



# **Announced Care Inspection Report 18 September 2020**



## **St Josephs**

**Type of Service: Nursing Home**

**Address: 16 Princes Street, Warrenpoint BT34 3NH**

**Tel no: 028 4175 3572**

**Inspector: Dermot Walsh**

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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 nursing home registered to provide nursing and residential care for up to 50 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Kilmorey Care Ltd  <b>Responsible Individual:</b> Cathal O'Neill	<b>Registered Manager and date registered:</b> Jacqueline Rooney 29 April 2008
<b>Person in charge at the time of inspection:</b> Jacqueline Rooney	<b>Number of registered places:</b> 50  The home is also approved to provide care on a day basis to 12 persons. There shall be a maximum of 1 named residents receiving residential care in category RC-I.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. 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> 44

### 4.0 Inspection summary

An announced inspection took place on 18 September 2020 from 09.50 to 13.20. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection Prevention and Control
- quality of life for patients
- quality improvement
- nutrition
- safeguarding
- consultation

Patients consulted spoke positively on living in St Josephs and some of their comments can be found in the main body of the 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.

The term 'patients' is used to describe those living in St Josephs which provides both nursing and residential care.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Rooney, Registered 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.

#### 5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- statement of purpose
- service User guide
- a selection of quality assurance audits
- complaints review
- compliments records
- incident and accident review
- minutes of patients'/relatives'/ staff meetings
- activity planner
- three patients' care records

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires; ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Jacqueline Rooney, Registered Manager.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 17 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 36 (1)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the Use of Restraint Policy evidenced that it was updated appropriately following the inspection.	

### 6.2 Inspection findings

#### Staffing

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by patient dependency levels which were monitored monthly. Discussions with patients confirmed that there were no concerns in relation to the staffing levels or skill mix in the home. Patients consulted spoke positively in relation to the care they received. There were no concerns identified within returned patients' questionnaires. Responses within one staff and one relative/visitor's questionnaire indicated that they did not think there was enough staff available in the home. Six staff consulted confirmed that they were satisfied that the staffing arrangements met the required needs of patients.

The manager confirmed that since the Covid–19 pandemic, all agency staff use in the home had stopped. All internal rotation of staff from sister care homes had also ceased. The manager explained that due to a reduction of patient dependency levels in the home the home was able to manage any gaps in the duty rota as the staffing levels never reduced when the patient dependency did. The manager confirmed that this facilitated staff in taking annual leave and allowed for a greater focus on cleaning in the home and with auditing.

Staff confirmed that when a new member of staff commenced employment in the home, they were assigned with a mentor; an experienced staff member who could provide advice and guidance on their role within the home. A documented induction programme was completed for all new staff commencing employment. The new staff member would be working in a supernumerary capacity; not included within the normal staffing levels working in the home.

Staff confirmed that mandatory training in the home had continued. Training was provided electronically or within small groups to comply with social distancing. The manager confirmed that when staff commenced employment in the home, they completed mandatory training on moving and handling, infection prevention and control, adult safeguarding, fire and customer care during their first shift as part of their induction. A staff training matrix was maintained to ensure that all staff received their mandatory training.

Discussion with the manager and staff evidenced that staff appraisals and staff supervisions were being completed. Staff confirmed that they received appraisals on a yearly basis and a minimum of two supervisions per year.

## **Management arrangements**

There was a clear organisational structure within the home and staff were aware of the management arrangements. There had been no changes to the management arrangements since the last care inspection. In the absence of the manager and out of normal working hours, there was a clear on call rota identifying which manager from the Kilmorey Care Ltd group was on call and their contact details. There were emergency contact numbers available for services such as plumbers, electricians and lift engineers contained within files located at reception and the medical treatment room.

## **Governance systems**

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of falls in the home. Falls safety calendars were maintained. We reviewed the June 2020 falls analysis. The analysis reviewed the time and location of the fall and whether there was any injury as a result of the fall. It reviewed whether head injury observations were completed and if medical advice was sought. The analysis confirmed who had been notified of the fall. A review of the analysis relating to falls evidenced that falls in the home had been managed appropriately and that the appropriate persons had been notified.

Wound care audits were completed monthly. The manager confirmed that there were four patients with wounds requiring treatment in the home. The audit reviewed wound care record keeping, persons notified of the wound, any antibiotic treatment, wound dimensions and any improvements since last audit.

Complaints in the home were monitored monthly. A complaints book was maintained to record any details of investigations into the complaint such as discussions with patients, relatives or staff and any additional actions taken. The number of complaints received in the home was low.

Patients' care records had been audited monthly. Auditing records evidenced the actions taken in response to any deficits identified. The audit would be signed by the auditor and the named nurse who completed the actions.

When a restrictive practice was determined as required, such as the use of bedrails, alarm mats or lap straps, the auditing records evidenced a review of patients'/next of kin consent, risk assessment completion and care plan development and review to ensure of the continued need to use of the restrictive practice.

