



Unannounced Enforcement Monitoring Care Inspection Report 22 December 2020



St Francis Private Care Home Limited

Type of Service: Nursing Home
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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: Jibin Joseph, nurse in charge until 08.00 hours, and Laura Lavery thereafter	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: 16

4.0 Inspection summary

An unannounced enforcement monitoring inspection took place on 22 December 2020 from 07.25 to 13.15 hours.

The inspection sought to assess if compliance had been achieved with four Failure to Comply (FTC) Notices issued by RQIA to the responsible individual on 22 September 2020:

FTC Ref: FTC000120 with respect to Regulation 21
 FTC Ref: FTC000122 with respect to Regulation 19 (5)
 FTC Ref: FTC000123 with respect to Regulation 14 (4)
 FTC Ref: FTC000124 with respect to Regulation 10 (1)

A Notice of Proposal (NOP) was also issued to impose the following conditions on the home's registration:

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, the registered person 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 care inspection was undertaken on 8 September 2020, resulting in the issue of five Failure to Comply (FTC) Notices. A compliance inspection undertaken on 29 October 2020 evidenced compliance with one of the notices in relation to staffing. Some progress had been made towards meeting the actions required in the remaining four notices so these were extended to the full three months available.

At this inspection sufficient evidence was not available to determine that compliance had been achieved in relation to the four FTC notices listed above.

The following areas were examined in addition to the actions required to validate compliance with the FTC notices:

- staffing
- care delivery
- care partners

Patients spoken with during the inspection commented positively about the home and told us that they were “looked after well” and that staff were “great”.

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	0	1

The inspection resulted in one new area for improvement being identified; previous areas requiring improvement are outlined in the FTC notices. The findings of the report were discussed with Laura Lavery, manager, as part of the inspection process. The findings of the inspection were also provided to Brendan Breen, acting responsible individual, and Bernadette Breen, director, via teleconference meeting on 30 December 2020. An intention to issue a NOP meeting took place via teleconference on 7 January 2021.

Ongoing enforcement action resulted from the findings of this inspection with a further NOP issued on 12 January 2021 to impose the following condition on the home’s registration:

- 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.

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
- the returned QIP from the previous care inspection
- the FTC notices issued on 22 September 2020.

We met with seven patients and seven staff during the inspection. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. No completed questionnaires were returned to RQIA within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 14 December 2020 to 3 January 2021
- staff training records
- three staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- staff supervision and appraisal records
- a sample of quality assurance audits
- a sample of policies
- minutes of staff meetings
- manager and responsible individual communication book
- care partner resource file.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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

6.1 Review of areas for improvement from the most recent inspection

The most recent inspection of the home was an unannounced enforcement compliance care inspection undertaken on 29 October 2020.

The five FTC notices issued on 22 September 2020 were reviewed at this inspection. Evidence was available to validate compliance in relation to FTC000121. Sufficient evidence was not available to determine that compliance had been achieved in relation to the four remaining FTC notices.

A decision was made to extend the date of compliance for FTC000120, FTC000122, FTC000123 and FTC000124 to the full three month period of time with compliance to be achieved by 22 December 2020.

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.

Three staff recruitment files were reviewed and evidenced that the recruitment system was not sufficiently robust. It was acknowledged that while a new checklist system was in place for the home to monitor that all required pre-employment checks were in place prior to the employee commencing work, this system was not being properly implemented. We were not assured that the manager had full overview of the system.

The manager told us that all employees were subject to an enhanced Access NI check before stating work; however one of the records reviewed showed that an employee had commenced work in the home with a basic Access NI check in place, rather than an enhanced check. This was highlighted immediately to the manager and an enhanced Access NI check was applied for at the direction of RQIA. The Southern Health and Social Care Trust were notified. RQIA ensured that a protection plan was agreed with the manager and implemented until the enhanced check could be completed.

Management had introduced a new communication book with the view to improving communication between those involved in the recruitment process. However details in the communication records showed that in one instance, the manager had not reviewed an employee's references or Access NI prior to the employee being offered the post and given a start date. RQIA were concerned that this reflected a poor understanding of the manager's role and responsibilities in the recruitment process.

