

# Inspection Report

**Name of Service: St Francis Private Care Home Limited**

**Provider: St Francis Private Care Home Limited**

**Date of Inspection: 28 August 2025**

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

## 1.0 Service information

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|---|--------------------------------------|
| <b>Organisation/Registered Provider:</b>  | St Francis Private Care Home Limited |
| <b>Responsible Individual:</b>  | Mr Cathal Breen                      |
| <b>Registered Manager:</b>  | Mrs Keyara Johnson – Not registered  |
| <p><b>Service Profile –</b><br/>           This home is a registered nursing home which provides general nursing care for up to 25 patients. Patients have access to communal lounge and dining areas and a garden space. Patients' bedrooms are located over two floors.</p> |                                      |

## 2.0 Inspection summary

An unannounced inspection took place on 28 August 2025 from 9.50am to 5.25pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that compassionate care was delivered to patients and that patients were happy living in the home. However, areas for improvement were identified in relation to the environment, record keeping, activity provision, modified meal choice and with governance.

As a result of this inspection four areas for improvement from the previous care inspection were assessed as having been addressed by the provider and one was stated for the second time. Full details, including the new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### 3.2 What people told us about the service

Patients told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "I love this place; staff are fantastic". Another commented, "This is a good place. The staff are good and the food is good". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients or their relatives.

Relatives spoke positively of the care delivery and the staff in the home, though, felt that there was a lack of activity provision. One told us, "All staff here are wonderful. They are so thoughtful and kind. Our only negative is the lack of activities". Another told us, "We have no concerns with the care here; staff are great".

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing. A patient told us, "I like it here. There is enough staff around to help when I need them". A relative said, "We are very happy with the staff here. They are very understanding and do all they can to help".

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Patients spoke fondly on their interactions with staff. One told us, "It's good here; I like it and am happy here".

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patients choice in how and where they spent their day.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Pressure management had not been recorded in keeping with best practice. For example, pressure management risk assessments were scored without rationale as to how the score was established. Not all patients who required repositioning had a repositioning regime on the pressure management care plan and one patient did not have a pressure management care plan in place. An area for improvement in this regard was stated for the second time. In addition, where a patient had a wound, the record keeping of wound management was not in keeping with best practice. This was discussed with the manager and identified as an area for improvement.

There was no oversight of restrictive practices in use in the home.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. Food was only served when the patients were ready to eat. Food served appeared appetising and nutritious. The menu offered a good variety of food, although, several of the meal options for the evening meal could not be modified. An area for improvement was made to ensure that patients who required to have their meals modified were afforded a choice of meal.

Discussions with patients and relatives confirmed that activities no longer took place regularly in the home. Staff confirmed that, when they had time, they would do their best to do activities but that this was not always possible due to workload commitments. This was discussed with the manager and identified as an area for improvement.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. However, additions and amendments made to care plans had not been dated or signed by the person doing so. This was identified as an area for improvement. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

The daily nursing evaluation of care delivery during the shift had been frequently completed half way through the day; there were no additional entries to evidence the care delivered later in the day. Many of the statements within the evaluation were generic and did not reflect the supplementary care delivery. This was discussed with the manager and identified as an area for improvement.

### 3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were warm and comfortable. Although, patients did not have lockable spaces in their bedrooms to lock valuables or other items of their choosing away if they wanted to. An area for improvement was identified.

Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. However, we identified several areas in the home which were not in keeping with best practice on infection prevention and control. For example, rusting equipment, use of vinyl gloves for personal care, bedrail bumpers ripped and open sharps boxes. In addition, some of the equipment in use had not been effectively cleaned, for example, wheelchairs, hoists and storage containers. Areas for improvement were identified.

Oxygen cylinders were observed to be unsafely stored; freestanding and not secured to a wall or cage. This was disappointing as the unsafe storage of oxygen cylinders had been a previous area for improvement in the home. An area for improvement was made.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Keyara Johnson has been managing the home since 13 November 2023. Staff commented positively about the manager and described her as approachable. The manager confirmed plans to register with RQIA as manager of the home.

In the absence of the manager, there was a nurse-in-charge to provide guidance and leadership.

