



Unannounced Care Inspection Report 9 March 2021



St Francis Private Care Home Limited

Type of Service: Nursing Home
**Address: 71 Charles Street, Portadown,
Craigavon, BT62 4BD**
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Inspectors: Julie Palmer and Gillian Dowds

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 nursing home registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: St Francis Private Care Home Ltd Responsible Individual: Cathal Breen	Registered Manager and date registered: Laura Lavery - 17 October 2017
Person in charge at the time of inspection: Laura Lavery	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: 15

4.0 Inspection summary

An unannounced enforcement monitoring inspection took place on 9 March 2021 from 09.00 to 17.30 hours.

This inspection sought to assess the level of progress with the ongoing enforcement action and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

An unannounced care inspection was undertaken on 8 September 2020, resulting in the issue of five failure to comply (FTC) notices (FTC refs: FTC000120, FTC000121, FTC000122, FTC000123 and FTC000124).

A Notice of Proposal (NOP) to impose conditions on the home's registration was issued on 22 September 2020 as follows:

NOP000034:

1. Admissions to St Francis Care Home Limited will cease on a temporary basis until RQIA is assured that compliance with the failure to comply notices is achieved and sustained.
2. The registered person must ensure that a copy of the Regulation 29 monthly monitoring reports are shared with the home manager and RQIA within five working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

An unannounced enforcement monitoring inspection undertaken on 29 October 2020 evidenced compliance with one of the notices, FTC000121, in relation to staffing. Some progress had been made towards meeting the actions required in the remaining four notices (FTC refs: FTC000120, FTC000122, FTC000123 and FTC000124) so these were extended to the full three months available.

An unannounced enforcement monitoring inspection undertaken on 22 December 2020 evidenced that compliance had not yet been achieved in relation the four FTC notices. Due to this ongoing non-compliance with the FTC notices RQIA issued a Notice of Proposal to impose further conditions on the home's registration on 12 January 2021 as follows:

NOP000043:

- The progress toward compliance with the actions in the failure to comply notices (FTC refs: FTC000120, FTC000122, FTC000123 and FTC000124) must be specifically and clearly referenced in the Regulation 29 monthly monitoring reports submitted to RQIA.

At this inspection there was sufficient evidence of improvement to enable the conditions on the registration to be removed. This came into effect on 16 March 2021.

The following areas were examined in addition to the actions required to validate compliance with the conditions placed on the home's registration:

- staffing
- care delivery
- audits and monthly monitoring reports
- the environment
- care partners.

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	2

The findings of the inspection were discussed with Cathal Breen, responsible individual, and Laura Lavery, manager, at the conclusion of the inspection. The outcome of the enforcement decision making meeting, areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Cathal Breen via a telephone call on 10 March 2021. The timescales for completion commence from the date of inspection.

As a result of the inspection the conditions imposed on the registration were removed on 16 March 2021.

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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
- monthly monitoring reports submitted to RQIA
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with ten patients, one patient's relatives and seven staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspectors provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the on-line survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 1 to 14 March 2021
- staff training records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- a sample of quality assurance audits
- a sample of policies
- care partner risk assessment and resource file
- records of incidents/accidents
- staff recruitment checklist.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance was recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 22 December 2021.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 5 Stated: First time	<p>The registered person shall ensure that patients' human rights are protected and maintained. This is with specific reference to the Department of Health's (DOH) care partner initiative:</p> <ul style="list-style-type: none"> the care partner policy should reflect the DOH guidelines staff should be aware of the initiative and have an understanding of the care partner role care partner arrangements should be focused on individual assessments and outcomes. 	Met
	<p>Action taken as confirmed during the inspection: Review of the care partner policy, risk assessment and resource file evidenced that the manager had ensured arrangements were in place to facilitate the care partner initiative in line with DOH guidance. The manager and staff spoken with demonstrated their understanding of the care partner role and how to protect and maintain patients' human rights.</p>	

6.2 Inspection findings

FTC000120

The Nursing Homes Regulations (Northern Ireland) 2005

Fitness of workers

Regulation 21.—

(1) The registered person shall not employ a person to work at the nursing home unless –

(a) the person is fit to work at the nursing home;

(b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;

(c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.

(2) Paragraph 1 applies to a person who is employed by a person (“the employer”) other than the registered person.