It had been agreed between RQIA and the responsible individual that those involved in the recruitment process would undertake training. On inspection, no training had been completed or arranged. Training was then organised at the direction of RQIA and the manager later confirmed that this was booked for 8 January 2021.

Review of the recruitment file for a registered nurse evidenced that the registration status of the nurse with the NMC had been checked as part of the recruitment process. However, the references obtained did not meet the criteria stated within Regulation 21 or the home's own recruitment policy.

During the inspection the responsible individual was on a period of leave and we were therefore unable to assess their understanding of their role and responsibilities in relation to recruitment.

A new recruitment policy was written, but there was no indication that this policy had been fully implemented and there was no evidence that staff had read the policy.

Sufficient evidence was not available to validate compliance with this FTC notice.

During the subsequent NOP Intention meeting on 7 January 2021, the provider offered assurances that a three tiered checking system was now in place for recruitment and selection.

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.

It was positive to note that all staff had completed online training in General Data Protection Regulation (GDPR). A new policy had also been written on management of records. However, as with the recruitment policy, there was no evidence that this policy had been fully implemented and shared with staff. In addition there were multiple versions of the policy in the home's policy file, these included two management of records and one data protection policy.

This was discussed with the manager who advised RQIA that they planned to implement one policy per week to allow staff adequate time to read and understand. RQIA were concerned that these policies had not been implemented prior to the date of the compliance inspection nor old versions appropriately archived. At the subsequent NOP Intention meeting on 12 January 2021 the provider offered assurances that all old versions of policies would be archived and the new policies would be shared with staff over the coming weeks.

A confidentiality breach was found in relation to a patient's information being shared with a third party. This was highlighted to the manager immediately, but they did not demonstrate their understanding of the seriousness of this breach nor of their responsibilities as a registered nurse in this regard. The Southern Health and Social Care Trust (SHSCT) were notified of this breach by RQIA.

Sufficient evidence was not 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.

It was positive to note that the manager and responsible individual had completed safeguarding champion training on 17 November 2020.

On discussion the manager did not demonstrate a comprehensive understanding of the adult safeguarding champion role and did not give sufficient assurance that the training had been effective of the effectiveness of the training.

A review of the Northern Ireland Social Care Council (NISCC) checks showed that one staff member's registration status was not being checked regularly with the rest of the relevant staff group. RQIA checked the public facing register and found that the staff member was properly registered. The manager later confirmed registration via the employer portal. The failing in the checking system was pointed out to the manager who stated that the employee in question had not worked in the home in recent times. A review of the duty rota indicated that the employee had worked in the home that same week. During discussion the manager did not demonstrate her understanding of the importance of having a robust checking system that captured all registered staff.

Sufficient evidence was not available to validate compliance with this FTC notice.

FTC000124

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.

As previously stated, the system in place to monitor recruitment continues to lack robustness.

The responsible individual was on a period of leave and therefore unable to complete the monthly monitoring visits, as required under regulation 29. RQIA were not satisfied that sufficient arrangements had been made to address this, nor had the home communicated with RQIA in a timely manner to agree suitable arrangements. As part of the conditions on the home's registration, the monthly monitoring reports were to be submitted to RQIA each month within 5 days of completion. RQIA had also discussed the need for the reports to contain more comprehensive and meaningful content.

RQIA received a monthly monitoring report which should have been completed in November 2020 on 7 December 2020. The visit for November had been completed by the manager on 4 December 2020. The manager advised RQIA that in the absence of the responsible individual no other person was available to complete the monthly monitoring visit and that they wished to submit this report in lieu of the November report. RQIA advised the home that it was not appropriate for the manager to conduct the monthly monitoring as this conflicted with the roles and responsibilities of the manager and that the monthly visits should take place within the relevant month. During the subsequent meeting on 30 December 2020 RQIA were informed that Bernadette Breen would conduct the monthly monitoring visits going forward or until such times as Cathal Breen resumed work as the responsible individual.

