



Unannounced Care Inspection Report 20 June 2018



St Josephs

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 50 persons. In addition the home is also approved to provide care on a day basis for 12 persons.

3.0 Service details

Organisation/Registered Provider: Kilmorey Care Ltd Responsible Individual: Cathal O'Neill	Registered Manager: Jacqueline Rooney
Person in charge at the time of inspection: Jacqueline Rooney	Date manager registered: 29 April 2008
Categories of care: Nursing Home (NH): LD – Learning disability I – Old age not falling within any other category. 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	Number of registered places: 50 consisting of NH-LD, NH-I, NH-LD(E), NH-PH, NH-PH(E), and a maximum of 2 named residents receiving residential care. The home is also approved to provide care on a day basis to 12 persons.

4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 10.30 to 16.30 hours.

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

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

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

Evidence of good practice was found in relation to staff recruitment, staff induction, training, risk management and effective communication systems. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, and maintaining good relationships within the home. The environment of the home, with the exception of the areas detailed in section 6.4 of this report, was conducive to the needs of the patients and was attractive and comfortable.

Areas requiring improvement were identified in relation to, safe and secure medication storage, infection prevention and control, some aspects of the environment, supplementary care records and audits.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

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.

4.2 Action/enforcement taken following the most recent inspection dated 18 April 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 18 April 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

The following records were examined during the inspection:

- duty rota for all staff from 11 June to 24 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files

- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 the most recent inspection dated 18 April 2018

The most recent inspection of the home was an unannounced finance inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 28 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the identified storage and staff areas are appropriately cleaned and items stored in these areas and done in accordance with best practice and in the interests of infection prevention and control.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed that the identified storage and staff areas had been appropriately cleaned and reorganised.	

Area for improvement 2 Ref: Regulation 12 (1) (b) Stated: First time	The registered person shall ensure that wound care is reviewed and managed in accordance with best practice guidelines.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the registered manager confirmed that wound care had been reviewed and is managed in accordance with best practice guidelines.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall ensure that the identified bedside locker is effectively cleaned and the identified chest of drawers is replaced.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed that the identified bedside locker had been effectively cleaned and the identified chest of drawers had been replaced.	
Area for improvement 2 Ref: Standard 47 Stated: First time	The registered person shall ensure that all chemicals which are under COSHH regulations are appropriately stored at all times.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed that chemicals are appropriately stored at all times in accordance with COSHH regulations.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 11 June to 24 June 2018 evidenced that the planned staffing levels were adhered to. However review of the duty rotas evidenced that on one night on the week commencing the 11 June 2018 there was only one registered nurse on night duty instead of two.

On the week commencing the 18 June 2018 there were two nights when only one registered nurse was on night duty. The registered manager confirmed that the home is actively recruiting to fill these posts and in the interim agency staff will be used. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey, no responses were received.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in St Josephs. We also sought the opinion of patients on staffing via questionnaires. Ten patient questionnaires were returned. All patients indicated that they were very satisfied or satisfied with the care they received

We also sought relatives' opinion on staffing via questionnaires. Four questionnaires were returned and all four relatives indicated that they were satisfied that staff had 'enough time to care'.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from St Josephs in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was generally found to be warm, well decorated, fresh smelling and clean throughout. The walls and skirting on the second floor were marked and scuffed and needed repainting. The registered manager stated that this floor is to be refurbished. An area for improvement under the standards has been identified. Fire exits and corridors were observed to be clear of clutter and obstruction.

On entering the open treatment room two medication trolleys had not been secured to the wall to ensure safe and secure storage. This area was discussed with the manager and an area for improvement against the standards has been made in this regard.

Observation of practices evidenced that infection prevention and control measures were not consistently adhered to in relation to the use and availability of personal protective equipment (PPE). For example some staff were observed handling laundry without PPE and not disposing of used laundry at the bedside. In identified areas in the home the PPE stations did not always contain disposable gloves. Pedal operated bins were not available in all toilets and bathrooms and in one identified toilet the waste bin was rusty and paintwork on the frame was missing meaning that it could not be effectively cleaned. Unnamed Tena wash was observed in two bathroom areas creating the potential for communal use. This area was discussed with the manager and an area for improvement against the regulations has been made in this regard.

The manager had an awareness of the importance of monitoring the incidents of HCAI's and when antibiotics were prescribed; also the manager understood the role of PHA in the management of infectious outbreaks.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons and appropriate care plans were in place.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, and risk management.

Areas for improvement

The following areas were identified for improvement in relation to, the safe storage of medicines, infection prevention and control, and the home’s environment.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. The management of nutrition, patients’ weight, management of infections and wound care was reviewed. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However, in one supplementary care record for food and fluid intake records evidenced that a contemporaneous record was not always maintained especially at night. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed and updated in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives spoken with knew the registered manager.

Areas of good practice

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

Areas for improvement

An area for improvement in relation to recording fluid and food intake over the 24 hour period was made.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

We arrived in the home at 10.30 hours and were greeted by staff who were helpful and attentive. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Ten patients and six staff were consulted to determine their views on the quality of care within St Josephs. Some comments to the inspector were as follows:

Staff

- “No concerns, the patients get good care.”
- “I am happy working here, there is good teamwork.”
- “I think the patients are well looked after.”

Patients

- “The food is good.”
- “It’s nice here, the staff are very kind and the food is lovely.”
- “My care at St Josephs is satisfactory.”
- “It is very good, the staff look after us.”
- “Feel safe.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; four were returned within the timescale. All four indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments were recorded as follows:

Representative’s comments

- “The fact my sister is from Banbridge tells its own story, she is so happy and the family travel from Banbridge to see her, we are happy when she is happy.”
- “No concerns.”

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service did not collect any equality data on service users and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, wounds, medication and care records. The results of audits had not been fully analysed to allow appropriate actions taken to address any shortfalls identified and ensure that any necessary improvement would be embedded into practice. This area was discussed with the manager and an area for improvement against the standards has been made in this regard. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to ensuring that the results of audits are analysed and action taken as appropriate.

	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 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically:</p> <ul style="list-style-type: none"> • the use and availability of personal protective equipment (PPE). • ensuring pedal operated bins are available in all toilets and bathrooms • replacement of one identified waste bin. • all wash creams should be for individual use. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff have been instructed that all linens must be disposed of at the bedside and PPE not to be removed until bedmaking was completed. PPE stations have been relocated outside the communal bathrooms same checked daily and replenished . Rusted waste bin replaced and two new pedal bins purchased for communal bathrooms. Staff have been instructed that wash creams need to be labelled or kept in the patients locker.</p>

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 30</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2018</p>	<p>The registered person shall ensure that medicine trolleys are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Nurses have been instructed to ensure that all medication trolleys need to be secured to the wall at all times when not in use and this will continue to be monitored</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2018</p>	<p>The registered person shall ensure that the redecoration on the identified floor in the home is commenced.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The refurbishment of the 2nd floor corridor will commence at the end of the summer and will be completed before the end of September as discussed</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2018</p>	<p>The registered person shall ensure that the provision of food and fluids to patients is recorded over the 24 hour period.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All night staff have been given supervision in relation to the recording of fluids or food given or refused overnight to promote hydration and nutrition over a 24 hr period , this will be closely monitored</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2018</p>	<p>The registered person shall ensure that the results of audits are analysed and action taken as appropriate.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: .The results of any patterns or findings through the audit process will be recorded along with the audit tool,and actioned as appropriate</p>

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



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