

# Inspection Report

7 and 9 June 2021



## **St Francis Private Care Home Limited**

**Type of Service: Nursing Home**  
**Address: 71 Charles Street, Portadown,**  
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**Tel No: 028 3835 0970**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> St Francis Private Care Home Ltd  <b>Responsible Individual:</b> Mr Cathal Breen	<b>Registered Manager:</b> Mrs Kathleen McBride – not registered
<b>Person in charge at the time of inspection:</b> Mrs Kathleen McBride	<b>Number of registered places:</b> 25
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 14 on 7 June 2021 15 on 9 June 2021
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Nursing Home which provides nursing care for up to 25 persons. The home is divided over two floors. Patients have the use of a large communal lounge, a dining room and a garden and smoking area.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 June 2021 from 10.00 am to 2.45 pm and on 9 June 2021 from 8.30pm to 11.20pm. The inspection was carried out by care inspectors.

On 28 May 2021 RQIA were informed by the provider that the management arrangements in the home had changed, and that a new manager was appointed to start on 1 June 2021.

RQIA received information on 1 June 2021 which raised concerns in relation to staffing arrangements at night. RQIA received further information on 8 June 2021, again in relation to staffing arrangements and the provision of incontinence pads.

In response to this information RQIA decided to undertake an inspection which focused on the concerns raised, which included an out of hours inspection.

No concerns were identified in relation to planned staffing or the provision of incontinence pads. Three new areas requiring improvement were identified in relation to recruitment practices, the management of staff recruitment files, and care planning. One area for improvement on the previous quality improvement plan was not reviewed during this inspection and has been carried forward to the next inspection. Further details can be seen in the quality improvement plan in this report.

It was positive to note that patients were well looked after and staff were seen to provide care and attention to patients in a timely manner. The home was clean and warm.

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.

Comments received from patients, relatives, and staff, are included in the main body of this report.

RQIA were assured that the delivery of care in St Francis Care Home was compassionate. Improvements in the governance arrangements are required to ensure the service is safe and well led. The appointment of a new manager provided further assurances that governance issues would be addressed.

The findings of this report will provide the Registered Persons with the necessary information to improve governance, leadership, staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager and Responsible Individual were provided with details of the findings.

## 4.0 What people told us about the service

We spoke with 10 patients, three relatives and four staff. We received no completed questionnaires.

Patients told us that staff were available to them throughout the day and night, whenever they needed assistance. With specific reference to staffing at night patients said that staff were “great...always around”, “great girls”, “they are the best...anything you want, if they can get it they will”. Patients also told us that there were no issues with regards to doing what they want when they wanted, for example, two patients talked about how they like to sit up late at night and watch television, and two other patients described having unusual sleep patterns and often sleep during the day and are awake during the night. All patients said that staff accommodated these individual routines and preferences.

Relatives told us that they “couldn’t be happier” with the care and service provided and that there were “always enough staff on”.

Staff said that they were satisfied with the planned staffing arrangements and that there was always one nurse and two care assistants rostered to be on night duty. Staff acknowledged that there had been one occasion recently that resulted in staffing levels falling below planned levels at night, but said that this was a rare occurrence. Staff also said that on another occasion when a staff member was unexpectedly off, arrangements were put in place to cover that shift. Review of duty rotas confirmed this information.

Night staff reported that there had been a change in the supply of specific incontinence pads. This was reviewed during the inspection and it was concluded that while there was a sufficient amount of incontinence products in the home, some patients’ continence assessments required review. This is discussed further in section 5.2.4.

Overall staff expressed that they enjoyed working in St Francis and said that they knew the appropriate channels through which to raise any concerns they had.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to St Francis Care Home was undertaken on 9 March 2021 by care inspectors.

Areas for improvement from the last inspection on 09 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 10(1)  <b>Stated:</b> First time	The registered person shall ensure that quality assurance audits are detailed, informative and meaningful and contain an action plan where deficits have been identified.	<b>Carried forward to the next inspection</b>
	<b>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</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	The registered person must ensure that monthly monitoring reports are sufficiently detailed, informative and meaningful and include an action plan. The reports should be submitted to RQIA on a monthly basis for review until further notice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly monitoring was not completed for May 2021. This is detailed in section 5.2.5.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person must ensure that the identified wound care plan is updated to reflect the current wound care regime, is regularly reviewed to reflect any changes and that the wound care evaluation is sufficiently detailed and informative.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and this is discussed further in section 5.2.4.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person must ensure that prescribed supplements and thickening agents are safely and securely stored at all times. The identified store room should be kept locked.	<b>Met</b>
	Prescribed supplements and thickening agents were stored and secured correctly.	

