

# Inspection Report

## 22 September 2021



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

**Type of Service: Nursing Home**  
**Address: 71 Charles Street, Portadown,**  
**Craigavon, BT62 4BD**  
**Tel No: 028 3835 0970**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 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> 23
<b>Brief description of the accommodation/how the service operates:</b> This home 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 22 September 2021 from 9.40 am to 5.30 pm. The inspection was carried out by two care inspectors.

The inspection assessed progress with areas for improvement identified at 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.

Patients looked well cared for and comfortable in their surroundings. Patients unable to voice their opinions were observed to be relaxed and comfortable in their interactions with staff. Patients were seen to spend their time as they wished and it was positive to see patients enjoying visits from family or trips out of the home. Patients also expressed satisfaction with the care and services provided in the home.

Staff were seen to conduct their duties in a caring manner and did not express any concerns in relation to the running of the home.

There was a pleasant atmosphere in the home during the inspection, with patients receiving visits from family and community healthcare professionals.

It was positive to note some recent improvements had been implemented by the manager, such as, patient meetings and a new continence product management system.

From the six areas for improvement identified at the last inspection five were reviewed and one was carried forward to the next inspection. From the five reviewed, four were met and one was partially met and will be stated for a second time.

Six new areas for improvement were identified in relation to mandatory training for staff, infection prevention and control measures, redecoration/refurbishment plan, undertaking actions identified from the fire risk assessment, fire safety training for staff and care records.

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

The findings of this inspection will provide the management team with the necessary information to improve governance, staff practice and 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Kathleen McBride, Manager, at the conclusion of the inspection.

## 4.0 What people told us about the service

Patients, staff and relatives spoken with commented positively about their experience of the home.

Patients expressed their satisfaction with the care and services provided within the home. Patients described staff as “great” and “the best”. Patients told us that staff were available to them when needed and that they were well looked after.

Patients said that they were happy with the environment and that they felt the home was cleaned to a good standard. Patients talked about how they see family members on a regular basis through indoor visits and some patients talked about enjoying trips out of the home to go shopping or to visit the hairdressers. Patients told us that the food was “good” and that they were happy that some suggestions made at a recent patient meeting had been taken on board by the chef.

Relatives told us that they were happy with the care and services provided in St Francis and that they felt their loved ones were well looked after. Relatives said that there was good communication from the manager and that visiting arrangements were working well.

Staff said that they felt there was enough staff on duty at each shift and acknowledged that recent recruitments had strengthened the staffing arrangements. Staff said that while sometimes staffing levels can be affected by short notice staff absences this was managed well and was usually covered by someone on the staff team. Staff said they had noted a reduction in the need for agency staff in the home.

Some staff commented that there was good communication with the manager, who was new to post within recent months. Staff described the manager as “brilliant...has really been putting things in place that we needed”.

Staff said that they were happy working in St Francis and that they understood their roles and how to raise any concerns relating to patient care or the running of the home.

No questionnaire or survey responses were received within the allocated timeframe.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 7 and 9 June 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 regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  See section 5.2.5 for more information.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> Second 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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports since the last inspection had been undertaken by a representative on behalf of the registered provider. The reports had been submitted monthly to RQIA and were found to contain detailed findings and outline an action plan for continued improvements.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>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.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The findings were that this area for improvement was partially met. This area for improvement is stated for a second time and is discussed in more detail in section 5.2.1.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the required records about people employed in the home are maintained and available for inspection.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Robust pre-employment checks are required to ensure that patients are protected as far as possible. A sample of staff recruitment files were reviewed and improvements were identified since the last inspection; notably all files reviewed contained full employment histories, Access NI checks, and details relating to reasons for leaving previous employments and explanations for any gaps in employment were available. However, two files lacked evidence of the receipt of references and another file evidenced that a reference had not been sought from the previous employer. Following the inspection the responsible individual was able to provide RQIA with the necessary evidence that references and satisfactory explanations were in place but had been filed or recorded incorrectly. RQIA were satisfied with the additional information provided but concluded that the recruitment processes within the service, while somewhat improved since the last inspection, were still not sufficiently robust to comply with regulations and to safeguard patients. This area for improvement is stated for a second time.

It is important that staff are provided with mandatory and other training relevant to working in a nursing home. There was evidence that staff were reminded when mandatory training was due. However, the system in place to monitor staff compliance with mandatory training did not clearly identify when staff had last completed practical training such as moving and handling or first aid. In addition to this, through discussions with staff, the manager, and review of records, it was identified that some staff new to their roles had not received all required mandatory training as part of their induction. An area for improvement was identified.

