



The **Regulation** and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
St Francis**

17 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 17 September 2015 from 10.30 to 15.30 hours. The inspection sought to assess progress with the issues raised during and since the previous inspection.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Following the last care inspection on 2 June 2015 concerns were identified in relation to the management of “third party” bed rails and as a result of these findings an urgent actions letter was issued on the day of inspection. Following consultation with senior management at RQIA a meeting was also held at RQIA on 15 June 2015. At this meeting the registered provider outlined the actions they would take to ensure the health and welfare of patients. RQIA agreed to give the registered provider a period of time in which to implement this action plan. It was agreed that an inspection would then be carried out to monitor compliance with the legislative requirements and care standards.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	8

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered nurse in charge, Romegen Uy, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Mary Bernadette Breen	Registered Manager: See below
Person in Charge of the Home at the Time of Inspection: Ms Romegen Uy (Registered nurse in charge)	Date Manager Registered: Mrs Elsabe Mitchell - application not submitted
Categories of Care: NH-PH; NH-I There shall be a maximum of one patient accommodated within category NH-PH.	Number of Registered Places: 25
Number of Patients Accommodated on Day of Inspection: 24	Weekly Tariff at Time of Inspection: £603

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the staff nurse in charge
- discussion with patients
- discussion with staff
- observation during an inspection of the premises
- review of care records
- evaluation and feedback

During the inspection, the inspector met with six patients individually and the majority of others in groups, four care staff, one staff nurse, one ancillary staff member and one patient's visitors/representative.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the last inspection
- the returned quality improvement plan from the last care inspection
- the previous care inspection report

The following records were examined during the inspection:

- staff duty rotas from 31 August to 27 September 2015
- staff training records
- four patient care records and other patient care documentation
- a selection of policies
- guidance for staff in relation to continence care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of St Francis was an unannounced Care inspection on 2 June 2015. The completed QIP was returned and approved by the nursing inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Statutory Requirements		
<p>Requirement 1</p> <p>Ref: Regulation 18 (2) (c) (j)</p> <p>Stated: Second time</p> <p>To be Completed by: 1 September 2015</p>	<p>Furniture and equipment provided for patients must be in good working order, properly maintained and fit for purpose. The following issues must be addressed to ensure that furniture and equipment can be effectively cleaned:</p> <ul style="list-style-type: none"> worn seating in patient's bedroom in need of repair or replacement 	Partially Met
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>There were still a number of chairs in patients' bedrooms which were worn and scratched. It was noted that a number of chairs had been put beyond use whilst awaiting refurbishment. An action plan detailing the number of chairs awaiting refurbishment and the timescales for this work was to be submitted to RQIA by 24 September 2015 and was returned within the required timescale.</p> <p>This requirement has been partially met. A separate recommendation is made that this refurbishment schedule is adhered to in order to ensure that all worn seating continues to be repaired or replaced as required.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be Completed by: 1 September 2015</p>	<p>The registered provider must take measures to reduce risks to the health and safety of patient to include the following:</p> <ul style="list-style-type: none"> • Robust risk management measures must be put in place and consistently completed to ensure the health, safety and welfare of patients in relation to the use of divan beds and third party bed rails. 	<p>Met</p>
<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The majority of “third party” bed rails were examined and these were found to be well fitting, secure and maintained in accordance with the MHRA guidelines for the safe use of bed rails (2013). These guidelines were available for staff to reference. Staff spoken with were knowledgeable regarding the checks to be done and were able to demonstrate this when requested.</p> <p>There were bed rail check forms in each room for staff to complete morning and evening. These were mainly well completed but some gaps were identified in the recording. A recommendation is made in this regard.</p> <p>This requirement has been met.</p>		

