The Regulation and Quality Improvement Authority

Inspection Report

22 July 2024

St Francis Private Care Home Limited

Type of service: Nursing Home
Address: 71 Charles Street, Portadown, Craigavon, BT62 4BD
Telephone number: 028 3835 0970

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: St Francis Private Care Home Limited **Responsible Individual:** Mr Cathal Breen	**Registered Manager:** Mrs Keyara Johnson – Not registered
Person in charge at the time of inspection: Mrs Keyara Johnson	**Number of registered places:** 25
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 23
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 25 patients. Patients have access to communal dining and lounge areas and a garden space. Patients' bedrooms are located over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2024 from 9.45am to 3.40pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

Considerable improvements were observed since the last care inspection, however, two areas for improvement remained unmet at this inspection and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from patients, relatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients, relatives and staff. Patients told us that they were happy living in the home and were offered choice in how they spent their day. One patient said, "I love it here. Nice people and nice food. I have nothing to complain about."

Staff told us that there were enough staff on duty to provide good care and that there were good working relationships between staff and the home's management team.

There were no questionnaire responses received from patients or relatives and we received no feedback from the online survey.

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 16 April 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person shall ensure that supplementary records contain sufficient detail in relation to nursing or specialist recommendations, such as but not limited to, IDDSI levels and repositioning frequencies.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 13 (1) (a) **Stated:** First time	The registered person shall ensure the recording of supplementary records is regularly monitored to ensure they are completed in full.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 **Ref:** Regulation 27 (4) (f) **Stated:** First time	The registered person shall ensure that a system is in place to make sure that all staff employed in the home take part in a fire drill annually. Reports of each fire drill must be made at the time of the drill and include an evaluation of the drill.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4	The registered person shall ensure that staff, who have previously been on the	

Ref: Regulation 21(4) (b) **Stated:** First time	NISCC register, are fully registered again before commencing employment in the home.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 **Ref:** Regulation 16 (1) **Stated:** First time	The registered person shall ensure that admission documentation, to include risk assessments and care plans, is completed in a timely manner from the date of admission.	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.2. This area for improvement has not been met and will be stated for the second time.	
Area for Improvement 6 **Ref:** Regulation 12 (1) (a) (b) (c) **Stated:** First time	The registered person shall ensure that any equipment required for pressure management and patient moving and handling is clearly identified within the patient's care plan. A system must be in place to ensure that pressure settings on pressure relieving equipment are maintained at the settings necessary for each patient.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not fully met and this will be discussed further in Section 5.2.2. This area for improvement has not been fully met and will be stated for the second time.	
Area for Improvement 7 **Ref:** Regulation 13 (1) (a) (b)	The registered person shall ensure that patients are appropriately monitored following a fall in the home where the patient has sustained a head injury or the potential to have had a head injury.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 30.1 **Stated:** Second time	The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 37.1 **Stated:** First time	The registered person shall ensure that all written entries in patient care records are dated and signed by the person making the entries.	**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

Patients raised no concerns about the staffing arrangements in the home and complimented staff on the care which they provided. One patient told us, “They look after me the best as if I was their own mother”. Patients confirmed that staff attended to them when they needed them and that call bells were answered promptly. Observation of care delivery raised no concerns. Care was provided in a caring and compassionate manner.

The appropriate pre-employment checks had been completed prior to new employees commencing employment in the home. The manager was fully aware of their responsibility to ensure staff, previously live on the Northern Ireland Social Care Council (NISCC) register, were again fully registered with NISCC prior to commencing work.

5.2.2 Care Delivery and Record Keeping

The timely completion of admission risk assessments and care plans is important in ensuring that patients receive the personalised care specific to their individual needs. A review of a patient's care records evidenced that, whilst the risk assessments were completed on admission, care plans were still not in place 13 days following admission. This was discussed with the manager and an area for improvement previously identified in this regard was stated for the second time.

Accidents in the home, where the patient had sustained a head injury or a suspected head injury, had been notified to RQIA and the commissioning Trust. Accident records evidenced that patients had been appropriately monitored following the accident and neurological observations had been checked over a 24-hour period to monitor for any deterioration. An area for improvement in this regard has now been met. Medical assistance had been sought were necessary. Staff consulted were aware of the actions to take should they come across a patient who had fallen. The vast majority of staff had completed training on first aid.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, repositioning, food and fluid intake and any checks made on patients. Supplementary records had been completed in full to include, for example, the frequency of repositioning required to maintain skin integrity and/or the patients' nutritional requirements for food and fluids in keeping with the recommendations of other health professionals such as the speech and language therapists or tissue viability nurses. An area for improvement in this regard has now been met. Some gaps were identified within the night duty supplementary record keeping and the manager confirmed that they will address this with staff.

