

Inspection Report

16 April 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

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Assurance, Challenge and Improvement in Health and Social Care

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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: 21
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' bedrooms are located over two floors and patients have access to communal lounge and dining areas. There is a garden area surrounding the home.	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2024 from 9.30am to 4.30pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

However, enforcement action resulted from the findings of this inspection due to the lack progress to fully comply with areas for improvement (AFI) made as a result of previous inspections; the sustainability of improvements made previously to comply with areas for improvement and the robustness of the monthly monitoring visits. Patterns were emerging in relation to the reoccurrence of areas for improvement in regards to falls monitoring, NISCC registration and fire training. Given these concerns, the management team were invited to attend a serious concerns meeting with RQIA on 2 May 2024. At this meeting, the management team shared an action plan identifying the immediate actions they had taken, and actions they planned to take, to address the areas of concern. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included at the end of this report.

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

A further inspection will be undertaken to ascertain the progress made in addressing the areas for improvement identified and the arrangements in place to monitor and ensure the improvements are sustained.

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 responsible individual 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. 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. Relatives spoke positively on the care their loved one was receiving.

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 23 rd January 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (a) (b) Stated: First time	The registered person shall ensure that the appropriate references have been obtained and verified prior to new employees commencing in post. Any variation to this should be clearly recorded within the staff member's recruitment records.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 19 (1) (a) Stated: Second time	The registered person shall ensure that where a patient requires to be repositioned; a repositioning regime and records of repositioning are in place.	Met
	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

<p>Area for Improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Third time</p>	<p>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.</p> <p>There should be evidence of nursing oversight of supplementary records.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.2.</p> <p>This area for improvement has not been fully met and has now been subsumed into an area for improvement under regulation.</p>	<p>Partially met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is recorded evidence of the actual personal care which has been delivered to patients.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.</p> <p>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 5.2.3.</p> <p>This area for improvement has not been met and has now been stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p>	<p>The registered person shall ensure that when deficits are identified during auditing, an action plan is developed to address the deficits. Records must include a review of</p>	<p>Met</p>

Stated: First time	the action plan to ensure completion of actions.	
	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 with regards to the staffing arrangements in the home. All patients consulted confirmed that they were happy with the care provision in the home.

Staff confirmed that the number and skill mix of staff on duty met the needs of the patients. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. Staff felt that they worked well together and that the teamwork was good. They shared comments, such as, "It's really good; we're always encouraged to ask questions", "Everybody gets on well together" and, "Everyone's very friendly". Observation of care delivery during the inspection raised no concerns with the staffing arrangements in place.

A comprehensive predetermined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All staff, completed an induction to the home. A booklet was completed to record the topics covered during the induction. A list of training was identified for completion as part of the induction process.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included moving and handling, adult safeguarding and infection prevention and control (IPC). Additional training, deemed to be outside of mandatory training, was advertised on a noticeboard, for those staff interested, to apply for. However, a review of fire drill training evidenced that not all staff had completed a fire drill within the previous twelve months. In addition, not all fire drill reports contained sufficient detail of staffs' response to the drill. This was discussed with the responsible individual (RI) and identified as an area for improvement.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Improvements had been made previously to the system for checking staff registration. These improvements had not been sustained and this resulted in insufficient checks on NISCC registration as part of the recruitment process. This was discussed with the RI and identified as an area for improvement.

Staff were observed to work well and communicate well with one another during the inspection. Care was delivered in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

All 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. Handover sheets were available for staff.

Patients had a holistic set of risk assessments completed and these risk assessments informed the patients' care plans to direct staff on how to meet their individual needs. However, a review of a recently admitted patient evidenced that not all risk assessments nor care plans had been completed in a timely manner from the date of admission. This was discussed with the RI and identified as an area for improvement.