(3) Paragraph 1 applies to a position in which a person may in the course of his duties have regular contact with patients at the nursing home.

(4) The registered person shall not allow a person to whom paragraph (2) applies to work at the nursing home in a position to which paragraph (3) applies, unless –

(a) the person is fit to work at the nursing home;

(b) the employer has obtained in respect of that person the information and documents specified in –

(i) paragraphs 1 to 7 of Schedule 2; and has confirmed in writing to the registered person that he has done so; and

(c) the employer is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person, and has confirmed in writing to the registered person that he is so satisfied.

(5) For the purposes of paragraphs (1) and (4), a person is not fit to work at a nursing home unless –

(a) he is of integrity and good character;

(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work;

(c) he is physically and mentally fit for the purposes of the work he is to perform at the nursing home;

(d) full and satisfactory information is available in relation to him in respect of the following matters –

(i) each of the matters specified in paragraphs 1 to 7 of Schedule 2;

(6) The registered person shall ensure that all health care professionals are covered by appropriate professional indemnity.

Action required to comply with regulations:

- at all times staff are recruited and employed in accordance with statutory legislation and that all necessary checks are carried out prior to an offer of employment being made
- Access NI enhanced checks must be completed and scrutinised effectively prior to an individual commencing employment in the home
- two written references must be obtained including one from the present or most recent employer and these are scrutinised effectively

- the registration status of any nurse seeking to be employed in the home is ascertained and any restrictions on practice explored prior to commencing employment
- a policy is in place for staff recruitment which clearly defines the roles and responsibilities of those involved in the recruitment process
- anyone involved in the recruitment process can clearly articulate these roles and responsibilities as they pertain to recruitment
- there is evidence of effective communication to ensure that any recruitment issues are dealt with or explored in a timely manner
- a robust monitoring system must be in place to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.

No new staff had been employed since the previous inspection, however, discussion with the manager and the responsible individual evidenced that the pre-employment processes had been thoroughly reviewed to ensure that all the required pre-employment checks will be completed prior to any employee commencing work in the home. The manager and the responsible individual told us that they have learnt from their previous shortcomings in this area and intend to ensure that the system is robustly and effectively employed going forward. They also acknowledged their failings with regard to communication in this area. The responsible individual told us that he is in the home most days and is therefore able to maintain daily, in person, communication with the manager. Additionally a communication book, which was introduced prior to the previous inspection, remains in effect. Both the manager and the responsible individual effectively demonstrated their understanding of the importance of having a robust pre-employment system in operation and the need for effective communication throughout the process.

Review of training records evidenced that both the manager and the responsible individual had completed the necessary training in the recruitment process. There was evidence available to demonstrate that a new recruitment policy had been implemented and that all staff had read this policy.

Sufficient evidence was available to validate compliance with this FTC notice.

FTC000122

The Nursing Homes Regulations (Northern Ireland) 2005

Records

Regulation 19.—

(5) The registered person shall ensure that information about a patient's health and treatment is handled confidentially and is only disclosed to those persons who need to be aware of that information in order to treat the patient effectively or minimise any risk of the patient harming himself or another person, or for the purpose of the proper administration of the nursing home.

Action required to comply with regulations:

The registered persons must ensure that:

- they undertake training in records management commensurate with their roles and responsibilities in the home

- they can demonstrate their understanding of the rights of patients' confidentiality, privacy and dignity with particular regard to their care records
- where there is a breach in confidentiality regarding patients they can demonstrate the arrangements in place to ensure that the appropriate agencies and next of kin, are notified
- there is a policy and procedure for the management of records detailing the arrangements for the creation, use, retention, storage, transfer and disposal of and access to those records
- staff in the home can demonstrate their understanding of this policy and are aware of the systems in place to ensure the confidentiality of patient records.

Discussion with the manager, responsible individual and staff evidenced that they were able to effectively demonstrate their understanding of the rights of patients to confidentiality, privacy and dignity with particular regard to their care records. Staff also demonstrated their knowledge of how to deal with a breach in confidentiality commensurate with their role and responsibility.

There was evidence available to demonstrate that a new policy on the management of records had been implemented and that all staff had read this policy. All staff had completed online training in General Data Protection Regulation (GDPR) prior to the previous inspection.

Sufficient evidence was available to validate compliance with this FTC notice.

