

Inspection Report

23 January 2023



St Josephs

Type of Service: Nursing Home
Address: 16 Princes Street, Warrenpoint, BT34 3NH
Tel no: 028 4175 3572

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Kilmorey Care Ltd	Registered Manager: Mrs Ann Begley
Responsible Individual: Mr Cathal O'Neill	Date registered: 20 May 2022
Person in charge at the time of inspection: Mrs Ann Begley	Number of registered places: 50 The home is also approved to provide care on a day basis to 12 persons.
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 LD – Learning disability LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 50 patients. Patients' bedrooms are located over three floors. The home offers communal dining and seating areas with garden spaces also available for patients.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2023 from 9.40am to 5.20pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable of patients' wishes and preferences.

Four areas for improvement were identified in relation to the accurate completion of food intake records, a review of the staffing arrangements and with staff training on basic food hygiene and stoma management.

RQIA were assured that the delivery of care and service provided in St Josephs was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven patients and seven staff. Patients spoke positively on the care that they received and on their interactions with staff describing staff as being 'very nice' and 'very helpful' to them. Patients also complimented the food provision in the home. Staff members enjoyed interacting with the patients, though, shared their concerns in relation to staffing arrangements in the home.

There were no questionnaire responses received and we received no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 June 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: Second time	The registered person shall ensure that the date of opening is recorded on insulin pens to facilitate a clear audit trail and disposal at expiry.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

A system was in place to monitor staffs' compliance with mandatory training. Training was completed on a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety.

However, not all staff who had been given responsibility of preparing food for patients had completed a basic food hygiene course. This was discussed with the manager and identified as an area for improvement. Some staff also confirmed that they had been requested to provide assistance with stoma management when they had not received any training in this area of care. This was also discussed with the manager and identified as an area for improvement.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The majority of staff consulted confirmed that they were not satisfied patients' needs were met with the staffing levels and skill mix on duty and shared reasons for their concerns. Staffs' concerns were shared with the manager and an area for improvement was identified for a review the staffing arrangements taking into consideration deployment of staff, the layout of the home and working routines. Observation of staff practice and discussions with patients raised no concerns in relation to the staffing arrangements in the home.

Staff told us that they understood their own roles in the home but also shared concerns which could inhibit effective teamwork. Staffs' concerns were shared with the manager for their review and action as appropriate.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them. One told us, "The staff couldn't do enough for you; they are very good". Patients said that they would have no issues in raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. All staff received the handover and they confirmed that there was sufficient details shared at this meeting. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. Patients told us that they were happy living in the home. One said, "I really like it here. The staff are very nice. Dinner is first class; that's where they come into their own". Another patient told us, "I find the home to be very nice; all the staff are very nice".

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. When a patient required to be repositioned to maintain skin integrity, there were good records of repositioning maintained to reflect the position the patient was positioned to and evidenced skin checks at the time of repositioning.

An accident form was completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. A review of one patient's care records following a fall in the home evidenced that the correct actions had been taken following the fall; the correct persons had been notified of the fall and the correct documentation had been updated.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

Staff assisted patients throughout the day with food and fluids in an unhurried manner. Nutritional risk assessments were carried out regularly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Two patients' care records were reviewed where a risk of weight loss had been identified. Care plans identified the need to monitor the patients' food and fluid intake. Records of food intake had not been completed in sufficient detail to identify food consumed by the patients. This was discussed with the manager and identified as an area for improvement.

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. Food was prepared freshly in the kitchen. The food served appeared nutritious and appetising and the menu offered a choice of meals. Staff wore the appropriate personal protective equipment (PPE) when serving and/or assisting with meals and patients, who required, wore clothing protectors to maintain their dignity. Staff sat alongside patients when providing assistance. There was a calm atmosphere in the dining room and patients spoke positively on the mealtime experience.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings. There were good supplies of PPE throughout the home. Environmental infection prevention and control audits had been conducted monthly. Minor infection control issues identified were managed during the inspection.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients confirmed that they were offered choice and assistance on how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients were well presented in their appearance and those, who wished to, were wearing their own jewellery, nail varnish and make up.

Two activities staff oversaw activity provision in the home. Care assistants shared in the activity provision. Resources were available for activities to include sensory items, games, reading and arts and crafts materials. There was a dedicated activities room and a sensory room on the third floor of the home. An activity planner identified upcoming activities. Patients confirmed that activities did take place and that they could join in when they wanted to. There was a notice displayed advertising that all patients and relatives were welcome to attend a planned culture night.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. There were 14 care partner arrangements in place and visiting was conducted in line with Department of Health guidelines.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Mrs Ann Begley has been Registered Manager of the home since 20 May 2022. Staff were aware of who the person in charge of the home was in the manager's absence. The nurses given responsibility for taking charge of the home in the absence of the manager had completed competency and capability assessments for the role prior to taking charge.

Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, medicines management, restrictive practice, staff training, complaints, mattresses and maintenance of staffs' registrations.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. Complaints were monitored monthly and any learning from complaints was disseminated to staff. Cards and letters of compliments were maintained. A compliments log captured verbal compliments received. The manager confirmed that all compliments received would be shared with the staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Teresa McClean, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

Area for improvement 1

Ref: Standard 41

Stated: First time

To be completed by:
23 March 2023

The registered person shall review the staffing arrangements in the home to ensure patients' needs are met at all times.

Consideration should be given to the deployment of staff, the layout of the home and working routines.

Ref: 5.2.1

Response by registered person detailing the actions taken:

Full review of residents dependencies took place the day after the Inspection, this confirmed there were sufficient staff on duty. Dependency is monitored on a monthly basis as a minimum or sooner when occupancy fluctuates. Individual meetings were held with all staff, these highlighted non compliance by staff to follow the Daily Allocation which guides the daily routine to ensure all care needs and supplementary work is completed. Meetings also highlighted non compliance by a number of staff to adhere to break times which could have an impact on availability of staff. Daily Allocation and break times has been reinforced with all staff during the meetings and formal letter correspondence.

A full staff meeting was also held with Care Staff, during this meeting staff were asked if they felt any part of the allocation or their routine could be changed to improve the shift or the care they are delivering. Of all staff present the only change requested was the arrangements for serving supper - this was amended.

Observation findings from time of Inspection supports the statement in this report: "Observations of staff practice and discussions with patients raised no concerns in relation to the staffing arrangements in the home."

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2023</p>	<p>The registered person shall ensure that any staff given the responsibility of stoma management will have first received training in this aspect of care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The resident identified moved out within days of the Inspection. A training package has been prepared and will be delivered with required staff as an information and demonstration session when relevant to the care being delivered within the home again.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 47 Criteria (3)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any staff involved in the preparation of food for patients will have completed basic food hygiene prior to preparing any food.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Food Sense Training Sessions on Basic Food Hygiene have been delivered and made available to all staff involved in the preparation of food in the home.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12 Criteria (27)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2023</p>	<p>The registered person shall ensure that food intake records are reflective of the actual food consumed by patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Goldcrest system allows the daily menu to be displayed and selected when staff are completing Food Intake Charts. On review of the system there was an element of the programme being used by Care Staff to select 1/2 meal taken. This element has been removed, staff now have to specify exactly what has been eaten, e.g. 1/2 potato.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care