At the NOP Intention meeting on 7 January 2021, Cathal Breen indicated his intention to resume his role on 11 January 2021 and complete the monthly monitoring report.

Sufficient evidence was not available to validate compliance with this FTC notice.

Additional areas reviewed**Staffing**

Prior to the inspection concerns had been raised by RQIA and Southern Health and Social Care Trust (SHSCT) care home support team, that the manager's working hours were worked on the floor rather than in a management capacity.

It was noted that over a period of several weeks that the manager had been on night duty and was unable to fulfil managerial hours. RQIA were concerned that this arrangement, in addition to the absence of the responsible individual, resulted in a lack of leadership and governance in the home.

During the inspection the duty rotas from 14 December 2020 to 3 January 2021 were reviewed. It was noted that arrangements had been made to secure agency cover for some night duties and the manager was now scheduled to work 11 shifts over that period in a managerial capacity.

The majority of staff spoken with during the inspection said that they felt the home was adequately staffed and that they had sufficient training and resources to conduct their roles in a safe and efficient manner. One staff member expressed that they felt the manager should be allowed to work night shifts as before.

Staff spoken with were able to demonstrate a good understanding of the safeguarding and whistleblowing protocols and told us that they felt comfortable and confident enough to raise concerns if and when they arose.

Patients did not express any concerns in relation to staffing levels and told us that they receive care and attention in a timely manner.

Care Delivery

At the commencement of the inspection we observed patients in various natural stages of their morning routine, while some were up and dressed and watching TV in the lounge, some were in bed and one was in the dining room awaiting breakfast. In general, patients looked well cared for in that they looked well-groomed and comfortable in their surroundings. We noted that four patients had old and chipped nail polish on which concealed some dirt under the nails. This was highlighted and addressed immediately.

Patients spoke in positive terms in relation to the care they received in St Francis Private Care Home:

- “They look after us well.”
- “The food is nice, really good.”
- “The food is lovely...I’m happy here.”
- “The staff are great.”
- “I always enjoy my dinner, it’s lovely.”
- “I am very well looked after.”
- “They treat me well here.”
- “The girls are very good to me.”

Care Partners

On 23 September 2020 the Department of Health (DOH), in revised guidance on Covid-19 visiting in care homes, asked care homes to work towards initiating the care partner role.

During the inspection we reviewed the home’s care partner resource file. While it was positive to note that the home had a policy in place for the care partner initiative, we found that the policy content was not truly reflective of the initiative as set out by the DOH.

The home's policy made reference to 'virtual visiting' being 'preferable' and had frequency and duration limits set on the care partner role, stating 'two thirty minute time slots'. The content of the policy was akin to the visiting guidance rather than care partner guidance. On discussion with the manager there was some misunderstanding of the care partner role. RQIA advised the manager that the care partner initiative was not to be used instead of visiting but in addition to the visiting policy. The manager removed the policy and gave assurances that this would be re-written to reflect the DOH guidance. An area for improvement was identified.

Areas of good practice

Areas of good practice were identified in relation to direct care. Staff were observed to respond to patients needs in a timely manner and interactions were seen to be warm, professional and polite. The home presented as clean and staff were seen to follow Covid-19 guidance in relation to the use of personal protective equipment (PPE).

Areas for improvement

An area for improvement was identified in relation to the understanding and implementation of the DOH's care partner initiative.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Patients looked well cared for and content in their surroundings. Staff were observed to be responsive to patients' needs, professional in manner and were accommodating during the inspection.

There was insufficient evidence to show compliance with the four FTC notices. A meeting was held with RQIA, Laura Laverty, manager, Brendan Breen, director and Bernadette Breen, director via teleconference on 30 December 2020 to discuss the findings. It was agreed at that meeting that Brendan Breen would come forward as responsible individual on a temporary basis until Cathal Breen returned from leave. Arrangements were also made for Bernadette Breen to conduct the monthly monitoring visits in Cathal Breen's absence.

An area for improvement was identified in relation the care partner initiative.