Review of governance records showed that nursing and care staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) as required. It was positive to note that since the previous inspection a monthly monitoring system for registration checks had been introduced.

The duty rota template had been revised by the manager since the last inspection to include full names of staff, the manager's hours, and the nurse in charge in the absence of the manager was identified. Duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager confirmed that staffing arrangements had remained stable since the last inspection and there had been no requirement to use agency staff to cover shifts. The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home.

Staff were seen to be busy, particularly during the morning routine with assisting patients to get up and dressed, serving and assisting with breakfast and the medication round, however, patients' needs were being met in a prompt and professional manner. Staff said that at peak times they can sometimes feel "pressured" but that they still "get everything done".

There was evidence of good communication between management and staff in the form of communication books, memos posted on the duty rotas, and regular staff meetings. The minutes of the most recent staff meeting conducted on 1 July 2021 were reviewed and found to be well maintained; in that there was an attendance record, agenda, what was discussed and what actions were required.

Staff said that there was good team work and that they felt supported by the manager to conduct their roles. Staff demonstrated an awareness of individual patients' needs, preferences and routines, and said that they prioritised patient wellbeing. Staff said that they were happy working in St Francis.

Relatives told us that they were satisfied with the care and services provided in the home, and praised the staff for their hard work.

Patients told us that they were content living in St Francis and said that the staff were pleasant and polite during interactions. Patients said that staff were available to them when needed and described staff as "helpful", "friendly" and "the best".

### 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable about individual patients' needs, their daily routine, wishes and preferences. Staff were seen to treat the patients with kindness and respect.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. However, the care plans for an identified patient had not been updated or evaluated following their initial admission assessment. Other records reviewed evidenced that care plans were not as reflective of patients individualised care needs as they needed to be. For example, care plans not reflecting the use of an airflow mattress, the type of hoist and size of sling required for moving and handling, choking risk assessments were not completed and no date was recorded on the patients' photographs. An area for improvement was identified.

It was positive to note that wound care records reviewed were well maintained. The recommendations of other healthcare professionals were also appropriately included in care records.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Patients' weights were regularly monitored. The food on offer looked and smelled appetising and patients said they enjoyed the food provided.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that the home was generally clean and tidy but there was notable wear and tear to identified areas. For example, the carpet to the ground floor corridor was worn and stained and identified bedrooms and dado rails throughout the home needed to be repainted. A malodour was noted in an identified bedroom and the linen store was disorganised and required more effective cleaning. In addition, a number of issues which impacted on the ability of staff to effectively clean surfaces and equipment, in accordance with IPC guidelines, were identified. For example, wooden bedframes were damaged and nurse pull cords required replacement and/or wipeable covers. An area for improvement was identified.

Discussion with the manager established that there was no redecoration/refurbishment plan in place in order to ensure that the environment was well maintained. An area for improvement was identified.



Review of the home's most recent fire risk assessment completed on 1 March 2021 evidenced that several recommendations regarding fire safety had been made. The action plan had been updated to suggest that the required actions had been completed. However, review of maintenance records and the environment did not provide sufficient evidence and reassurance that the identified actions had been completed. An area for improvement was identified. A copy of the fire risk assessment was provided to RQIA and was shared with the estates inspector for review.

Review of fire training and fire drill records evidenced that fire awareness training for staff was overdue and that fire drills were not regularly undertaken. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. The home participated in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Patients said that they were satisfied the home was kept clean and tidy and they did not raise any concerns about the environment.

#### **5.2.4 Quality of Life for Patients**

Patients looked well cared for and expressed their satisfaction with the care and services provided in the home. Patients said that they felt staff listened to them and helped to sort out any concerns or worries they might have.

Patients said that they had enough to do and enjoyed the activities provided in the home, particularly the bingo.

Staff were seen to enjoy a friendly rapport with the patients and to enable patients to make choices about how and where to spend their time.

It was positive to note that patients' meetings had been implemented to allow patients an opportunity to provide their views, opinions and suggestions on the running of the home and how this impacted them. Review of records evidenced that patients had provided suggestions regarding the food and activities and these suggestions had successfully brought about changes in these areas. The manager had also agreed to follow up on specific queries made by patients with the directors of the home.

Patients said that they felt well looked after by the staff who were helpful and friendly.

Communication had been sent to families to inform them that there was a new manager and that the visiting policy had been updated in line with the current Department of Health visiting guidance. Relatives spoken with were happy with the care provided and did not express any concerns.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Kathleen McBride has been the manager since 1 June 2021. The manager demonstrated a good understanding of her role and responsibilities and of the actions required to ensure that areas for improvement were met.

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.