Staff confirmed that they had received online and practical training on patient moving and handling. Some patients require equipment, such as, hoists or sliding sheets to aid in their moving and handling. Some require pressure relieving mattresses to help maintain their skin integrity. While the majority of the equipment required was included within patients' care plans, a robust system to monitor the pressure settings for mattresses was not in place. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

New written entries made within the patients' care records and any changes made to the records had been dated and signed by the staff member who made the entry or the change. An area for improvement previously made about this has now been met.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean, comfortable and well decorated. The manager confirmed additional planned refurbishment. Fire safety measures remained in place. Corridors were clear of obstruction and fire exits remained clear. Staff confirmed that they had attended fire drills should the need to evacuate occur. Fire safety records contained reports of the drills which had taken place. An area for improvement in this regard has now been met.

Storage areas were tidy. At the previous inspection, oxygen cylinders were found to have been unsafely stored. During this inspection, we observed that the oxygen cylinders were now safely and securely stored. The area for improvement in this regard has now been met.

5.2.4 Quality of Life for Patients

Patients told us that they were happy living in the home. One told us, "This is a good place. The staff are very good and we do activities during the day. We get plenty to eat and drink". Another commented, "This is a grand place. The food is good and the staff are very nice. I enjoy sitting reading during the day". Patients could choose where to sit during the day. They could remain in any of the communal rooms or go to their own room when they wished. Relatives told us, "We are so highly impressed that xxx has settled here. We can sleep at night knowing that they are cared for so well. All the staff are so good. We are so blessed that xxx is here and they trust the staff so much".

The activity provision was audited to ensure that patients had an input into the planned activities and that the activities were in line with patients' interests. Several patients told us that they were looking forward to the planned bingo session later in the day.

5.2.5 Management and Governance Arrangements

Since the last inspection, the management arrangements had not changed. Keyara Johnson has been managing the home since 13 November 2023. The manager confirmed that they were in the process of applying for registration as manager with RQIA.

We reviewed the internal quality governance measures for oversight of patients' care records. Care plan audits had been completed. Where deficits were found, an action plan was included nominating the person responsible to complete and the timeframe for completion. These audits were dated and signed on completion.

Post fall tracking audits had been completed after any accident in the home reviewing the records updated, the monitoring of the patient and ensuring that all correct persons had been notified.

Audits had been completed on nutrition management ensuring that daily intakes had been recorded accurately and that the nurse on shift had reviewed and signed the supplementary records.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. It was positive to note that progress with the RQIA QIP was reviewed as part of the visit. The reports of these visits were completed and completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Keyara Johnson, Manager, 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 16 (1) **Stated:** Second time **To be completed by:** With immediate effect (22 July 2024)	The registered person shall ensure that admission documentation, to include risk assessments and care plans, is completed in a timely manner from the date of admission. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: New care plans guidelines have been cascaded and implemented for the nursing staff in order to ensure that all care plans are uptodate regardless of any absences from staff. The registered person shall ensure that admission documentation to include risk assessments and care plan, is completed in a timely manner from the date of admission. A system is in place for care plans of new patient to be completed over a 36 hour period following admission. This is to be monitored and reviewed for effectiveness by Manager.
Area for Improvement 2 **Ref:** Regulation 12 (1) (a) (b) (c) **Stated:** Second time **To be completed by:** 31 August 2024	The registered person shall ensure that any equipment required for pressure management and patient moving and handling is clearly identified within the patient's care plan. A system must be in place to ensure that pressure settings on pressure relieving equipment are maintained at the settings necessary for each patient. Ref: 5.1 and 5.2.2

	Response by registered person detailing the actions taken: A system must be in place to ensure that pressure settings on relieving equipment are maintained at the setting necessary for each patient. New care plans have been introduced to each resident requiring pressure relieving equipment. Identifying setting serial number of equipment and make. Pressure relieving equipment to be set when resident is returning to bed for correct setting and checked when resident is being repositioned. Manager to monitor same.

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