

Unannounced Follow Up Care Inspection Report 20 September 2017



St Francis

Type of Service: Nursing Home
Address: 71 Charles Street, Portadown, BT62 4BD
Tel No: 028 38350970
Inspector: Donna Rogan

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 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 registered nursing home which is registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Mary Bernadette Breen	Registered Manager: Laura Lavery (acting)
Person in charge at the time of inspection: Laura Lavery	Date manager registered: Laura Lavery - application received - "registration pending".
Categories of care: Nursing Home (NH): I – Old age not falling within any other category PH – Physical disability other than sensory impairment.	Number of registered places: 25 comprising of : 24 – NH-I 1 – NH-PH

4.0 Inspection summary

An unannounced inspection took place on 20 September 2017 from 10.15 to 16.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to patient/relative levels of satisfaction; communication; the management of mealtimes and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified in relation the management of care records and management audits.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*2	*1

*One area of improvement under the regulations and one area for improvement under the care standards have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Laura Lavery, manager, 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 10 August 2017

The most recent inspection of the home was a finance inspection undertaken on 10 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 all patients, seven staff and four patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for the period 14 August 2017 to 26 September 2017
- staff training records
- incident and accident records
- five patient care records
- five patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of minutes from staff meetings
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 June 2017

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 19 (3) Stated: First time	The registered person shall ensure that records required under legislation for inspection should be made available upon request.	Partially met
	Action taken as confirmed during the inspection: All records requested under legislation were made available with the exception of audits to monitor the quality of nursing and other services provided. The manager states they had been completed, however, have been misplaced. An area for improvement has been made for a second time regarding audits.	
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time	The registered person shall ensure that the safeguarding issue is referred to the safeguarding team in the relevant Health Care Trust as discussed. The issue should also be reported to RQIA.	Met
	Action taken as confirmed during the inspection: Confirmation has been received by RQIA that the safeguarding issue raised has been referred and addressed with the relevant Health Care Trust.	

<p>Area for improvement 3</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the identified care plan is updated to reflect assessments and care planning in keeping with the patient's needs.</p> <p>The manager should ensure regular care record audits are completed to ensure care records are updated in a timely way.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The identified care plan was updated. The manager states that audits are completed, however, as previously stated the audits were not made available to review.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the overall management of wounds is reviewed and a process is introduced to ensure compliance is adhered to in keeping with the NICE guidelines. Records should be maintained of the review.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that wound care was being managed in accordance with the NICE guidelines. There were records available to evidence that the management of wound care was reviewed.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that audits are completed in order to monitor and report on the quality of nursing and other services provided</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager stated that the audits were completed; however, they have been misplaced. There was no evidence available that audits have been completed in order to monitor and report on the quality of nursing and other services. This area for improvement is stated for a second time.</p>		

Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: Second time	<p>The registered provider should continue to monitor the staffing levels in terms of numbers and skill mix in keeping with the dependency of the patients accommodated in the home. Numbers and skill mix should be altered accordingly.</p> <p>The dependency levels should be reviewed and adjusted accordingly during the twilight hours as discussed. Evidence of such reviews should be maintained and available for inspection.</p> <p>The registered person should continue to ensure that sufficient registered nursing hours and sufficient management hours are provided, to ensure the safe and effective delivery of care and management of the home. The duty rotas should be prepared at least three weeks in advance to ensure forward planning and to foresee any difficulties in terms of appropriately staffing the home.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the duty rota from 14 August 2017 to 1 October 2017. The manager confirmed that the skill mix and dependency of patients is regularly reviewed.</p> <p>The manager states that staffing levels have been amended and that there is now a member of staff on duty during the twilight hours. A member of staff also comes on duty in the mornings to assist with meals and mealtimes. The duty rota evidenced that this was generally adhered to.</p> <p>The manager stated that she feels there are sufficient management and registered nursing hours available in order to ensure the safe and effective management of the home.</p> <p>A review of the duty rota evidenced that they were prepared at least three weeks in advance.</p>	

Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that the temperature of the identified lounge should be monitored throughout the day, adjusted as necessary and records maintained.	Met
	Action taken as confirmed during the inspection: Confirmation was received that the boiler had been immediately serviced and the control panel has been replaced. The temperature is now being monitored and maintained appropriately.	
Area for improvement 3 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that inappropriate equipment is not stored in bathrooms and W/C's.	Met
	Action taken as confirmed during the inspection: There was no inappropriate storage of equipment observed in the bathrooms or W/C's.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure formal evaluations of care are sufficient and meaningful.	Not met
	Action taken as confirmed during the inspection: A review of five care records evidenced that the evaluations of care remain meaningless and were not sufficient or in keeping with best practice. This area of improvement is stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 11 to 24 September 2017 evidenced that the planned

staffing levels were adhered to. Discussion with patients' representatives evidenced that there were no concerns regarding staffing levels.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the manager and review of training records evidenced that there is a system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff commented that the majority of training was conducted through electronic and face to face learning.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). The registration status with Northern Ireland Social Care Council (NISCC) had been monitored appropriately.

The manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager has been identified as the safeguarding champion and intends to attend formal training pertaining to the role.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents and incidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits were observed to be clear of clutter and obstruction. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, infection prevention and control and the management of accidents/incidents and safeguarding.

Areas for improvement

There were no areas for improvement identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, a review of one patient's care record did not evidence the actions taken to manage a patient's condition and the care record was not updated. One care record was not updated following changes in a patient's condition to reflect their current nutritional needs. There were gaps observed in the recording of patients' food and fluid intake charts particularly around morning or afternoon tea. There was evidence in the care records that information which was no longer relevant was included. This information should be archived in keeping with the homes policies and procedures. An area of improvement under regulation is made regarding the management of care records.

The evaluations of care in all five care records remain meaningless and there was insufficient information to determine if the care as planned was effective or ineffective. An area for improvement under the care standards is stated for a second time.

Other supplementary care charts such as bowel management and repositioning charts evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients. Staff also confirmed that the nurse in charge would prepare a report for the registered manager to review highlighting any activities such as accidents/incidents, staffing issues or complaints received within the previous 24 hours.

Staff stated that they felt there was better effective teamwork since the staffing levels had been reviewed; this included the provision of a twilight member of staff; the provision of an activity person from 13.00 hours to 18.00 hours; and the provision of a member of staff from the hours from 09.00 hours to 14.00 hours to assist with mealtimes. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager confirmed that they operate an ‘open door policy’ and are available to discuss any issues with staff, patients and/or relatives. The manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Patients and the representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. All respondents within patient and relatives’ questionnaires stated that the manager was available to manage any concerns and/or complaints. All relative questionnaire respondents stated that the registered manager was approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, communication between residents, staff and other key stakeholders and teamwork.

Areas for improvement

An area for improvement under regulation was identified in relation to care planning and the management of activities.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with all patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room. The meal commenced at 12.45 hours. Patients were seated around tables which had been appropriately laid for the meal. Patients were afforded the choice to have their meal in their preferred dining area such as in the lounge or in their bedrooms. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Seven staff members were consulted to determine their views on the quality of care within St Francis Nursing Home. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments during the inspection were as follows:

"Since the staffing has been sorted, it is much more manageable and we now have time to care for patients and meet their needs"

"It has got better"

"I think the care is good and we manage well"

"I enjoy my work when we have all the required staff on duty"

"It is good here"

All 25 patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. One of the patient questionnaires was returned.

Some patient comments made during the inspection were as follows:

"I am happy here"

"I think the staff are very attentive"

"We are spoilt for choice at times"

"The food is lovely"

"It is good here"

"The staff are so kind"

"It's not home but it is the next best thing"

"I have a nice room and I enjoy the company"

Four patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires was returned within the timeframe for inclusion in the report. The respondent was 'satisfied' with the care provision.

Some patient representative comments made during the inspection was as follows:

"I can't speak highly enough of the staff, my has been here for seven years and I have to say I have never had to complain, not even once"

"The staff are tremendous"

"Care is excellent, staff are very helpful and caring"

"My is so well cared for here, I could not say one bad word about it"

"They keep me well informed"

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was an organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

Compliments and thank you letters were maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Thank you for all your care and kindness"

"Thank you so much for the love and excellent care you gave to my mother"

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the manager confirmed regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. The manager stated that the audits were conducted monthly. However, the manager stated that the audits had been misplaced and were not made available on the day of inspection. This was an area for improvement under regulation during the previous inspection. This area of improvement could not be validated on this occasion and is therefore stated for a second time following this inspection.

Staff consulted confirmed that when they raised a concern, the home's manager would take their concerns seriously. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement under regulation in relation to auditing is stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	0

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 Lavery, 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 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 to 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 17 (1) Stated: Second time To be completed by: 30 October 2017	<p>The registered person shall ensure that audits are completed in order to monitor and report on the quality of nursing and other services provided</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Audits are completed monthly and will be available in the managers office at all times.</p>
Area for improvement 2 Ref: Regulation 16 Stated: First time To be completed by: 30 November 2017	<p>The registered person shall ensure the following issues are addressed in relation to care planning;</p> <p>Both the identified care records should be updated to reflect the changes to their current condition and they should reflect their care needs.</p> <p>Food and fluid intake records should be updated following patients' morning and afternoon tea.</p> <p>Ensure information no longer relevant in patients care records is appropriately archived in accordance with the home's policies and procedures.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Any old documentation will be removed from the residents file and archived.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 30 November 2017	<p>The registered person shall ensure formal evaluations of care are sufficient and meaningful.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All evaluations of care are person centred and updated when needs change and all risk assessments reflect individual need.</p>

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



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