

# Unannounced Care Inspection Report 21 February 2019



## St Francis Private Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 71 Charles Street, Portadown, Craigavon,  
BT62 4BD**  
**Tel No: 028 38350970**  
**Inspector: Julie Palmer**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 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

<b>Organisation/Registered Provider:</b> St Francis Private Care Home Ltd  <b>Responsible Individual:</b> Cathal Breen	<b>Registered Manager:</b> Laura Mary Bridget Lavery
<b>Person in charge at the time of inspection:</b> Laura Mary Bridget Lavery	<b>Date manager registered:</b> 17 October 2017
<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 registered places:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 09.05 to 14.55.

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.

The inspection sought to assess progress with issues identified for improvement at the previous care inspection carried out on 11 and 13 April 2018.

The following areas were examined during the inspection:

- staffing – including deployment
- environment
- governance records
- care records.

Patients said:

- “Girls are great.”
- “It’s great here, I love it.”
- “I love it here.”
- “It’s fine here but I would rather be at home.”

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
<b>Total number of areas for improvement</b>	0	*1

\*One area for improvement under the standards has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Laura Lavery, registered manager and Cathal Breen, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced follow up estate inspection undertaken on 31 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

#### 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, two patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients' questionnaires and ten patients' relatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you 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.

A poster informing visitors to the home that an inspection was being conducted was displayed in the reception area.

The following records were examined during the inspection:

- duty rotas from 11 February to 24 February 2019
- incident/accident records from 13 April 2018
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a sample of governance audits
- supervision/appraisal schedule
- safeguarding, wound care and equality and human rights policies
- risk assessments for personal protective equipment
- four patient care records including supplemental care charts
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)

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 dated 31 July 2018

The most recent inspection of the home was an unannounced follow up estate inspection.

The completed QIP was returned and approved by the estates inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 11 and 13 April 2018

Areas for improvement from the last care inspection		
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 17 (1) <b>Stated:</b> Third and final time	The registered person shall ensure that audits are completed in order to monitor and report on the quality of nursing and other services provided.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of governance audits and discussion with the registered manager confirmed this area for improvement had been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the evaluations of patient care details patients' response to planned care and reflect current best practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of care records for four patients and discussion with nursing staff evidenced evaluation was undertaken and reflected responses to planned care.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the daily routine of the home is reviewed to confirm that there is evidence of management oversight and leadership, regarding the deployment of staff and delegation of duties and assure that safe and effective care is being delivered.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the duty rota, observation of the daily routine and discussion with the registered manager and staff confirmed this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the home's policy on adult safeguarding is reflective of current regional guidance and that the home's identified adult safeguarding champion completes the necessary training.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the adult safeguarding policy evidenced it was reflective of current regional guidance. Discussion with the registered manager and review of training records confirmed the necessary training for the role of adult safeguarding champion had been undertaken.</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the annual quality report is available on an annual basis. Comments on the quality of nursing and other services provided by the home should be in evidence. The report should be available in the home at all times.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The annual quality report has been compiled and made available; relevant information was included in the report.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a system is established to monitor the registration status of care staff with their professional body, the Northern Ireland Social care Council (NISCC). The system should identify the progress of staff whose registration has not been confirmed by NISCC.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the system in place to monitor NISCC registration confirmed this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a formal supervision schedule is in place for staff no less than every six months or more frequently, as required. The schedule should evidence the completion dates of any supervision that is scheduled.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and staff and review of the supervision/appraisal schedule confirmed this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the availability and storage of personal protective equipment (PPE) is risk assessed in accordance with the needs of patients and staff working practices in respect of infection prevention and control.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of appropriate risk assessments and the environment confirmed adequate PPE was available and stored appropriately.</p>	<b>Met</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4, 8-9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patient care records are maintained in accordance with best practice guidelines, standard setting organisations and professional.</p> <p>Contemporaneous nursing records are kept of all nursing interventions and include the recommendations of other health care professionals.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care records for four patients evidenced that record keeping was contemporaneous and included the recommendations of other health care professionals where necessary.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that policies for treatment and care are evidenced based and in accordance with best practice as defined by professional bodies and statutory agencies.</p>	<p style="text-align: center;"><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was identified in relation to policies on equality and human rights and wound care. Review of the policies evidenced that these were not maintained in accordance with best practice guidelines. This area for improvement has been stated for a second time.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the registered manager has sufficient management hours to assure that services are delivered in accordance with legislative requirements, care standards and professional bodies.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and review of the duty rota confirmed the majority of her time is spent in the managerial role therefore ensuring sufficient management hours.</p>		



## 6.3 Inspection findings

### 6.3.1 Staffing Arrangements

We reviewed the registered nursing and care staff duty rotas from 11 February to 24 February 2019. Staffing levels were maintained as planned and the care delivered by the number and skill mix of staff of duty was observed to safely and effectively meet the needs of patients.