Recommendations		
<p>Recommendation 1</p> <p>Ref: Standard 5.3</p> <p>Stated: Third time</p> <p>To be Completed by: 1 September 2015</p>	<p>The acting manager should frequently audit care records to ensure that nursing staff complete the following information consistently;</p> <ul style="list-style-type: none"> • the date of completion of the body map • care plans specify the pressure relieving equipment on the patients' bed and also the pressure equipment required when sitting out of bed • recorded evidence patients skin is assessed at every positional change and a record of the findings recorded 	<p>Not Met</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>There were records of care audits undertaken monthly but these were not effectively addressing issues in relation to wound care documentation. In the care records reviewed body maps were inconsistently completed and the progress of the wound could not be ascertained. The type of mattress was not specified in the care plans reviewed. There was no specific care plan to address the needs of patients identified as "at risk" of pressure ulceration. Wound care charts were not in place to enable assessment of the wound at each dressing change or to ascertain the required frequency for the dressing change.</p> <p>Repositioning charts in the home had been updated to reflect the position of the patient and the condition of their skin. Please refer to Section 5.2, recommendation 7.</p> <p>This recommendation has not been met. Given that this recommendation has been stated for a third time a requirement is made in this regard.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 19.2</p> <p>Stated: Second time</p> <p>To be Completed by: 1 August 2015</p>	<p>It is recommended that the following guidelines are readily available to staff:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN guidelines on continence care <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Continence guidelines were available for staff to reference.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 26.6</p> <p>Stated: Second time</p> <p>To be Completed by: 1 September 2015</p>	<p>The following specified policies should be completed and ratified by the responsible person:</p> <ul style="list-style-type: none"> • Stoma care <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The stoma care policy had been updated and ratified by the registered provider.</p> <p>This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.5</p> <p>Stated: Second time</p> <p>To be Completed by: 1 September 2015</p>	<p>It is recommended that the registered provider offer a structured programme of varied activities and events and enable patients to participate by providing equipment, aids and staff support.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The registered person had indicated on the returned QIP from the previous inspection that they had rostered on an extra care assistant from 2-4pm to lead activities. There was no evidence of this on an examination of the duty rota.</p> <p>Care staff spoken with confirmed that extra staff had been rostered for a few weeks but that this had not been sustained. Care assistants further complained that they had undertaken no training in activities provision.</p> <p>Patients spoken with confirmed that there were few organised activities at present.</p> <p>This recommendation had not been met and has been stated for a third and final time.</p>	<p>Not Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 19 and 32</p> <p>Stated: First time</p> <p>To be Completed by: 1 September 2015</p>	<p>The registered person should ensure that staff are supported, through training or other means, to develop their knowledge and skills in communicating effectively with patients and their representatives, including discussion regarding needs and wishes at end of life.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The majority of staff had undertaken assessed e-learning training on communicating effectively with patients.</p> <p>This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be Completed by: 1 September 2015</p>	<p>The registered person should ensure that care records reflect the needs and wishes of patients at the end of life, including their spiritual, religious and cultural needs, where appropriate.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Care records in relation to end of life care were not reviewed at this inspection and this will be carried forward for review at the next inspection.</p>	<p>Carried forward for review at the next inspection</p>
<p>Recommendation 7</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be Completed by: 1 September 2015</p>	<p>The registered persons should ensure that repositioning charts are updated to allow the condition of the patients' skin to be recorded.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The repositioning charts had been developed to include space for staff to record the condition of patients' skin. Those charts reviewed were consistently well completed.</p> <p>This recommendation has been met.</p>	<p>Met</p>

5.3 Areas Examined

5.3.1. Management of "Third Party" Bed Rails

As stated in section 5.2, the majority of "third party" bed rails were examined and found to be well-fitting, secure and maintained in accordance with MHRA guidelines on the safe use of bed rails. It was noted that special rulers were available in each room for the use of staff. Staff spoken with were also knowledgeable about the checks to be done and were able to demonstrate these. This represents a marked improvement from the last inspection.