## 5.2 Inspection findings

### 5.2.1 Staffing

Safe staffing starts at the point of recruitment. A sample of staff recruitment files were reviewed and there was evidence that the recruitment practices had improved since the previous inspection. The employment history for one employee was incomplete and had not been identified by the home's management team. One recruitment file could not be located at the inspection but following the inspection the responsible individual provided RQIA with proof of a completed enhanced Access NI check for this employee and gave assurances that the employee in question would not work in the home until all required recruitment records were in place. Two areas for improvement were identified to further enhance oversight of the recruitment process.

A review of records confirmed that staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) as required. There was a governance system in place to monitor staffs' registration status; however it was unclear when this was last monitored by the previous manager as no dates were recorded. This was discussed with the new manager who gave assurances that a more robust monitoring system would be implemented immediately. This will be reviewed again at the next inspection.

Duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff told us that there had been no changes to the planned staffing levels at night, with the duty rota showing one nurse and two care assistants on each night. One staff said "I've been here...years and there has always been a nurse and two carers on at night...I know sometimes something might happen like someone is sick but it's never happened when I'm on".

It was reported that on two occasions in recent weeks there had been unplanned staff absences at night. Both events happened at short notice and the home was able to demonstrate that all reasonable efforts were made to cover these shifts. Duty rotas were amended at the time to show any changes made in response to the unplanned absences. RQIA were assured that both events were managed appropriately. Following discussion with the manager and the responsible individual it was agreed that the home will notify RQIA of any changes to the planned staffing arrangements in the home.

Patients told us that there was adequate staffing at night and that they always got what they needed in a timely manner. One patient said, "I'm up most of the night...the night staff are great...always around".

Relatives spoken with did not express any concerns about staffing arrangements. One relative said “staff here are amazing”.

### **5.2.2 Environment**

A range of rooms throughout the home including patients’ bedrooms, communal rooms, and storage areas were viewed. The home was clean, warm, and free from malodour.

Fire safety measures were in place such as corridors, stairwells and fire exits being free from clutter or obstruction.

Patients’ bedrooms were clean and tidy, and personalised with items important to them. Some patients talked about or showed family photos, or pictures and items they had brought to St Francis from home.

The communal lounge and dining rooms had adequate furnishings to meet the patients’ needs. The standard of décor varied throughout the home.

Communal bathrooms were clean. Some items required repair or replacement, such as an uncovered nurse pull cord and a broken soap dispenser. This was discussed with the responsible individual and highlighted as examples of issues that should be picked up on the monthly monitoring visits or the monthly environmental audits. The manager later provided assurances that the items were addressed.

### **5.2.3 Infection Prevention and Control (IPC)**

Precautions were in place to minimise the risk of spread of infection. Signage was on display informing staff, patients and visitors of the current guidance on COVID-19. Everyone entering the home had their temperature checked and a health declaration completed for track and trace purposes.

There was a facility to carry out hand hygiene and put on the recommended Personal Protective Equipment (PPE) before proceeding further into the home. There were arrangements in place for staff entering and exiting the home and the uniform policy was adhered to.

Staff were seen to use PPE appropriately and carry out hand hygiene at key moments.

The home’s environment was found to be clean and staff told us that there was adequate cleaning and PPE supplies.

Visiting arrangements were in place and the manager had written to all patients’ next of kin to inform them of recent changes to the Department of Health (DoH) guidance. It was positive to note that this written correspondence was reflective of the new visiting pathway and offered the increased frequency of visits, included detail around handholding and the visiting of children, day trips out of the home and instructed relatives on how to make a booking to visit.

### **5.2.4 Care delivery**

All patients should receive the right care at the right time to meet their daily needs. Staff met at the beginning of each shift to discuss the needs of patients and to prioritise any specific arrangements for that day, for example, appointment or visiting arrangements.

Care records for five patients were reviewed. Patients' needs were assessed at the time of admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs.

Each patient had a Personal Emergency Evacuation Plan (PEEP) in place which instructed staff and emergency services about the level of assistance required for each person in the event of a fire.