Given the findings from this inspection and a review of the systems for reviewing the quality of care and other services, an area for improvement was identified to review the internal governance practices to ensure a more robust oversight of the environment, restrictive practices, wound care and pressure management.

Review of the management of complaints evidenced insufficient detail in the record keeping, such as, full details of actions taken, by whom and on which dates. This was discussed with the manager and identified as an area for improvement.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 4*          | 8         |

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Cathal Breen, Responsible Individual and Mrs Keyara Johnson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>  |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>With immediate effect<br/>(28 August 2025)</p> | <p>The registered person shall ensure that pressure management is assessed and care planned in full and evidence of all pressure care delivered is recorded within the care records.</p> <p>Ref: 2.0 and 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Manager has completed assessments of all care records in relation to pressure care.<br/>The registered person shall ensure that wound care is recorded in keeping with best practice.<br/>Wound care folder has been set up and all information is recorded in this. A new wound audit has been developed for Manager to complete each month.</p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect<br/>(28 August 2025)</p> | <p>The registered person shall ensure that wound care is recorded in keeping with best practice.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Manager has completed assessments of all care records in relation to pressure care.<br/>The registered person shall ensure that wound care is recorded in keeping with best practice.<br/>Wound care folder has been set up and all information is recorded in this. A new wound audit has been developed for Manager to complete each month.</p>   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (m)</p>   | <p>The registered person shall ensure that patients have a lockable space in their bedrooms to lock any items they wish away.</p> <p>Ref: 3.3.4</p>   |

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| <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>28 September 2025</p>  | <p><b>Response by registered person detailing the actions taken:</b><br/>Most residents are unable to manage a lockable area in their rooms. Any resident requiring a locked area will be provided with this if necessary. Lockable boxes have been ordered for every resident in the home.</p>  |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect<br/>(28 August 2025)</p> | <p>The registered person shall ensure that the infection control issues identified at this inspection are managed appropriately to reduce the risk of transference.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Infection audits are carried out and daily checks are completed by the nurse in charge. Nitrile gloves are now in place</p> |
| <p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>  |  |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>28 September 2025</p>                                | <p>The registered person shall review the menu options to make sure that patients who require modified meals are afforded choice at mealtimes.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Kitchen staff are offering those requiring modified meals choices at meal times.</p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>28 September 2025</p>                                | <p>The registered person shall review the provision of activities in the home to ensure that patients receive regular meaningful activities.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This position is advertised; a staff member is currently completing activities with the residents.</p>   |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect<br/>(28 August 2025)</p>                     | <p>The registered person shall ensure that any additions or amendments made to care plans are dated and signed by the person doing so at the time of the change.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Nursing staff have been informed of this, and the Manager will monitor any reviews.</p>  |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect<br/>(28 August 2025)</p>                   | <p>The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Care plan evaluations are being monitored by the manager and responsible nurse on an individual basis.</p>  |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46<br/>Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect<br/>(28 August 2025)</p> | <p>The registered person shall ensure that equipment used in the home is effectively cleaned.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This comes under the branch of infection control and is being monitored by the nurse in charge of each shift who completes the checks and feeds back to the manager. Any training needs identified will be addressed.</p> |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect<br/>(28 August 2025)</p>                | <p>The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Oxygen cylinders are attached to the wall when not in use.</p>   |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>   | <p>The registered person shall review the current internal governance to ensure a greater and more robust oversight of the environment, restrictive practices, wound care and pressure management.</p> <p>Ref: 3.3.5</p>   |

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| 28 September 2025   | <p><b>Response by registered person detailing the actions taken:</b><br/>         These areas are mostly covered in the areas referred to in relation to wound care and pressure management and daily checks. In relation to restrictive practices the staff have a sheet recording the effectiveness of medication and care plans have been further developed . This will be monitored by the nurse in charge.</p>   |
| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>         With immediate effect<br/>         (28 August 2025)</p> | <p>The registered person shall review the recording of complaints to ensure that greater detail is included, for example, nature of complaint, investigations, dates, times and complainants satisfaction at conclusion.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>         A complaints file was available with this information on the day of the inspection and was not given to the inspector. However if needed copies can be sent.</p> |

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



## The Regulation and Quality Improvement Authority

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