Monthly monitoring visits were completed by the provider. An action plan was developed and discussed with the manager as a result of the visit where required. The action plan would be reviewed at the next visit. Monthly monitoring reports were completed and available for review.

An annual quality assurance survey was conducted involving the patients and the patients' representatives to establish their opinions on the service provision and care delivery in the home. The results of the survey were collated and reproduced into a report which could be accessed on a patient/ relative noticeboard in the home. The manager confirmed that, in addition to the annual survey, the company head office would randomly complete quality surveys on a quarterly basis. Up to three surveys would be completed and the survey findings shared with the managers for their review and action as appropriate. The manager also confirmed that given the current Covid-19 restrictions on areas such as visiting, the managers from Kilmorey Care are jointly developing a new quality assurance survey to, "Enable a clearer perspective on patients' and relatives' views of the home". This was seen as a good practice.

Staff meetings were conducted regularly. Items on the agendas included infection prevention and control, patients' weights, food supplements and hydration. There were minutes available from patients' meetings conducted during March and July 2020. The areas discussed included visiting, infection control practices, contact with families, food provision and activities. Discussion with the manager confirmed that they were in contact with all patients on a daily basis when on duty. The annual general face to face meeting with relatives had been postponed due to the covid outbreak. The manager described measures in place to make contact with relatives prior to annual reviews. Monthly updates were sent to next of kin via email to keep them up to date with any changes.

### **Infection prevention and control**

Hand hygiene audits had been conducted regularly with staff. The seven step hand washing process and the five moments for hand hygiene were reviewed as part of the audit along with ensuring that staff members were bare below the elbow. Auditing records were signed by the auditor and the person who was audited.

Environmental infection control audits were completed monthly. Auditing records identified the locations in the home which were audited. Staff's compliance with using personal protective equipment such as the use of masks, gloves and aprons were incorporated into the audit. All deficits identified were recorded on the audit as were the actions taken in response to the deficits.

On the day of inspection, an external company was in the home conducting an audit of the equipment in use. The manager confirmed that this company completed this audit on a twice yearly basis.

Specific areas had been identified in the home for staff donning and doffing PPE. The manager confirmed that when staff presented to the home, their temperature was checked. The manager confirmed that all staff's and patients' temperatures were checked twice a day as a means to quickly identify if any are developing symptoms. Staff sanitised their hands and PPE was donned before any contact with patients. Staff were aware to contact the manager if they or any of their family was symptomatic of Covid-19. As part of the regional testing programme, all staff were tested for Covid-19 on a two weekly basis and all patients on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. Their temperatures were checked and, where possible, patients were brought to the visiting professional in an identified area to minimise the risk of contamination in the home. If this was not appropriate, the visiting professional would see the patient in the privacy of their own bedroom.

Patients' visitors were facilitated with outdoor visits following the completion of a risk assessment. Social distancing was promoted during the outdoor visits and the visiting area was fully decontaminated following each visit. A clear screen was positioned between the patient and visitor as a means of additional protection. Visitors' temperatures would be checked and a checklist completed. Visitors were required to wear PPE provided by the home.

### **Quality of life for patients**

During the inspection we undertook a virtual walk around the home with the use of technology. Bedrooms and communal rooms reviewed were clean and tidy. The manager confirmed that several bedrooms had recently been refurbished. Corridors were clear of any clutter or obstruction. Staff were observed wearing PPE appropriately. The exterior of the home had been repainted. Dedicated staff had been identified to continue painting and decorating and gardening duties.

Patients we consulted with were very complimentary of the care they received and their engagements with staff in the home. One told us the staff were, "Very good to me," and another commented, "I'm very pleased with the staff here."

The provision of activities was discussed at patients' meetings. All planned outings were on currently postponed due to the Covid-19 pandemic but staff could still bring patients on to the shore for a walk or into the garden to enjoy fresh air. There was a live link to daily mass in the home should the patients wish to engage with this. An activities coordinator conducted activities in the morning. The manager confirmed that they were actively recruiting a full time activities person. Staff in the home were allocated on the duty rota as responsible for conducting activities in the afternoon. An activity planner was developed on a monthly basis identifying morning and afternoon activities. Activities included flower arranging, newspaper reading, music and dance, baking, pet therapy, bingo, gardening, games, exercises, sing-a-longs and arts and crafts.



Each patient had a named primary nurse responsible for assessing, planning, implementing and evaluating their care. The nurse would ensure the appropriate care records such as risk assessments and care plans were developed and reviewed to ensure that all care provided was up to date and in line with the patient's needs. Each patient also had a named keyworker whose duties included ensuring they had enough items for personal hygiene and that all their clothing was recorded and labelled.

## **Quality improvement**

We discussed recent quality improvement developments in the home with the manager. The manager confirmed that they had recently changed their working hours to ensure that they were present at the morning handovers. As well as being up to date with patients' information, this has also improved contact with day and night staff and also assisted in the completion of staff supervisions.