Discussion with the registered manager evidenced that processes were in place to ensure staffing levels and staff deployment met the needs of patients and that this was regularly reviewed. Review of the duty rota evidenced the manager’s hours and the capacity in which these were worked allow sufficient time for managerial duties to be completed. The registered manager confirmed she occasionally helped out on the floor with nursing duties but spent the majority of her time in the managerial role.

Staff spoken with were satisfied there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave but this happened infrequently and shifts were “covered”. The registered manager confirmed short notice leave was “covered” by bank staff.

Staff spoken with indicated they enjoyed working in the home, comments made included:

- “It’s just like a family.”
- “Great morale.”

We also sought staff opinion on staffing levels via the online survey; one response was returned and this indicated the staff member was very satisfied that care delivered was safe, effective, compassionate and well led.

Patients spoken with indicated they were well looked after by the staff and felt safe and happy living in St Francis Private Care Home. One patient commented positively on the activities provided and said “there’s knitting, bingo and a wee man singing, so plenty to do”. Two relatives spoken with indicated that they had had no problems so far although their relative had only recently moved to the home.

We also sought patient and patients’ relatives’ opinions on staffing via questionnaires; no responses were received.

#### Areas of good practice

Areas of good practice were found in relation to maintaining staffing levels in order to ensure patients’ needs were met.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.2 The Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the dining room, storage areas and sluices. The home was found to be warm, well decorated, fresh smelling and clean throughout. Bedrooms were personalised with belongings that were meaningful to the patients. Fire exits and corridors were observed to be clear of obstruction.

PPE risk assessments had been completed and PPE stations were well stocked. Hand sanitiser units were placed at appropriate areas throughout the home and staff were observed to appropriately carry out hand hygiene between patient contacts. Isolated environmental issues were brought to the attention of the registered manager and were managed on the day of inspection.

Patients spoken with were complimentary in respect of the home's environment; one patient commented that the home was "always very clean, I noticed that right from the start".

A notice board outside the dining room displayed the current weekly menu and also the rotational menus which were in use. The lounge opposite the dining room had recently been redecorated and was found to be warm, bright and welcoming with appropriate seating that was in good condition.

We observed a pleasant seating area on the first floor where patients and their relatives could sit and relax; magazines were available and two notice boards displayed useful and relevant information.

#### Areas of good practice

Areas of good practice were found in relation to staff adherence to infection prevention and control measures.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3 Governance Arrangements

Discussion with the registered manager and review of a sample of monthly audits evidenced these were completed to monitor and report on the quality of nursing and other services provided in the home.

Review of the adult safeguarding policy confirmed it was reflective of current regional guidance; the registered manager was the nominated adult safeguarding champion for the home. Review of the training record confirmed the registered manager had completed adult safeguarding champion training in June 2018. However, review of the policies on equality and human rights and wound care evidenced that these were still not reflective of current best practice guidelines and this area for improvement will be stated for the second time.

On the day of the inspection the registered manager confirmed she was in the process of compiling the annual quality report for the home and has since made a copy of this available to RQIA; the report included comments on the quality of nursing and other services provided.

We reviewed the system in place to monitor the registration status of care staff with NISCC, this evidenced that all care staff identified on the duty rota were registered with NISCC; the date of registration and expiry was recorded.

Discussion with the registered manager and staff and review of the supervision/appraisal schedule evidenced that formal supervision was undertaken at least six monthly or more often if necessary and staff had an annual appraisal.

Discussion with the registered manager and review of a sample of quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 evidenced that these were completed on a monthly basis.

**Areas of good practice**

Areas of good practice were identified in relation to completion of monthly audits and monitoring the NISCC registration status of care staff.

**Areas for improvement**

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.3.4 Care Records**

We reviewed four patient care records and supplemental care charts in relation to the management of food and fluid intake, falls risk assessment and management of restrictive practices. It was evidenced that care records contained details of the specific care requirements and were contemporaneous. There was evidence of evaluation of patients’ response to the care delivered.

Care plans were reflective of patients’ assessed needs and recommendations made by other health care professionals such as the dietician and the speech and language therapist (SALT).

Where potential restrictive practices, such as bedrails, were in use there was evidence of consultation with the patient and/or their relative; risk assessments and care plans were reflective of the assessed needs.

Supplemental care records for food and fluid intake were contemporaneous and reflected the 24 hour period.

The care records reviewed evidenced no recent falls and this was confirmed when compared to the accident records and notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager confirmed there were no wounds or recent incidences of health care acquired infections in the home.

### Areas of good practice

Areas of good practice were identified in relation to contemporaneous record keeping and evaluation of care delivered.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Laura Lavery, registered manager and Cathal Breen, responsible individual, 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 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 DHSSPS 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered person shall ensure that policies for treatment and care are evidenced based and in accordance with best practice as defined by professional bodies and statutory agencies. This area for improvement relates specifically to policies for equality and human rights and wound care.</p> <p>Ref: 6.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Both policies completed and forwarded to RQIA as requested. All policies will be reviewed on a yearly basis and changed as necessary.</p>

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



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