



Unannounced Care Inspection Report 8 September 2020



St Francis Private Care Home Limited

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: St Francis Private Care Home Ltd Responsible Individual: Cathal Breen	Registered Manager and date registered: Laura 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: 22

4.0 Inspection summary

An unannounced inspection took place on 8 September 2020 from 10.15 hours to 16.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

On 3 September 2020 RQIA received information from the Department of Health and Access NI which raised concerns in relation to recruitment practices in the home. This indicated that an individual had commenced work in the home prior to an emergency barred list check having been appropriately followed up. In response to this information RQIA decided to undertake an inspection.

RQIA had previously identified concerns regarding recruitment practices in the home. On 14 October 2019 RQIA held a serious concerns meeting with the registered persons to discuss these concerns. At the meeting the responsible individual provided RQIA with an action plan and assurances that the deficits would be fully addressed. During the most recent inspection, carried out on 27 February 2020, RQIA were not satisfied that the deficits in recruitment practices had been fully resolved; recruitment practices remained an area for improvement under the regulations.

The following areas were examined during the inspection:

- staff recruitment
- staffing arrangements
- care records
- care delivery

- the environment
- safeguarding arrangements
- governance and management arrangements.

During the inspection RQIA identified significant concerns regarding recruitment practices, staffing arrangements, confidentiality and record keeping, arrangements in place to prevent risk of harm to patients, governance and management arrangements and lack of effective oversight by the registered persons.

As a consequence, a meeting was held on 17 September 2020 in RQIA with the intention of issuing six Failure to Comply Notices and a Notice of Proposal to impose conditions on the home's registration under The Nursing Homes Regulations (Northern Ireland) 2005 in relation to:

- Regulation 10 (1) - relating to the management and governance arrangements
- Regulation 19 (5) - relating to confidentiality and record keeping
- Regulation 14 (4) - arrangements in place to prevent risk of harm to patients
- Regulation 20 (1) - staffing arrangements
- Regulation 21 - fitness of workers and recruitment
- Regulation 29 - oversight of responsible individual and monthly monitoring reports

The meeting was attended, via conference call, by Cathal Breen, responsible individual, and Laura Lavery, registered manager.

At the meeting the registered persons discussed the concerns which had been identified during the inspection and offered explanations as to how deficits had occurred. The registered persons informed RQIA of the actions that would be put in place to prevent a recurrence of the deficits identified.

The responsible individual assured RQIA that he had commenced completion of the Regulation 29 monthly monitoring report for September 2020 and would be completing these on a monthly basis going forward. As a result a Failure to Comply notice under Regulation 29 was not issued as intended. An area for improvement has been made.

However, during the meeting RQIA did not receive the necessary assurances required in relation to the other areas requiring improvement. RQIA were not assured that the registered persons demonstrated effective communication strategies or a clear understanding of their roles and responsibilities. It was therefore decided that five Failure to Comply Notices would be issued under Regulation 10 (1), Regulation 19 (5), Regulation 14 (4), Regulation 20 (1) and Regulation 21, with the date of compliance to be achieved by 29 October 2020.

A Notice of Proposal to impose the following conditions on the home's registration 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.

Despite enforcement action being taken, areas of good practice were identified in relation to the care provided to patients, staff displaying a warm and friendly attitude to patients and the cleanliness of the environment.

Patients told us:

- “I’m well looked after.”
- “The staff are good, no doubt about it.”

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Laura Lavery, manager, at the conclusion of the inspection. Further feedback was provided to Cathal Breen, responsible individual, via telephone on 11 September 2020. One area for improvement from the previous care inspection which was not met and two areas which were partially met have been subsumed into the relevant failure to comply notices.

Enforcement action resulted from the findings of this inspection. Five Failure to Comply notices were issued:

- FTC Ref: FTC000120 with respect to Regulation 21
- FTC Ref: FTC000121 with respect to Regulation 20 (1)
- 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 to impose conditions on the home’s registration was also issued:

NOP Ref: NOP00003

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 previous care inspection report.

