



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 17 February 2020



St Joseph's

Type of Service: Nursing Home
Address: 16 Princes Street, Warrenpoint, BT34 3NH
Tel No: 0284175 3572
Inspector: Caroline Rix

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 48 patients.

3.0 Service details

| | |
|--|---|
| <p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual: Cathal O'Neill</p> | <p>Registered Manager and date registered: Jacqueline Rooney – 29 April 2008</p> |
| <p>Person in charge at the time of inspection: Jacqueline (Jackie) Rooney</p> | <p>Number of registered places: 50</p> <p>The home is also approved to provide care on a day basis to 12 persons. There shall be a maximum of 2 named residents receiving residential care in category RC-I.</p> |
| <p>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.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 48</p> |

4.0 Inspection summary

An unannounced inspection took place on 17 February 2020 from 09.45 hours to 15.15 hours.

The term 'patient' is used to describe those living in St Joseph's Nursing Home which provides both nursing and residential care.

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.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

An area requiring improvement was identified in relation to the homes policies and procedures on safeguarding and restraint.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 | 0 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Jackie Rooney, 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 dated 25 July 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 25 July 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. Four questionnaires were returned to RQIA. Feedback indicated that all were 'satisfied' that the care was safe, effective and compassionate and the home was well led.

A poster was provided for staff detailing how they could complete an electronic questionnaire; - there was no response in the timeframe provided.

The following records were examined during the inspection:

- duty rota for all staff from 10 February 2020 to 23 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incidents, accident and notification records
- two staff recruitment and induction files
- two patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- monthly monitoring reports from November 2019 to January 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

| 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 12 (1) (a) and (b) Stated: First time | <p>The registered person shall ensure that wound care is conducted and recorded in accordance with best practice guidelines such as National Institute for Health and Care Excellence.</p> | Met |
| | <p>Action taken as confirmed during the inspection: The inspector reviewed the care plans for two patients who have a wound. It was noted that the care plans clearly outlined the assessments and treatment plans which had been reviewed by the named nurse.</p> <p>It was noted that care plans had been updated following podiatry/tissue viability assessment.</p> <p>There was evidence that risk assessments had been completed in relation to patients' pain. A monthly wound care audit is completed.</p> | |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 35 Stated: Second time | <p>The registered person shall ensure that the results of audits are analysed and action taken as appropriate.</p> | Met |
| | <p>Action taken as confirmed during the inspection: The inspector viewed records of the revised patient care records auditing process. These records verified any shortfalls identified had been noted and action confirmed when addressed was clearly documented.</p> | |

| | | |
|---|--|---|
| <p>Area for improvement 2</p> <p>Ref: Standard 38 Criteria (3)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that care staff apply for NISCC registration in a timely manner from commencement of employment. NISCC registrations should be checked on applicants who have previously worked in the care sector as part of pre-employment checks.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed records of the system in place to monitor the registration status of care staff with NISCC and this clearly identified the registration status of all staff. The records evidenced the support provided to care staff with their initial applications and ongoing communications with NISCC when found delays in receiving confirmation back that registration had been completed or transferred from a previous employer.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> | <p>The registered person shall ensure that staff are compliant with training on first aid and on infection prevention and control.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed staff records which confirmed that first aid and infection prevention and control training had been provided during November 2019 and January 2020 as required.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a care plan is developed when a patient commences antibiotic therapy.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed records that confirmed patient's care plans had been developed where antibiotic therapy had been prescribed. A system has been introduced to audit this area.</p> | | |

6.2 Inspection findings

6.3 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 staffing levels for the home and that these were subject to monthly review to ensure the assessed needs of patients were met. Discussions with the manager, staff and a sample of the home's duty rota indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The inspector also sought staff opinion on staffing via the online survey, however, there were no responses received in the timeframe allocated.

The inspector observed staff responding to patients' needs, in a timely manner and call bells were answered promptly. Patients and their visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; all responses indicated that there was enough staff to help them.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for two staff members confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received mandatory training which has provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that the staff were prompted when training was due.

The inspector identified that all senior staff had completed training to level 3 on the Mental Capacity Act (MCA) (Northern Ireland) 2016, Deprivation of Liberty Safeguards (DOLS). The manager confirmed that training of all care staff to level 2 in this subject had also been provided.

A review of the home's environment was undertaken which included bedrooms, bathrooms, lounges, the dining room and storage areas. These areas were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be clean and uncluttered. Some paint chips were noted on lower door frames which the manager confirmed were included on their maintenance programme for attention.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while staff attended to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.4 Is care effective?

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered, especially if patients' needs had changed.

Discussions with staff, patients and relatives, along with the inspector's observations demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Review of two patient's care records evidenced that registered nurses assessed, planned, implemented and reviewed care in accordance with NMC guidelines which evidenced regular communication with representatives. A range of risk assessments had been completed to inform care planning for the individual patients and there was evidence that the care planning process included input from the patient and their representative.

Care records contained evidence of referrals having been made to relevant health care professionals, such as the tissue viability nurse, dietician or speech and language therapist (SALT), where necessary. Patients' care plans included recommendations from these professionals that were regularly reviewed and shared with care staff and catering staff as required.