Review of records evidenced that a system of auditing was in place to review various aspects of care and services provided by the home. Audits were completed to review, for example, care records, medication administration records, activities, hand hygiene and IPC measures. The audits reviewed contained action plans which were updated when the required actions had been completed. Discussion with the manager provided RQIA with assurances that she was in the process of further developing the system of auditing in place to ensure that the full range of care and services provided in the home is regularly and effectively reviewed in order to drive required improvements. This area for improvement will be carried forward for review at the next care inspection.

The manager said that no recent complaints had been received, however, it was established that there was no complaints book or other system in place to record the details of complaints. The manager agreed to implement a suitable system to ensure that complaints are managed and recorded correctly and in accordance with standards and regulations. The system in place to record and manage complaints will be reviewed at the next care inspection.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. A monthly falls analysis was completed to determine if there were any patterns or trends and if additional actions were required.

A staff supervision and appraisal schedule had been developed by the manager who was in the process of completing required staff supervisions.

Staff commented positively about the manager and the new systems she had implemented to date. Staff said the manager was supportive and approachable.

Since the last inspection monthly monitoring reports had been carried out by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports had been submitted each month as required to RQIA and were found to contain detailed findings and outline of an action plan for continued improvements.

**6.0 Quality Improvement Plan/Areas for Improvement**

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Kathleen McBride, Manager, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 10 (1)</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 quality assurance audits are detailed, informative and meaningful and contain an action plan where deficits have been identified.</p> <p>Ref: 5.1&amp; 5.2.5</p>
	<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>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 5.1 &amp; 5.2.1</p>
	<b>Response by registered person detailing the actions taken:</b> Recruitment policy has been reviewed and updated. Admin staff and director oversee recruitment and Audit tool developed for Manager to Audit recruitment documentation, to manage recruitment robustly.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (c)(i)(iii)</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 all staff are provided with a suitable range of mandatory training on induction. Required mandatory training should also be provided for all staff on a regular basis and an accurate record of training should be maintained.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> all staff are provided with online log in details for elearning on commencement into post. This is monitored on a monthly basis and any non compliance is addressed with individual members of staff. All new staff receive moving and handling training during their induction period. majority of staff have received updates on moving and handling with the remainder scheduled. First Aid training and face to face fire training to be arranged by Director. CEC training has also been identified as a resource for staff training and this will be utilised..</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall ensure that there are robust arrangements in place to minimise the risk of infection and to ensure that effective IPC measures are maintained. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Ensuring carpets and flooring are in good condition and can be effectively cleaned.</li> <li>• Carrying out required repairs and repainting of walls and dado rails.</li> <li>• Ensuring an identified malodour is investigated and resolved.</li> <li>• Linen room to be cleaned and tidied.</li> <li>• Repair or replacement of damaged bedframes.</li> <li>• Nurse call pull cords replaced and/or wipeable covers provided.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Refurbishment plan in place. Rooms identified have been painted. Bedframes have been replaced. Pull cords have been replaced with wipeable covers. Plans to replace carpets have been discussed with time frame to be confirmed.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (2)(b)(c)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>A redecoration, repair and refurbishment plan should be developed with a timescale for completion of identified actions.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Redecoration and refurbishment plan agreed with proprietor and directors. All rooms to be inspected by manager and proprietor and prioritised for redecoration/refurbishment. long term plan to refurbish/ redecorate individual rooms as they become vacant or if they are identified as priority.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>The registered person shall ensure that all requirements made on the home's fire risk assessment are actioned within the indicated timeframe and that an accurate record is maintained of the actions undertaken.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All identified requirements have been forwarded to RQIA estates.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (4)(e)(f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2022</p>	<p>The registered person shall ensure that all staff are provided with:</p> <ul style="list-style-type: none"> <li>• Mandatory on-line fire awareness training.</li> <li>• Mandatory face to face fire awareness training provided by a competent person.</li> <li>• Regular fire drills.</li> <li>• An accurate record of fire training and fire drills should be maintained.</li> </ul> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Mandatory fire training is completed by all staff via evo learning. Mandatory face to face fire awareness training to be organised as a matter of urgency by Director most recent fire drill was completed 11/11/2021. Regular fire drills will be organised and a record of fire training and fire drills will be maintained</p>

<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> First time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>The registered person shall ensure that patients' care records are kept under regular review and include relevant risk assessments and accurate, up to date care plans in order to ensure effective and appropriate care delivery is maintained.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Manager has audited all care records. An action plan has been placed at the front of each residents file for named nurse to complete identified deficits. Named nurse list has been updated and shared with staff. Action plans have been communicated via communication book</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care