FTC000123

The Nursing Homes Regulations (Northern Ireland) 2005

Further Requirements as to health and welfare

Regulation 14.—

(4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

Action required to comply with regulations:

The registered persons must:

- undertake safeguarding training commensurate with their role and function in the home
- demonstrate their understanding of the importance of safe recruitment in safeguarding patients from potential harm or abuse
- demonstrate their understanding of the importance of staff being registered with the appropriate professional body in safeguarding patients from harm or abuse.

Review of training records evidenced that all staff had undertaken relevant safeguarding training. Staff spoken with demonstrated their knowledge and understanding of safeguarding commensurate with their role and responsibilities in the home.

Discussion with the manager and responsible individual evidenced that they were able to effectively demonstrate their understanding of the importance of safe recruitment in safeguarding patients from potential harm or abuse and the importance of staff being registered with the appropriate professional body in safeguarding patients from harm or abuse. There was a system in place to monitor staffs' compliance with registration with the NMC or NISCC as required. Review of the duty rota evidenced that all staff were registered with the appropriate professional body.

The manager was able to effectively demonstrate their understanding of the adult safeguarding champion role and how to manage and report any safeguarding issues which might arise.

Sufficient evidence was available to validate compliance with this FTC notice.

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

Action required to comply with regulations:

The registered person must ensure that:

- at all times the registered manager carries on and manages the nursing home with sufficient care, competence and skill
- audits carried out to review care and other services provided in the home, are robust, identify deficits and actions required to rectify deficits in a timely manner
- there is a robust system in place to monitor recruitment practices in the home
- there is a robust system in place to monitor staffing arrangements in the home
- at all times a suitably qualified, competent and experienced person is in charge of the home
- there is evidence of a robust system to ensure effective communication between the responsible individual and the registered manager
- they both have a clear understanding of their roles and responsibilities in the day to day management of the home
- comprehensive and meaningful Regulation 29 monthly monitoring reports must be completed and submitted to RQIA on the fifth day of each month until further notice.

It was positive to note that the manager had completed the Royal College of Nursing (RCN) Leadership Programme in February 2021. The manager spoke positively about the knowledge and skills they had gained from the course and how they intended to implement this going forward in order to ensure they manage the home effectively.

Review of a sample of audits carried out evidenced that, whilst there had been improvements in this area, there was still a need for more detail to be included in order to ensure these were sufficiently robust. Please see additional areas reviewed below for further details as the required improvements will be managed through the QIP.

As previously discussed there were systems in place to monitor recruitment practices, staffing arrangements and staff registration with the appropriate professional body to ensure that all times a suitably qualified, competent and experienced person is in charge of the home. Additionally, there was evidence of a robust system in place to ensure effective communication between the responsible individual and the registered manager.

Discussion with the manager and responsible individual evidenced that they were able to effectively demonstrate their understanding of their roles and responsibilities with regard to recruitment practices, staffing, communication and the day to day management of the home.

As per the conditions placed on the home's registration the responsible individual had submitted monthly monitoring reports to RQIA as required; these had included information on progress made towards the FTC notices.

Sufficient evidence was available to validate compliance with this FTC notice.

Additional areas reviewed

Staffing

Review of the duty rota and discussion with the manager evidenced that they were consistently working the majority of their hours in a managerial capacity. The manager and responsible individual acknowledged that the previous arrangements, whereby the manager had spent several weeks working mostly in a clinical capacity on night duty, had been a failing on their part; they recognised the importance of having robust day to day managerial arrangements in place in order to ensure effective leadership and governance was maintained in the home.

Staff spoken with told us that they were satisfied with staffing levels and felt that they had adequate training to enable them to fulfil their roles and responsibilities. Staff commented positively about working in the home; they said:

- "This is a great wee home, we are a family."
- "Teamwork is great."
- "It is very homely here and we know the patients really well."

Care delivery

Patients were seen to be content and settled in their surroundings and in their dealings with staff. Staff were observed to be attentive to patients' needs, friendly and kind. Patients looked well-groomed and we could see that attention had been paid to nail and hair care.

We observed the serving of lunch and found that this was a positive and unhurried experience for patients. Staff were helpful, the food smelled appetising and was well presented. Patients were offered discreet assistance as required.

We spoke to the chef who told us that good communication was maintained with the nurses regarding patients' dietary needs and demonstrated his knowledge of modified diet consistencies and terminology. The chef was complimentary about the quality of the ingredients provided for food preparation; he said the patients enjoyed 'home cooking' and that he regularly consulted with them regarding menu choices and their likes/dislikes.