It was noted that one patient's chart had an "X" consistently in one column of the chart relating to the height of the mattress in relation to the top of the bed rail. A satisfactory explanation was given for this variance by the staff nurse in charge. However, this was not documented in the patient's notes. It was also noted that documentation for bed rail checks was available for staff to complete for both morning and night time shifts. These were mainly well completed but a few gaps were noted in the checks. These checks should be consistently documented in order to ensure the health, safety and welfare of patients. A recommendation is made that contemporaneous records are kept of the bed rail checks and any variances and actions taken as a result are documented in the patients' care plan.

5.3.2. Comments of Patients, Patients' Representatives and Staff

Patients

Those patients spoken with raised no concerns in relation to the home and were very positive about the care and the staff in the home. All patients commented on the good quality of the food provided.

Patients' Representatives

The inspector had the opportunity to speak with one patient's representatives. They stated that they were happy with the care in the home. They had raised some minor issues with the home management in the past but these had all been well managed. They were also happy with the recent change of home manager.

Staffing and Staff Comments

The previous acting manager had resigned and another acting manager, Mrs Elsabe Mitchell had been appointed in an acting capacity. Recruitment for the post of permanent, registered manager is ongoing.

Those staff spoken with were generally content working in the home and all stated that they worked well as a team. They raised no concerns about the recent change in management.

An examination of the duty rota found that one care assistant was scheduled to work on 21 September from 07.45 to 14.00 hours and also scheduled to work a night shift on that same day. This is required to be urgently reviewed as staff working excessively long hours may become overtired and less able to provide the high standard of care expected. A recommendation is made that the number and ratio of staff on duty at all times meets the care needs of the patients and ensure that staff are not working excessive hours which may be detrimental to the quality of the care provided to patients.

In addition, it was noted that the manager was covering night duty for three nights on week commencing 14 September 2015 and was also scheduled to work 07.45 to 20.00 hours on Saturday 20 September 2015. This was concerning in that the manager must have sufficient hours spent on management duties to ensure continued oversight and governance of the home. A recommendation was made that the nurse manager's hours worked are included on the duty rota and identified as either management hours or hours worked on the floor.

5.3.3 Environment

The home was generally well presented to a good standard of hygiene. A previous requirement in relation to worn seating was partially met and a recommendation was made that planned refurbishment work is completed. It was noted however, that denture pots in shared rooms were not clean or appropriately labelled increasing the risk of cross infection. A recommendation is made in this regard.

It was further noted that a wound dressing was being carried out in the hairdressing room. This would not be in accordance with good practice in infection prevention and control. A recommendation is made that an appropriate alternative location is identified for wound dressings to be carried out in a safe manner.

5.3.4 Transport of Patient

An altercation was observed between the nurse in charge and ambulance staff in relation to the unaccompanied transport of a patient for a planned, out-patient appointment. An examination of the care records could not ascertain that the arrangements had been appropriately clarified or documented. The wishes of the patient in this matter had also not been recorded. At the direction of the inspector the nurse in charge clarified any issues with the receiving hospital staff via telephone that day. The care plan in relation to this patient was to be updated to reflect the current arrangements and the expressed wishes of the patient and the care plan kept under daily review. Confirmation of the care plan review was to be forwarded to RQIA by 24 September 2015 and this was submitted within the required timeframe.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Romegen Uy, registered nurse in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 17 November 2015</p>	<p>The registered person must ensure that when a patient is identified as being "at risk" of pressure ulceration a corresponding care plan is prepared to manage this risk and that this is kept under regular review.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All Registered nurses have been informed regarding the importance of accurate documentation of residents assessed of being at risk of developing pressure sore.</p> <p>A plan of care, considering all aspects of pre disposing factors will be in place and the implementation thereof be known to all Staff.</p> <p>Risk assessment and careplans are reviewed monthly and as circumstances change.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.5</p> <p>Stated: Third and final time</p> <p>To be Completed by: 17 November 2015</p>	<p>It is recommended that the registered provider offer a structured programme of varied activities and events and enable patients to participate by providing equipment, aids and staff support.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: At a meeting with Care Staff, some care assistants volunteered to conduct activities whilst others are willing to remain on duty in order to provide stimuli to residents.</p> <p>The Acting Manager will provide support in setting up a programme and introduce the manual as set out by the Occupational Therapists.</p> <p>A survey will be conducted to establish residents interests.</p> <p>Staff will take stock of what equipments in available and what required to be purchased.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person should ensure that a planned refurbishment programme for the repair/replacement of worn seating is continued to ensure that this meets the required standard.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Refurbishment is an on going programme. At present, eight high back</p>

