incident records since the last inspection evidenced that RQIA had not received notification regarding two notifiable incidents. We brought this to the attention of the nurse in charge, discussed which events required notification to RQIA and requested that retrospective notifications be submitted. Notifiable events should be appropriately reported to RQIA in a timely manner; an area for improvement was made.

Staff told us that the manager was approachable and that they felt well supported in their role.

Areas for improvement

An additional area for improvement was identified in relation to ensuring notifiable events are reported to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	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 Cathal Breen, Responsible Individual, and, Romegen Uy, Nurse in Charge, 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 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.

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the management of recruitment is robust and that all necessary checks and vetting is completed prior to the commencement of employment of all staff in the home.</p> <p>Ref: 6.1 & 6.2</p>
---	---

Response by registered person detailing the actions taken:
All access NI checks will be received before staff can commence shadow shift.

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that ensure notifiable events are appropriately reported to RQIA in a timely manner.</p> <p>Ref: 6.2</p>
--	--

Response by registered person detailing the actions taken:
All notifiable events will be reported immediately.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that the identified IPC shortfalls are addressed with repairs or replacement arranged as necessary.</p> <p>Ref: 6.1 & 6.2</p>
---	---

Response by registered person detailing the actions taken:
All repairs to be carried out within a short time frame by the maintenance man.

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that risk assessments and care plans are consistently reviewed and evaluated on at least a monthly basis.</p> <p>Ref: 6.1 & 6.2</p>
--	---

Response by registered person detailing the actions taken:
All risk assessments and care plans will be reviewed monthly or more often as needs change.

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that audits completed to review care records and patients' weights are sufficiently robust and include an action plan to address shortfalls identified.</p> <p>Ref: 6.1 & 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All weightsd to be completed on a monthly basis unless required sooner if MUST of 2 or more when weights will be reviewed weekly.</p>
---	--

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care