During the inspection the inspector met with ten patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives, 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 staff survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 31 August to 13 September 2020
- duty rotas for weeks beginning 27 July, 10 August and 17 August 2020
- five staff recruitment and induction files
- 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 governance audits/records
- a sample of monthly quality monitoring reports
- payroll records for July and August 2020
- complaints and compliments records
- incident and accident records
- five patients' care records including food and fluid intake charts
- RQIA registration certificate.

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 care inspection undertaken on 27 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 Stated: Second time	The registered person shall ensure that the management of recruitment is robust and that all necessary checks and vetting is completed prior to the commencement of employment of all staff in the home.	Not met
	Action taken as confirmed during the inspection: Review of five staff recruitment files evidenced deficits in recruitment checks carried out. This area for improvement has been subsumed into the Failure to Comply notice regarding Regulation 21. Refer to section 6.2 for further details.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that ensure notifiable events are appropriately reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: Review of accident/incident reports evidenced that notifiable events had been reported to RQIA appropriately.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: Second time	The registered person shall ensure that the identified IPC shortfalls are addressed with repairs or replacement arranged as necessary.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that IPC shortfalls had been addressed.	

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that risk assessments and care plans are consistently reviewed and evaluated on at least a monthly basis.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records evidenced that these had been consistently reviewed on at least a monthly basis. However, there was evidence of a confidentiality breach regarding an identified care record and a lack of management oversight regarding this. This area for improvement has been subsumed into the Failure to Comply notice regarding Regulation 19 (5).</p> <p>Refer to section 6.2 for further details.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that audits completed to review care records and patients' weights are sufficiently robust and include an action plan to address shortfalls identified.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the audit completed to review patients' weights evidenced that this had been updated to include an action plan to identify actions to be taken if weight loss was recorded. Review of the audit completed to review care records evidenced that it had also been updated to include an action plan. However, a confidentiality breach in an identified care record had not been identified and therefore the audit process was not robust. This area for improvement has been subsumed into the Failure to Comply notice regarding Regulation 10(1).</p> <p>Refer to section 6.2 for further details.</p>		

6.2 Inspection findings

Staff recruitment

We reviewed recruitment and induction records for five staff including an identified registered nurse about whom the Department of Health and Access NI had raised a concern. We evidenced that, as per emergency arrangements due to the COVID-19 pandemic, in four of the five recruitment files reviewed, an Access NI emergency barred list check had been requested

and a satisfactory result received. Initial review of the recruitment file for an identified registered nurse indicated that the Access NI emergency barred list check had not returned clear and employment had not commenced as a result.

The Responsible Individual had informed Access NI that the registered nurse had commenced employment but stated that this was done in error. He told us that the offer of employment had been withdrawn once the Access NI emergency barred list check had been received.

However, further review of this recruitment file evidenced concerns regarding the references provided and sought, neither of which was from the most recent employer. Additionally, an employment gap was not explained and it appeared that conditions of practice imposed by the Nursing and Midwifery Council (NMC) on the individual's registration had not been adequately explored. Despite these issues the responsible individual confirmed that the individual had been verbally offered a position, following interview, subject to the necessary checks.

All the recruitment files reviewed contained evidence of Access NI enhanced checks having been sought. However, one identified file did not contain a health check assessment, whilst another did not contain a health check assessment or a record of induction. This was brought to the attention of the responsible individual who assured us that staff had completed the required documentation and that this would be requested from them for inclusion in the files.

From review of recruitment records and discussion with the registered persons RQIA were seriously concerned that the importance of robust and effective recruitment processes to keep patients safe from harm or abuse were not taken seriously by the registered persons. There was ineffective communication between the registered persons in relation to their roles and responsibilities in the recruitment process. A Failure to Comply notice was issued under Regulation 21.