Continence assessments were in place for patients who required the use of incontinence aids. The assessments indicated the type of incontinence product required and this was reflective of the stock available in the home. Staff said they felt that the products currently available were not sufficient to meet some patients' needs. This was discussed with the manager and it was agreed that continence assessments for all patients would be reviewed and that some educational work would be completed with staff around continence care and promotion. This will be reviewed at the next inspection.

Wound records for one patient were reviewed. While the records indicated that the wound was healing, there were inconsistencies in relation to the treatment provided and the wound assessments lacked the required level of detail. This was identified as an area for improvement and has been stated for a second time.

There was evidence of appropriate onward referral to specialist services, such as Speech and Language Therapy (SALT), dietetics, and Tissue Viability Nurse (TVN). While staff were able to demonstrate that patients received care as recommended by other professionals such as modified diets as stated by SALT, some care plans were found to not accurately reflect the recommendations made by specialist services. This was identified as an area for improvement.

### **5.2.5 Management and governance arrangements**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

The management arrangements in the home had changed since the last inspection, with the new manager Mrs Kathleen McBride taking up post on 1 June 2021. It was positive to note that the manager demonstrated a good understanding of their role and responsibilities and since commencement of the job had identified priority areas for improvement, which were reflective of RQIA findings on this and previous inspections. The manager provided RQIA with assurances on how they planned to address ongoing governance issues and implement robust auditing systems.

The responsible individual and company directors provided RQIA with assurances that the manager would be supported to conduct their role.

Part of the home's quality improvement plan required the responsible individual to submit the monthly monitoring report to RQIA on a monthly basis. No report was received for May 2021. This was discussed with the responsible individual who informed RQIA that no monthly monitoring was completed for May 2021. The responsible individual was unable to provide a rationale for this omission and this was accepted. This area for improvement is stated for a second time and the submission of this report to RQIA is to continue until further notice.



## 6.0 Conclusion

As a result of this inspection three areas for improvement were identified in respect of recruitment, management of staff recruitment records, and accuracy of care plans. Two areas for improvement which were previously identified have been stated for a second time. Details can be found in the Quality Improvement Plan included.

RQIA were satisfied that the staffing arrangements in place met the needs of patients. A review of the provision of incontinence products and patients' continence assessments and care plans indicated that there was a sufficient supply in the home, however it was acknowledged that some patients' needs may have changed and the manager agreed to review continence assessments for all patients.

Based on the inspection findings and discussions held RQIA were satisfied that this service delivers compassionate care. Compliance with the areas for improvement identified will further enhance the quality of care and service provided.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	2*

\* The total number of areas for improvement includes one which had been carried forward for review at the next inspection, one under regulations which has been stated for a second time, and one under standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kathleen McBride, Manager, and Cathal Breen, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that quality assurance audits are detailed, informative and meaningful and contain an action plan where deficits have been identified.  Ref: 2.0 & 5.1  <b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time  <b>To be completed by:</b> The fifth day of each month	The registered person must ensure that monthly monitoring reports are sufficiently detailed, informative and meaningful and include an action plan. The reports should be submitted to RQIA on a monthly basis for review until further notice.  Ref: 5.1 and 5.2.5  <b>Response by registered person detailing the actions taken:</b> Management consultant has been appointed to complete monthly monitoring report as per regulation 29. Reports will be sent to RQIA by the 5 <sup>th</sup> day of each month.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the management of recruitment is robust; that a full employment history is obtained and that satisfactory written explanations of gaps in employment are maintained.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Three Tier system in place. All pre employment checks will be checked by 3 people And any gaps in employment will be identified and explanations given
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4.6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the required records about people employed in the home are maintained and available for inspection.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> All required records of staff employed in the home will be maintained and available at all times for inspection.

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person must ensure that the identified wound care plan is updated to reflect the current wound care regime, is regularly reviewed to reflect any changes and that the wound care evaluation is sufficiently detailed and informative.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A more detailed wound care assessment has been implemented. Named nurse has completed assessment and care plan has been updated to reflect the current regime. This will be regularly reviewed and updated. Care plan Audits have been updated to include wound care assessment and care plan will reflect the current regime. Audits will be conducted monthly, outcomes identified and an action plan will be in place to address outcomes.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care plans accurately reflect recommendations made by specialist professionals, including but not limited to SALT and dietitian.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> SALT and dietician recommendations are included in all nursing assessments and care plans devised to reflect current recommendations. This will be monitored and assessed for compliance through monthly care plan audits</p>

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



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