Patients spoken with told us that they were satisfied with staffing levels and that they felt well looked after; comments included:

- "Oh yes I am well looked after."
- "The food is fine."
- "The girls are very good to me."
- "They (the staff) get me anything I want."

We reviewed four patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Food and fluid records reviewed were up to date.

On review of records in relation to wound care it was positive to note that there was a low incidence of wounds occurring in the home. The nurse on duty was able to knowledgeably discuss the wound care regime of one identified patient. However, the wound care plan needed to be updated to reflect the current recommended wound dressing regime and the wound chart evaluation required more detail; an area for improvement was made.

We spoke to a relative who was in the home for a pre-arranged visit which was carried out in accordance with the current guidance in this area. The relative told us that they were very satisfied with the care provided for their relative who was happy in the home.

Audits and monthly monitoring reports

We reviewed a selection of quality assurance audits which were completed to review areas such as infection prevention and control (IPC), falls, wounds, weights, restrictive practices and hand hygiene. Whilst we observed that audits were consistently completed there was a lack of detail in some cases and action plans had not been always been completed where deficits had been identified. We discussed the need for robust and meaningful audits and action plans with the manager; an area for improvement was identified.

The responsible individual told us that they recognised monthly monitoring reports need to be sufficiently detailed and informative in order to provide an effective overview of the services and care provided in the home and that they intend to continue improving the content of these. We requested that the responsible individual continue to submit monthly monitoring reports to RQIA for review until further notice; an area for improvement was made.

The environment

The home was found to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. Minor IPC issues brought to the attention of staff were immediately resolved. Staff were observed to use personal protective equipment (PPE) in accordance with the regional guidance.

We observed that the store room in which prescribed supplements and thickening agents were located was not locked. We immediately brought this to the attention of the manager who ensured the room was locked but told us that it was generally left unlocked during the day. Supplements and thickening agents should be safely and securely stored at all times; an area for improvement was made.

The archive room was also found to be unlocked. This was discussed with the manager who explained that the room was currently unlocked on the advice of the fire service as there had been an issue with temperature control in the room. As a result they were in the process of moving archived documents to an alternative secure area within the home. We requested that the manager inform us when this process had been completed. Following the inspection the manager confirmed that all archived documents been moved from the unlocked store room to an alternative secure storage area within the home.

Care partners

The home does not yet have any care partners but the manager and staff spoken with demonstrated their understanding of the care partner initiative and how this would be put into practice as and when required. As previously mentioned in section 6.1 a care partner policy and risk assessment had been developed.

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, care delivery, the environment and use of PPE.

Areas for improvement

Areas for improvement were identified regarding an identified wound care plan, quality assurance audits, monthly monitoring reports and ensuring that the identified store room was kept locked.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Patients looked well cared for and content in their surroundings. Staff were observed to be responsive to patients' needs and to treat patients with kindness and respect.

We were pleased to observe that there had been considerable and effective progress made regarding meeting the required actions since the previous inspection. Both the manager and the responsible individual knowledgeably discussed their roles and responsibilities in respect of the day to day running of the home. As a result there was sufficient evidence of improvement to enable the conditions on the registration to be removed.

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 Laura Lavery, 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 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	
Area for improvement 1 Ref: Regulation 10(1) Stated: First time To be completed by: 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: 6.2 Response by registered person detailing the actions taken: All quality assurance audits have been reviewed and any deficits have been addressed
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: 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: 6.2 Response by registered person detailing the actions taken: A new template has been devised by the manager and was used for March. This will be ongoing and reviewed as required. As discussed with Karen we have decided to out source a consultant to advise on Reg 29 monitoring going forward. This will take effect this month.
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 4 Stated: First time To be completed by: With immediate effect	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. Ref: 6.2 Response by registered person detailing the actions taken: As we have only one wound this is reviewed every few days or as required and the correct care plans are updated and evaluated by the named nurse and audited monthly by the Manager.

Area for improvement 2	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.
Ref: Standard 30	
Stated: First time	Ref: 6.2
To be completed by: With immediate effect	Response by registered person detailing the actions taken: This room is always locked and the key is kept by the nurse in charge. As it is also the store room for continence products the carers do at times require this room to be opened to facilitate this.

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



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