

# Inspection Report

5 September 2024



## St Josephs

Type of service: Nursing Home  
Address: 16 Princes Street, Warrenpoint, BT34 3NH  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kilmorey Care Ltd	<b>Registered Manager:</b> Mrs Ann Begley
<b>Responsible Individual:</b> Mr Cathal O'Neill	<b>Date registered:</b> 20 May 2022
<b>Person in charge at the time of inspection:</b> Irina Grigori, Deputy Manager	<b>Number of registered places:</b> 49  35 patients in categories NH-I; NH-PH; NH-PH(E); NH-LD and NH-LD (E) to be accommodated in the general unit; 14 patients in category NH-DE to be accommodated in the 'Star of the Sea' Unit.  The home is also approved to provide care on a day basis to 12 persons.
<b>Categories of care:</b> Nursing (NH) I – old age not falling within any other category DE – dementia LD – learning disability LD(E) – learning disability – over 65 years PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 45
<b>Brief description of the accommodation/how the service operates:</b> The home is a registered nursing home which provides nursing care for up to 49 patients. Patients' bedrooms are located over three floors. The home offers communal dining and seating areas with garden spaces available for patients.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 September 2024 from 9:50 am to 4:05 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean, tidy and there was a welcoming atmosphere. Patients had choice in where they spent their day; either in their own bedroom or in one of the communal rooms. It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **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.

#### 4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; “the staff are 100%” and, “the staff are very nice and the food is lovely”. Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the manager for information and action if required.

No responses were received from the patient/relative or staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

#### 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 24 July 2024		
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 14 (2) (a) and (c)  <b>Stated:</b> First time	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. This is discussed further in Section 5.2.2 and is stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 47.3  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time	The registered person shall ensure that wound care plans reflect the recommended dressing frequency and that the wound care is evaluated at the time of every wound dressing.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that the daily menu displayed reflects the meals served and is displayed in a suitable format.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that variations to the planned menu are recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that, when deficits are identified within wound care audits, the audit action plan clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that the maximum, minimum and current temperature of the medicine refrigerator is monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.  Ref: 5.2.2	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

Checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC), however there was no record of one identified staff member's registration being checked on a regular basis. An area for improvement was identified.

Care workers with the Northern Ireland Social Care Council (NISCC) were regularly checked with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

Staff said there was good teamwork and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

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 health professionals. Patients care records were held confidentially.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place.

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

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records.

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 may include simple encouragement through to full assistance from staff. Adequate numbers of staff were observed in the dining room; however, it was noted that a small number of staff were standing rather than sitting beside the patients' whilst assisting with their meals. This was discussed at feedback and an area for improvement was identified.

The daily menu was displayed showing patients what was available at each mealtime. The food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.



Staff advised that they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. If required, records were kept of what patients had to eat and drink daily.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Patients said that they were satisfied that the home was kept clean and tidy.

Observation of the environment identified concerns that had the potential to impact on patient safety, a domestic trolley with cleaning products was left in a bedroom unattended. The importance of ensuring that all areas of the home are hazard free was discussed at feedback and this area for improvement was stated for a second time.

The home's most recent fire safety risk assessment was dated 16 July 2024. An Action Plan was in place and had addressed the recommendation made by the fire risk assessor.

Observation of the environment identified that a fire door was propped open with a trolley preventing it from closing in the event of the fire alarm being activated. This was discussed at feedback and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures had been provided.

### 5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Birthdays and holidays were also celebrated within the home.

A programme of activities was not on display. The home has a part time activity therapist. There was no time allocated on the duty rota for activity provision on the days when the activity therapist was not on duty. Examination of activity records lacked detail in regards to patient participation. This was discussed at feedback and identified as an area for improvement.



### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Ann Begley has been the Registered Manager in this home since 20 May 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

The home was visited each month by a representative of the responsible individual (RI) 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	4*

\* the total number of areas for improvement includes one regulation that has been stated for a second time and one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Irina Grigori, Deputy 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) and (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 5 September 2024	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 &amp; 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff member identified on day of inspection - met with by Manager and Deputy Manager on day following inspection. Followed with formal supervision with the identified staff member regarding the appropriate storage of the domestic trolley at all times. Update COSHH Training also provided to all relevant staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 5 September 2024	<p>The registered person shall ensure that the practice of propping open fire doors ceases immediately.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Addressed with staff following the Inspection. Electrician also attended the home on the 06<sup>th</sup> September 2024 to review the doors of concern and there have since been 3 magnatised door closures fitted to 3 keep doors in the main kitchen service areas to prevent the practice of propping open fire doors.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure that the maximum, minimum and current temperature of the medicine refrigerator is monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 5.1</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2024</p>	<p>The registered persons shall ensure that staff registration status checks are completed for all staff within the home.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Registration Check list was updated at the time of the inspection. The Registered Person shall ensure in the future when staff transfer between homes that all the records including Registration Status transfer at the time.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2024</p>	<p>The registered person shall ensure that the dining experience is reviewed to ensure that patients are assisted in a discreet and sensitive manner.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Dining Experience Audit being completed bi-weekly to monitor practices, this will then revert to a monthly audit when management are satisfied required standards are being met. Staff have been advised dining experience is to be co-ordinated by the identified staff on the allocation sheet. Supervision being issued to all staff on the Expected Level of Service provided by our staff to improve the dining experience for our residents - full completion of supervision anticipated by 20<sup>th</sup> October 2024.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2024</p>	<p>The registered person shall ensure that a record is kept of all activities that take place, the names of the person leading each activity and the patients who participate. The programme of activities should be displayed in a suitable format and an appropriate location.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> At time of inspection our activity therapist had been on annual leave followed by sick leave. Upon her return supervision has been completed with this employee reminding her of the requirements of her record keeping and reminding her of the need for a Programme of Activities to be displayed and available to residents in both units of the home. Compliance being monitored by management until satisfied practices have improved.</p>

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



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