Supplementary care records were completed to evidence the care given to patients. These records confirmed patients' food and fluid intake, when they were checked and the personal care that was given to them. Since the last inspection, a new personal care chart had been developed and was specific in the detail of personal care delivery to each patient. Pertinent patient details had been omitted from the cover of the food intake charts; for example, the International Dysphagia Diet Standardisation Initiative (IDDSI) levels the patients required in order to safely consume their meals was not included. An area for improvement in this regard, previously stated for the third time, was subsumed into an area for improvement under regulation. An additional area for improvement was made to ensure management oversight of the completion of supplementary care records.

Pressure management risk assessments had been completed and reviewed monthly. Where patients required pressure management equipment, these had been supplied. However, pressure management care plans were not sufficient in detail to identify the specific equipment required to maintain skin integrity or to safely move the patient. In addition, a system was not in place to ensure that pressure mattresses were maintained at the correct settings in accordance with the patients' weights. This was discussed with the RI and identified as an area for improvement.

Several written entries had been made within patients' care records and some risk assessments had been completed which were not dated and signed by the person making the entries or completing the assessments. This was discussed with the RI and identified as an area for improvement.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. The number of accidents in the home was low, however, a review of accident records, following a fall in the home, evidenced that the patient had not been properly monitored in the home following the fall. This was discussed with the RI and identified as an area for improvement.

Nutritional risk assessments were completed monthly to monitor patients for weight loss or weight gain. The menu offered a good range and variety of foods. Patients confirmed that they had a choice of meals at mealtimes. Patients could dine in their preferred area in the home. The majority of patients dined either in the dining room or the lounge. Staff sat with patients and chatted to them when they were assisting with meals. Staff wore the appropriate personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain dignity. Patients were complimentary of the food provision in the home.

It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company. Patients spoke positively on their engagements with staff and confirmed that they were there when they needed them.

5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items important to them. Bedrooms were suitably furnished and decorated. New flooring had been laid in the dining room. Appropriate doors leading to rooms which contained hazards to patients had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety checks including fire door checks and fire alarm checks were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible.

Domestic audits were conducted to ensure cleanliness in the home. In addition, mattress audits were completed and staffs' hand hygiene practices were audited. There was good compliance with infection control observed during the inspection.

Oxygen cylinders were not securely stored; they were free standing and could cause harm to any person should the cylinder fall on someone. This was discussed with the RI and an area for improvement, previously made in this regard, was stated for the second time.

5.2.4 Quality of Life for Patients

Patients confirmed that they were offered choices in how and where they spent their days in the home. Patients could select which clothes they wished to be dressed in and what food they had to eat.

A new activities therapist had recently been recruited in the home. Patients told us that they enjoyed engaging in activities and that these were carried out regularly. A weekly activity

programme was available for review. Activities included bingo, book reading, board games, karaoke and chair exercises.

Patients told us that they were happy living in the home. Relatives commented, "We could highly recommend this place and the staff to anyone. Staff are fantastic. Xxx room is always clean and xxx always looks well. We can raise concerns if we need to and we are always listened to".

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Patients were free to leave the home with family members if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Keyara Johnson has been managing the home since 13 November 2023. The manager confirmed that they will be making an application to RQIA to be registered as manager. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff told us that they found the manager to be 'approachable' and 'would listen to any concerns raised'.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients' care records, finance, medicines management, staff training and the environment.

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. We discussed the use of the monthly monitoring visit to monitor areas for improvement. Assurances were provided at the meeting in RQIA offices that the reports would include more detail on the progress made with areas for improvement.

A complaint's book was maintained and records kept to include the nature of any complaint and any actions taken in response to the complaint. The number of complaints made to the home was low. A compliment's tracker was also completed to record any verbal compliments, cards of thanks or gifts received.