Staffing arrangements

Staff spoken with did not raise any concerns about staffing levels in the home; they told us that teamwork was good and the manager was approachable. The manager told us that the planned daily staffing levels were subject to monthly review to ensure the assessed needs of patients were met. Staff told us:

- "I love it here."
- "I love working here, there are absolutely no problems."
- "I can go to Laura or Cathal at any time."
- "The residents are our priority."

There was a system in place to monitor staffs' registration with the NMC and NISCC. The monthly NISCC check list required review to include staff who had recently commenced employment and had yet to apply for registration; however, we evidenced that all care staff were appropriately registered or in the process of registering with NISCC.

Review of the duty rota and NMC registration of nurses in the home evidenced that a nurse, who was left in charge of the home, was not registered with the NMC; the nurse's current NMC status was pre-registered. RQIA were seriously concerned that a pre-registered nurse, who was not suitably qualified, competent and experienced, was being left in charge of the home. We immediately brought this to the attention of the manager who confirmed that the nurse was the person in charge of the home on occasions. The manager also told us that this had been

discussed with the NMC and approved but the manager was unable to evidence any correspondence with the NMC in relation to this arrangement. We advised that this was not a suitable arrangement and requested that immediate action be taken to resolve the issue.

Following the inspection the manager confirmed that staffing arrangements had been immediately reviewed and the pre-registered nurse would no longer take charge in the home.

Review of records evidenced that all other nurses employed in the home were on the current NMC register and had completed competency and capability assessments prior to appropriately taking charge.

RQIA were not satisfied that staffing arrangements were managed appropriately and in accordance with the regulations. A Failure to Comply notice was issued under Regulation 20(1).

Care records

Review of five patients' care records evidenced that these contained a range of validated risk assessments which informed care planning for patients. There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required. Daily records were maintained up to date.

The care records reviewed evidenced that regular evaluation of risk assessments and care plans had been consistently undertaken. However, we evidenced that the registered nurse, who we had been previously informed did not commence work in the home, had carried out evaluations in one identified care record. We immediately brought this to the attention of the manager who confirmed that the nurse had been in the home on at least one occasion and had been shown patients' care records but was unable to provide a satisfactory explanation as to why or how this nurse had carried out evaluations and signed their name in the care record on two different dates. This was discussed at the meeting with the Provider and we were not assured that appropriate actions had been taken in relation to this incident.

RQIA were not satisfied that patients' information was being handled appropriately and were concerned that patient confidentiality had been breached. A Failure to Comply notice was issued under Regulation 19(5).

Care delivery

Patients in the home looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We observed that staff treated patients with respect and kindness.

We could see that patients were dressed in clean, comfortable clothes and attention had been paid to hair and nail care. Staff were very responsive to patients' needs and were seen offering appropriate and timely assistance as required.

An activity schedule was in place, social distancing was employed in the lounge and dining room as far as possible; the atmosphere in the home was calm and relaxed. Staff regularly offered patients drinks and snacks and assisted with these as necessary.

Patients told us:

- “I love it here.”
- “The girls are all great.”
- “I am great, keeping well.”
- “They are never done cleaning in here.”
- “I couldn’t be better looked after.”
- “The food is right good.”
- “No complaints about the girls.”
- “The staff never quit.”

Staff were using PPE appropriately; the manager told us that they had a plentiful supply of PPE available. Staff were observed to carry out hand hygiene at appropriate intervals. A record of twice daily temperature checks for patients and staff was maintained.

The environment

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

Infection Prevention and Control (IPC) issues identified previously had been resolved with the exception of a repair to an identified bathroom floor which had been delayed due to COVID-19 restrictions on outside contractors entering care homes. The manager told us that a flooring contractor had been booked to replace flooring in three bedrooms and would also carry out the necessary repair; confirmation of this was to be provided to RQIA once completed.

The manager confirmed that enhanced cleaning was carried out in addition to the normal cleaning schedule as required; there was a schedule in place to ensure frequently touched points were regularly cleaned. The cleaning schedule was also discussed with the domestic assistant on duty who told us that there were plentiful supplies of cleaning products and PPE available.