	<p>chairs has been recovered. Metal legs of eight chairs have been repainted.</p> <p>The maintenance person is in the process of restraining scuffed wardrobe doors.</p>
<p>Recommendation 3</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be Completed by: 17 November 2015</p>	<p>Carried forward until the next inspection</p> <p>The registered person should ensure that care records reflect the needs and wishes of patients at the end of life, including their spiritual, religious and cultural needs, where appropriate.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Preferences of patients and their relatives at end of life is a delicate matter and is discussed in a sensitive manner and requires regular review in accordance to health status changes.</p> <p>Registered Nurses made aware to ensure decisions are documented in care records.</p>

<p>Recommendation 4</p> <p>Ref: Standard 4 Criterion 9</p> <p>Stated: First time</p> <p>To be Completed by: 17 October 2015</p>	<p>The registered provider should ensure that contemporaneous nursing records are kept in relation to the recording of "third party" bed rail checks and that any variances and the actions taken as a result are documented in the care plan.</p> <p>Ref: Sections 5.2 and 5.3.1</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: A care plan is in place for all residents whom requires the use of bedrails.</p> <p>"Third party" bedrails are checked each morning and each night and findings documented by care staff.</p> <p>The maintenance person also check these bedrails are in good working order on a weekly basis.</p>
<p>Recommendation 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered provider should ensure that the number and ratio of staff on duty at all times meets the care needs of the patients and ensure that staff are not working excessive hours which may be detrimental to the quality of the care provided to patients.</p> <p>Ref: Section 5.3.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff recruitment is ongoing as the need arises.</p> <p>Care staff recruited recently - One full time care assistant Two part time care assistants One care assistant to do relief domestic, laundry and care work.</p> <p>Therefore staff will now be requested to fill in extra hours during unexpected absence of scheduled staff only.</p> <p>Number and ratio of staff do meet requirements.</p> <p>Recruitment of Registered Nurses have been unsuccessful despite on going advertisement.</p>
<p>Recommendation 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered provider should ensure that the manager has sufficient hours to carry out management duties and that the rota clearly identifies hours worked on the floor and hours worked on management duties.</p> <p>Ref: Section 5.3.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The Acting Nurse Manager needs to perform Staff Nurse duties during staff sickness or annual leave allocations to ensure ratio of staff meet the care needs.</p> <p>This reflects on the duty rota.</p>
<p>Recommendation 7</p>	<p>The registered person should ensure that denture pots in shared rooms</p>

Ref: Standard 46 Stated: First time	are labelled and kept clean in accordance with good practice in infection prevention and control. Ref: Section 5.3.3
To be Completed by: From the date of inspection	Response by Registered Person(s) Detailing the Actions Taken: Oral hygiene and care of dentures have been discussed with care staff. Denture containers in shared rooms are clearly labelled.

Recommendation 8	The registered person should ensure that an appropriate location is identified in which wound dressings can be carried out in accordance with best practice in infection prevention and control.		
Ref: Standard 46			
Stated: First time	Ref: Section 5.3.3		
To be Completed by: From the date of inspection	Response by Registered Person(s) Detailing the Actions Taken: During discussion with Registered Nurses, it has been decided that wound dressings will be carried out in patient own bedrooms.		
Registered Manager Completing QIP	<i>[Signature]</i>	Date Completed	26-10-15
Registered Person Approving QIP	<i>Bernadette Bran</i>	Date Approved	26-10-15
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	27-10-15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address