As previously stated, the managers at Kilmorey care are currently developing a new quality assurance survey questionnaire. This is planned to be completed by the end of November 2020.

The manager also confirmed plans to upgrade the Wi-Fi system in the home. Patients and their relatives/representatives can see and speak with each other using technology; however, due to the Wi-Fi coverage, this can only be facilitated in certain areas within the home. By improving the coverage in the home, this will improve communication between patients and their families.

## **Nutrition**

We reviewed three patients' nutritional care records. Care records were maintained electronically in the home. Each patient had a nutritional assessment completed monthly or more often as required. There was nowhere on the system to record oral and/or choking risk assessments. The manager confirmed that they will contact the appropriate persons to ensure that these templates are uploaded for use by staff.

Oral care plans were included within patients' care records identifying how each patient's oral hygiene should be maintained.

Nutritional care plans in place for two of the three patients reviewed; were up to date and indicated safe consistencies of food and fluids which the resident could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians.

One patient's nutritional care plan contained conflicting information in relation to their nutritional requirement. This was discussed with the manager and identified as an area for improvement.

Food and fluid intake records were recorded on all three patients. Each patient's weight was determined as stable according to their nutritional risk assessments. The patients had fluid targets identified and the intake records confirmed that the targets had been met on the majority of occasions. Food intake records indicated if the patient had consumed a quarter, half, three quarters or full meal; however, the records did not describe the actual food consumed. The manager confirmed that she will review this to ensure a more accurate recording of intake. Food and fluid intake records did include any supplements which the patient consumed.

We reviewed the current menus served in the home. The menus offered a varied range of foods and there were meal choices available for lunch and evening meals. Meal choice was also available for patients who required their meals modified. The provision of food in the home was discussed during patients' meetings. As a result of a meeting during July 2020, the meal times were changed as patients felt that they were to close together. Patients were complimentary in relation to the food provision in the home. Patients told us the quality of food was "Very good" and that alternatives were always made available if neither choice of meal was preferable. One patient indicated in a returned questionnaire that they were not satisfied with the variety of food on the menu.

## **Safeguarding**

The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. A plan was already in place to ensure that all staff had completed safeguarding training and additional online training with reference to the Mental Capacity Act (NI) 2016. The manager was the nominated adult safeguarding champion in the home and had attended training pertinent to this role. The manager was aware of her responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home. Where a restrictive practice was deemed necessary; risk assessments were completed to ensure safe use, consent was obtained and a care plan developed. The care plans were reviewed monthly to verify if the restrictive practice remained necessary.

## **Consultation**

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed patients and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback telephone calls or emails.

We also provided the home with questionnaires to be distributed to patients, patients' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with four patients individually confirmed that living in St. Josephs was a positive experience. Ten patients' questionnaires were returned. Nine of the respondents indicated that they were either satisfied or very satisfied that the home provided safe, effective, compassionate care and that the home was well led. One patient was unsatisfied with regards to the variety of food on the menu.

Patient comments:

- "It's great here."
- "Food is really good here."
- "The food is better than a hotel."
- "It is very homely here."
- "I have no problems with this nursing home."
- "There is good company in here."
- "Need more variety on the menus."

No patient representatives were available for consultation during the inspection. Four patients' representatives' questionnaires were returned. All respondents indicated that they were either satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. Some of their comments were as follows:

- "With all of the negative publicity relating to homes, I am glad that I have been given the chance to provide positive comments on St Josephs."
- "Very happy with management and nurses and carers; all very approachable and helpful."

Six staff were consulted during the inspection. Staff had the option of completing an online survey or completing a questionnaire; we received four questionnaire responses. All respondents indicated that they were either satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. Comments from staff included:

- "The manager is very approachable."
- "It's different at the minute; strange times."
- "We are very busy, kept going."
- "Manager keeps us up to date with Covid."

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

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- "To all the staff at St Josephs; Thanks for making my stay a happy one. Best wishes ...."
- "On behalf of ... we would like to thank you Jackie and all your wonderful team for the dignified manner in which you all cared for ... throughout his stay."
- "Well done on keeping the residents safe. Blessings and good wishes to each one, Jackie, and all of you on your work."
- "Thank you for all the care you gave our .... It was much appreciated."

### Areas for improvement

An area for improvement was identified in relation to care planning.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.3 Conclusion

The feedback in the home was very positive. Infection control measures put in place to protect patients and staff had been well adhered too. The management arrangements in the home were stable. Patients and relatives were positive in relation to the care delivery in the home. Patients were consulted in relation to the social activities that were provided in the home. Further improvements had been planned for the home including updating the Wi-Fi system to further enhance communication between patients and their family and friends.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Rooney, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 4 October 2020	The registered person shall ensure that the identified patient's nutrition care plans are updated to reflect the patient's current nutritional plan of care.
	All out of date information should be discontinued and/or archived.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> The nutritional care plan for this resident has been reviewed and all old information has been archived. A full audit has also been conducted on all other nutritional care plans.

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



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