Safeguarding arrangements

As previously stated we had reviewed recruitment records and staffing arrangements and had discussed the concerns identified with the responsible individual and the manager. We also reviewed the home’s payroll for July and August 2020 and duty rotas for the weeks in July and August during which we had evidenced that a registered nurse, who was not employed in the home, had recorded in a patient’s care record. Review of this information evidenced that the registered nurse was not included on the payroll or duty rotas. However, we were unable to confirm that the nurse had not had any direct contact with patients. Additionally, we had evidenced that a pre-registered nurse had been left in charge of the home on occasions.

The registered persons did not demonstrate an understanding as to how this placed patients at risk of harm. As a result of these findings RQIA made a referral to the Southern Care Trust (SHSCT) adult safeguarding team. RQIA were not satisfied that there were robust arrangements in place to prevent patients being placed at risk of harm or abuse. A Failure to Comply notice was issued under Regulation 14(4).

Governance and management arrangements

Review of accident/incident records evidenced that notifiable incidents had been reported to RQIA appropriately and in a timely manner with the exception of one accident. The manager had appropriately notified the relevant keyworker at the time of this accident and had attempted to notify RQIA but had experienced an issue with the portal; a retrospective notification was successfully submitted.

Review of a sample of governance records and audits and discussion with the manager evidenced that there was a lack of oversight and robust governance systems to review the quality of care and other services provided by the home. This included but was not limited to the management of recruitment to ensure the safety of patients, staffing arrangements including allowing a pre-registered nurse to take charge of the home, safeguarding arrangements, communication between the registered persons and the oversight of care records in the home.

RQIA were not satisfied that the responsible individual and the manager maintained effective oversight of the home nor did they demonstrate a clear understanding of their roles and responsibilities on inspection or at the subsequent meeting with RQIA. RQIA also identified deficits in communication between the responsible individual and the manager. A Failure to Comply notice was issued under Regulation 10(1).

Additionally, there was no evidence provided that monthly monitoring reports had been carried out by the responsible individual since February 2020. The manager stated that the responsible individual had been working remotely due to the COVID-19 pandemic and had only returned to the home in person in September 2020. While RQIA appreciated that footfall into nursing homes had to be kept to a minimum during the COVID-19 pandemic there was an expectation that alternative arrangements would be implemented. For example, use of technology to carry out remote visits and/or telephone calls to staff, patients or relatives. An area for improvement was made.

Areas of good practice

Areas of good practice were identified in relation to the care provided to patients, staff displaying a warm and friendly attitude to patients, the appropriate use of PPE and the cleanliness of the environment.

Areas for improvement

An area for improvement was identified in relation to completion of the monthly monitoring reports.

Action required to rectify the additional areas for improvement identified in relation to recruitment of staff, staffing arrangements, confidentiality and record keeping, safeguarding arrangements and governance and management arrangements, will be addressed through the five Failure to Comply notices issued rather than in a QIP. This is due to the significant and serious nature of the concerns.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

As a result of the findings of the inspection RQIA made a referral the adult safeguarding team Southern Health and Social Care Trust (SHSCT).

Five Failure to Comply Notices were issued under Regulation 10 (1), Regulation 19 (5), Regulation 14 (4), Regulation 20 (1) and Regulation 21, with the date of compliance to be achieved by 29 October 2020.

A Notice of Proposal to impose the following conditions on the home's registration 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 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.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the Quality Improvement Plan (QIP) were discussed with Laura Lavery, manager, at the conclusion of the inspection. Further feedback was provided to Cathal Breen, responsible individual, via telephone on 11 September 2020. 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 29 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that monthly monitoring reports are consistently completed. The monthly monitoring report should be meaningful, comprehensive, include the views of patients, patients' representatives and staff, detail any improvements made or required and contain an action plan. A copy of the monthly monitoring report should be submitted to RQIA within five days of completion on a monthly basis until further notice.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Comprehensive Reg 29 reports are being sent on a monthly basis ongoing.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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