Ongoing enforcement action resulted from the findings of this inspection. A NOP Intention meeting was held on 7 January 2021. At this meeting Cathal Breen attended and informed RQIA that he was returning from leave and would resume his role as responsible individual from 11 January 2021.

A NOP was issued on 12 January 2021 to impose the following condition on the home's registration:

- 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.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Laverty, 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 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 5</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2021</p>	<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. <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: St. Francis Care Home recognises the importance of human contact to health and well-being and ensures that their resident's human rights are protected and maintained. This will be facilitated through the Care Partners Program, – if there is not a COVID-19 outbreak. These details have been cascaded to all the NOK via newsletter and care Partner Leaflets from the DOH, and they have been advised to address the Manager for clarification. Therefore, the Home will facilitate visits by one person, which must meet all the criteria for Care Partner, after the proper individual assessment and outcome by our Home Manager. Care partners must previously have provided an essential element of maintaining their relative's physical and mental health, and/or provided specific support and assistance, to ensure that communication or other health and social care needs are being met due to a pre-existing condition. All Care Partners must strictly follow all the public health guidance when visiting and must not visit if they feel themselves unwell. They also need to be COVID-19 tested every week, which the Home will facilitate. Care partners will need to be designated and agree to several measures, which may be specific to the individual care home and the Home's visiting policy. There may be two designated care partners sharing this role, one at a time, across the week. It is important to recognise that the role of the Care Partner is more than visiting the resident, and therefore there are very important arrangements they will need to follow to ensure the safety of the Home itself, themselves, and their relatives: 1. Our Home Manager will undertake a Risk Assessment before they can become a Care Partner. In partnership with the Care Partner and the resident, this assessment will identify infection control risks, safety measures and training needs to ensure everyone is safe.</p>
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2. A Care Partner is required to undertake a weekly COVID-19 test to reduce the risk of transmission in the Care Home. Although testing provides some level of reassurance, all other measures to reduce the risk of transmission must also be followed, meaning the correct use of PPE and hand washing techniques. A training on donning and doffing as well as hand washing must be undertaken prior to the visit.

3. The Care Partner will be required to agree to a written contract in relation to the Care Partner arrangement, in order that expectations are clearly understood by both the Care Partner and the Care Home, to ensure safety.

4. Care Partners will be required to agree the frequency and how long each Care Partner session will be. This requires consideration of the whole Care Home. If for any reason the Care Partner is unable to attend it is important to inform the Care Home at the earliest opportunity.

5. Care Partners are required to adhere to social distancing arrangement throughout the Care Home (with exception of any tasks to support their relative), to wash hands when required and on entering and exiting the premises.

Hand sanitising stations are available and are in addition to washing the hands.

6. The Care Partner visits should be confined to the resident's own room as far as possible.

7. Care Partners must only enter and exit the Care Home through an agreed route and only meet with their relative in the designated location. If required any assistance staff will be available to help.

8. Required to wear appropriate Personal Protective Equipment (PPE) for the period they are in the Care Home. This includes safely putting and taking off (sometimes referred to as Donning & Doffing) PPE.

The Care Home will provide training on this process as above referred or it can be accessed free on

<https://youtu.be/9PCqT3aS8d8>

9. Care Partners should not bring in food or treats to the resident.

Instead, should only bring items the resident need and these should be identified to staff on arrival.

10. It is important that Care Partners look after themselves and are sure they are well enough to take on this role as being a Care Partner is rewarding, however it can be an additional pressure on them or their family, so, if possible, this role should be shared with another family member; however only one Care Partner can attend at any given session.

10. Children under 18 are not considered appropriate as Care Partners.

11. Care Partners must advise the Care Home if they have developed any signs or symptoms of COVID-19; If they feel unwell,

	<p>should not attend the Care Home, and seek further guidance if need to isolate. They will be asked to complete a questionnaire on each visit. This includes recording the temperature to provide assurance they are well.</p> <p>All St. Francis staff are now aware of the Care Partner Initiative and have read and signed they have understood the Care Partner Role by reading the Care Partner Policy.</p> <p>This Policy can be viewed on the Policy Folder, which in the meantime has been readjusted to reflect all the above recommendations.</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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