Feedback from patients and a relative included the following comments:

- “I am very lucky to be here, I had a stroke but with the continued help and support of all the staff. I couldn’t be better looked after.”
- “Great place, that girl in blue is my carer, she keeps me well looked after and in order (laughing).”
- “The staff are very good to us, I have the best room in the house. I am very comfortable and get all the help I need.”
- “I have lived her for over 10 years and am happy with everything (thumbs up signed).”

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff comments included:

- “We have a great team who really care for our residents. There is low staff turnover and many know residents and families from local areas, this helps us build up relationships with them.”
- “I love it here, we have very good training. We have some residents who love to keep us and others who live here up to date with the ‘local gossip and craic’ however we must be sure not to share confidential information.”
- “Team work here is very good. I find the job rewarding. We get lots of training to be able to do our job.”
- “It can be very busy sometimes, and it can be sad when residents pass away.”

The inspector observed the serving of lunch in the dining room. The patients’ menu choices had been sought in advance and recorded by care staff. The cook described how the communication between patients, staff and the kitchen was effective, especially with regard to any patients who have particular food preferences. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staffs demonstrated their knowledge of how to modify fluids, if necessary, and were aware of patients dietary needs, likes and dislikes. The food smelled appetising and was well presented. Staff assisted patients as required and promoted independence where appropriate with lots of friendly conversations heard during the mealtime.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. Some patients commented;

- “The food is the best bit it is always good.”
- “I love everything we are offered, the food is perfect.”
- “I enjoyed my lunch, I had two bowls of soup it was so good.”
- “They know exactly what food I like to eat.”

A record of patients’ food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-morning, patients were offered a range of hot and cold beverages and a selection of snacks and biscuits.

Staff spoken with had a clear understanding of their roles and responsibilities. Discussions with patients evidenced that they were aware of the roles of the staff in the home and whom they

should speak to if they had a concern. Patients stated that the manager and staff are very caring and approachable and always willing to take time to speak with them.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 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.

The inspector spoke with three patients about their experience of living in St Joseph’s Nursing Home.

Patients were complimentary about life in the home; they commented:

- “I am comfortable, it is nice and quiet.”
- “It is perfect here, couldn’t get any better.”
- “You couldn’t find any faults here, a great home. We are kept well, the nurse is very good and calls my GP when I need him.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.”

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

Relatives spoken with during the inspection commented:

- “The home is very good, we couldn’t have been happier with the care provided over the years.”
- “The staff are very good. I visit every day, my relative likes it here but forgets it isn’t her home. Never had any problems, but know I could speak to any of the nurses or the manager and am sure things would be sorted out immediately.”

- “My relative prefers to watch the others and not take part in the activities offered, but likes music.”

The home are aware of the importance of maintaining spirituality within patient care and that a Chapel was suitably decorated and observed that patients and relatives visited the Chapel during the inspection.

A number of compliments via thank you cards had been received by the home which included:

- “We can’t convey how appreciative we are of the care you all provided for mum. Our family couldn’t have got through the last years without your kindness and professionalism.”
- “Everybody; carers, nurses and those who worked on the day to day running of the home have created a warm, wonderful welcoming community of staff and residents and demonstrate such pride in your work.”

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 |

6.6 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.

There have been no changes in management arrangements since the last inspection. A review of the duty rota evidenced that the manager’s hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which the home was registered.

A review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home; this helped to ensure action was taken to address any deficits identified and to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints, medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

The inspector reviewed the homes policies and procedures on adult safeguarding and restraint. It was discussed with the manager the need for these policies and procedures to be reviewed to incorporate the MCA (Northern Ireland) 2016, DOLS which came into effect on 2 December 2019 in Northern Ireland. This was identified as an area for improvement.

A review of adult safeguarding information and discussions with the manager provided evidence that previous referrals made in relation to adult safeguarding had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found they had been investigated and managed appropriately.

Monthly quality monitoring reports were reviewed for November 2019 to January 2020. These reports had been completed by a designated person as arranged by the responsible person and were appropriately detailed in line with legislation. It was identified that an action plan was generated to address any areas for improvement. The records indicated engagement with staff, patients, and where appropriate, their representatives and other professionals. Reports were noted to include reviews of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

The inspector discussed the importance of maintaining a record of patients within the home where DOLS have been applied and monitored during monthly monitoring visits.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good working here; the team work well together.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager who has an open door for any of us. I would definitely report any concerns as some residents can’t speak for themselves.”

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to the homes policies and procedures on adult safeguarding and restraint.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jackie Rooney, 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 nursing 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 Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 36 (1)</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2020</p> | <p>The registered person shall ensure that the homes policies and procedures on adult safeguarding and restraint are in accordance with the statutory requirements, are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations.</p> <p>Ref: 6.6</p> |
| | <p>Response by registered person detailing the actions taken: The Home policy and procedure on restraint has been reviewed in line with best practice to include the deprivation of liberty safeguards code of practice and Mental capacity act 2019</p> |

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



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