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	7	2*

*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, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2024</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All staff has been informed to complete the daily food records accurately and the nurse in charge to check and sign these daily.</p> <p>A new supplementary care plan has been produced, reflecting each individual resident's supplementary requirements. Forms have been checked and are corrected to date.</p> <p>Daily personal hygiene for the resident chart altered to include relevant information of the mattress on the daily checks. A new pressure area care plan was created to record accurate information regarding patients change in their skin conditions and mattresses. Arjo has provided training to the care home staff as planned.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the recording of supplementary records is regularly monitored to ensure they are completed in full.</p> <p>Ref: 5.2.2</p>

<p>To be completed by: 16 April 2024</p>	<p>Response by registered person detailing the actions taken: All staff has been informed to complete the daily food records accurately and the nurse in charge to check and sign these daily. A new supplementary care plan has been produced, reflecting each individual resident's supplementary requirements. Forms have been checked and are corrected to date.</p>
<p>Area for improvement 3 Ref: Regulation 27 (4) (f) Stated: First time To be completed by: 16 May 2024</p>	<p>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.</p> <p>Reports of each fire drill must be made at the time of the drill and include an evaluation of the drill.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have completed fire drill training with the Home Manager and the Fire Marshall. All fire drills are to be made quarterly by the Home Manager. The practical fire awareness training was completed on the 2nd of May at 2pm</p>
<p>Area for improvement 4 Ref: Regulation 21 (4) (b) Stated: First time To be completed by: 16 April 2024</p>	<p>The registered person shall ensure that staff, who have previously been on the NISCC register, are fully registered again before commencing employment in the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: New template has been updated to ensure that all care staff are registered with NISCC, therefore new staff that are under the grace period for registration will not be missed. NISCC contacted in relation to situation with the new employee and have advised that staff member can now return to work and there is no additional training required. NISCC also advised that would be the responsibility of the Agency to check NISCC status when supplying care assistants to other homes. NISCC checks template has been also adjusted to reflect date and signature.</p>
<p>Area for improvement 5 Ref: Regulation 16 (1)</p>	<p>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.</p>

<p>Stated: First time</p> <p>To be completed by: 16 April 2024</p>	<p>Ref: 5.2.2</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 12 (1) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2024</p>	<p>Response by registered person detailing the actions taken: All nursing staff have completed care plan face to face falls training with the Home Manager. Manual Handling assessment has been amended to allow registered staff to sign and date. These are now put into packs for the registered nurses. All staff made aware of changes made to manual handling assessment. Daily personal hygiene for the resident chart altered to include relevant information of the mattress on the daily checks. A new pressure area care plan was created to record accurate information regarding patients change in their skin conditions and mattresses. Arjo has provided the planned training. All new admissions are now checked within 24hrs of admission date.</p> <p>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.</p> <p>A system must be in place to ensure that pressure settings on pressure relieving equipment are maintained at the settings necessary for each patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Daily personal hygiene for the resident chart altered to include relevant information of the mattress on the daily checks. A new pressure area care plan was created to record accurate information regarding patients change in their skin conditions and mattresses. Arjo has provided training to the care home staff as planned.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2024</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All nursing staff have completed face to face falls training with the Home Manager.</p>

	<p>All nursing staff have been issued the updated falls policy including the new falls guidance. Nurses daily handover has been further developed to include falls in the last 12 hours. A new folder has been created containing the following documents: Action in the event of a fall. Falls policy and procedure containing the CNS observations fall form and the 24hrs falls log history. A new post falls audit was produced to be completed by the manager 24hrs after a fall in the Home. Monthly falls audit is still being completed.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1 Ref: Standard 30.1 Stated: Second time To be completed by: 16 April 2024</p>	<p>The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times. Ref: 5.1 and 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All oxygen cylinders are now safely secured with chain and padlock in upstairs treatment room. The daily spot checks for nurses has been updated to include daily checks of the security of oxygen cylinders.</p>
<p>Area for improvement 2 Ref: Standard 37.1 Stated: First time To be completed by: 16 May 2024</p>	<p>The registered person shall ensure that all written entries in patient care records are dated and signed by the person making the entries. Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All nursing staff have completed care plan face to face supervision with the Home Manager. All care plan forms have been amended to allow registered staff to sign and date.</p>

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