

Inspection Report

28 November 2023



St Josephs

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Kilmorey Care Ltd	Registered Manager: Mrs Ann Begley
Registered Person: Mr Cathal O'Neill	Date registered: 20 May 2022
Person in charge at the time of inspection: Mrs. Ann Begley	Number of registered places: 46 The home is also approved to provide care on a day basis to 12 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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.	Number of patients accommodated in the nursing home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: The home is a registered nursing home which provides nursing care for up to 46 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 28 November 2023 from 9:40am to 4:40pm 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; "I'm really happy here, all my needs are met" and, "The staff are good to me". 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.

Nine responses were received from the patient/relative and staff questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home.

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 23 January 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall review the staffing arrangements in the home to ensure patients' needs are met at all times. Consideration should be given to the deployment of staff, the layout of the home and working routines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure that any staff given the responsibility of stoma management will have first received training in this aspect of care.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Standard 47.3 Stated: First 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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This has been stated for a second time. This is discussed further in Section 5.2.1	
Area for improvement 4 Ref: Standard 12 (27) Stated: First time	The registered person shall ensure that food intake records are reflective of the actual food consumed by patients.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) 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.

However, not all staff who had been given responsibility of preparing food for patients had completed a basic food hygiene course. This was discussed with the manager and an area for improvement in this regard was stated for a second time.

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. Review of these assessments found them to be comprehensive in detail to account for the responsibilities of this role.

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.

Wound care records for an identified patient were reviewed. A wound care plan was in place to direct care, however, the recommended frequency of dressing changes in the care plan was different to the frequency of dressing changes being carried out and evaluations were not routinely completed at each wound change. This was identified as an area for improvement.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs. Care plans reflected the patients' needs regarding the use of pressure relieving mattresses.

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. Staff had made sure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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. The daily menu displayed did not reflect the meal choices for that day. This was discussed with the manager and an area for improvement was identified.

Discussion with staff confirmed that the planned menu was not always adhered to due to a number of external factors. Review of records confirmed that variations to the menu were not consistently recorded. This was discussed with the manager and an area for improvement was identified.

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; thickening agent and food items were observed in an unlocked cupboard in the dementia unit. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

The home's most recent fire safety risk assessment was dated 15 March 2023. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Cleaning chemicals were maintained safely and securely.

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 genre of music and television channels played was appropriate to patients' age group and tastes.

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. There was an activity planner in place for events arranged for the Christmas period. The home was recruiting for an activity therapist; the overall activity provision for the home will be reviewed at the next inspection.

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 of auditing across various aspects of care and services provided by the home, such as, environmental audits and falls. In wound care audits, there were omissions in relation to when actions were to be addressed and the person responsible for those actions, this was identified as an area of improvement.

A review of records of accidents and incidents in the home evidenced that a small number of notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. This was discussed with a manager who agreed to submit notifications retrospectively. An area for improvement was identified. Retrospective notifications were submitted to RQIA following the inspection.

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
Total number of Areas for Improvement	2	5*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: With immediate effect	<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: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the requirement to ensure the home is free from hazards were possible, therefore ensuring they utilise the use of provided locked cupboards at all times between use of meal service. This is monitored on a daily basis by the staff nurse on duty in the unit and the manager / deputy manager during the daily walks of the home.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Manager and Deputy Manager to ensure all accidents and incidents are submitted within the reporting requirements.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 47.3 Stated: Second time To be completed by: 31 December 2023	<p>The registered person shall ensure that any staff involved in the preparation of food for patients will have completed basic food hygiene prior to preparing any food.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: Training provided to the identified staff. Moving forward the training is to be completed as part of the induction process for any staff involved in the preparation of food for residents.</p>
Area for improvement 2 Ref: Standard 4.8 Stated: First time	<p>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.</p> <p>Ref: 5.2.2</p>

To be completed by: 31 December 2023	Response by registered person detailing the actions taken: Manager/ Deputy Manager to utilise the auditing process to ensure all records in relation to wound care are accurate and completed in full at all times. Supervisions with all registered nurses have been completed with registered nurses and will be revisited with individual nurses were required.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the daily menu displayed reflects the meals served and is displayed in a suitable format. Ref: 5.2.2
	Response by registered person detailing the actions taken: Menu has been reviewed and updated to reflect the current provision of deserts etc that had been introduced. A member of staff in the kitchen has been identified as responsible for ensuring the menu is correctly displayed at all times.
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that variations to the planned menu are recorded. Ref: 5.2.2
	Response by registered person detailing the actions taken: Kitchen staff have been provided with a Menu Variation form to be completed in the event of any changes to their menu.
Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: Supervision completed with Deputy Manager to provide training support on the auditing process. Moving forward the action plans will clearly identify who has been identified as responsible for the completion of actions and the timeframe they are to be completed in.

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