

Unannounced Care Inspection Report 15 September 2016



St Josephs

Type of Service: Nursing Home
Address: 16 Princess Street, Warrenpoint, Newry, BT34 3NH
Tel no: 028 4175 3572
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of St Joseph's took place on 15 September 2016 from 09.50 to 17.30 hours.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Safe systems were in place for monitoring the registration status of current nursing and care staff. RQIA was suitably informed of notifications. Improvement was required in this domain, specifically in relation to compliance with selection and recruitment practices. Improvements were also required with regards to the environment. A recommendation was made to ensure a robust filing system was put in place to ensure all the relevant information is available and appropriately stored. Two requirements and one recommendation were made to secure compliance and drive improvement.

Is care effective?

Staff were aware of the local arrangements for referral to health professionals. Communications between health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One issue raised was in relation to the length of time it took for staff to answer the nurse call system when patients were summoning for assistance. A requirement was made in this regard. A recommendation was also made to provide evidence of when patients in bed on the second and third floors are checked or attended to.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

Is the service well led?

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives. Appropriate certificates of registration and public liability insurance were on display.

Audits were conducted and up to date in relation to infection control and the management of care records. However the outcomes were not recorded and there was no action plan available to evidence how the outcomes were addressed. The outcome of the quality audit survey should

also be recorded alongside the actions taken to address any issues raised. A recommendation is made in this regard.

The term 'patients' has been used throughout the report to describe those living in St Josephs which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	3

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 9 August 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of the inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Kilmorey Care Ltd Peggy O'Neill	Registered manager: Jacqueline Rooney
Person in charge of the home at the time of inspection: Jacqueline Rooney	Date manager registered: 29 April 2008
Categories of care: NH-LD, NH-I, NH-LD(E), NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	Number of registered places: 50 There were also 10 patients receiving day care

The home is also approved to provide care on a day basis to 12 persons.	
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3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre-inspection assessment audit.

During the inspection we met with approximately eighteen patients individually and others in small groups, three patient representatives, the deputy manager, four care staff, one registered nurse and two ancillary staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- selection of audit documentation
- two staff recruitment files
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 12 September to 25 September 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 August 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25 February 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

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 12 to 25 September 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. The records evidenced that mandatory training was almost fully compliant. Where there were shortfalls, in staff completing training, an action plan was in place to address the shortfall by the registered manager. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced shortfalls in best practice. One record did not contain the required reference from the member of staff's most recent employer. The registered manager stated that the reference had been received and had since been misplaced. The registered manager requested the references following the inspection. A robust filing system should be put in place to ensure all the relevant information is available and appropriately stored. A requirement and a recommendation were made in this regard.

There was evidence that interviews had been conducted prior to the staff members commencing their posts.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of a random selection of records pertaining to accidents and incidents forwarded to RQIA since 1 March 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. An ongoing refurbishment programme was in progress. Some patients' chairs were observed to be badly torn and some doors to bedrooms were observed to be very scuffed and damaged. A requirement is made that they should be repaired or replaced as required.

Areas for improvement

It is required that selection and recruitment processes are in keeping with best practice at all times.

A requirement is made that the torn chairs and scuffed/damaged bedroom doors should be repaired or replaced.

A recommendation is made that robust filing system should be put in place to ensure all the relevant information is available and appropriately stored.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager and a review of records confirmed that staff meetings had been conducted. The most recent staff meeting was held on 12 July 2016. Minutes of the meetings were available for review and included dates, attendees, topics discussed and decisions made.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

One issue raised was in relation to the management of patients on the second and third floors of the home. One patient in bed stated that they were uncomfortable and wanted the assistance of a member of staff. The nurse call system in this bedroom had just broken on the morning of inspection and was being repaired by the maintenance person. The inspector sounded the nurse call system manually and it took quite a period of time for the call bell to be answered. Whilst the inspector acknowledged that it was a busy time in the day when the call bell was sounded, it was the inspector's and patient's opinion that a more prompt response should have occurred. The patient stated that they felt lonely and there was no evidence in the patient's bedroom of when they had been last seen, attended to or checked by staff. Given the isolation and numbers of patients in bed on the second and third floors and the fact that the nurse call bell was not fully functional in one patient's bedroom, a more robust form of evidencing when patients were last attended to or checked should be maintained in their bedrooms to keep staff and relatives informed. A recommendation is made in this regard. A requirement is also made that the registered manager should review the length of time it takes to answer the nurse call system and action any issues raised. A record of the review should be maintained.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

A requirement was made regarding the length of time it took to answer the nurse call system. A recommendation was also made to provide a record or evidence when patients in bed on the second and third floors are checked or attended to.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Nine staff questionnaires were left in the home to facilitate feedback from staff. Eight of the questionnaires were returned within the timescale for inclusion in the report. The eight returned questionnaires were very positive regarding all four domains. On inspection the inspector also spoke with the deputy manager, four care staff, one registered nurse and two ancillary staff.

Some staff comments were as follows:

- “It’s great working here”
- “I’ve been here ... years and I would not consider working anywhere else”
- “The patients are very well cared for”
- “We are well trained; there is good communication in the home”

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with eighteen patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

- “Staff are so kind and good to me”
- “I want for nothing”
- “The food is marvellous”
- “Excellent staff”
- “I’m content here”
- “Everyone knows me and I like that”
- “We are well looked after”

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Three patient representatives were consulted on the day of inspection. Some representative comments were as follows:

- “If I see anything wrong I know who to go to”
- “I think the care is good; the staff are always very busy, but they are caring”
- “I don’t have any worries.... appears well cared for”

Seven relative questionnaires were left in the home for completion. One relative questionnaire was returned within the timescale for completion in the report. The comments returned were positive regarding all four domains.

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Food was served in an organised manner when patients were ready to eat, or be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was on the tables and a range of drinks was offered to the patients. The food appeared nutritious and appetising.

A menu was displayed on each table of the dining room. A review of the menu evidenced that there was good choice of meals available daily. The meal served was homemade potato soup, followed by a choice of mashed potatoes, boiled ham or chicken goujons, with cabbage and carrots and a choice of gravy or parsley sauce. The dessert was homemade creamed rice and fruit or a selection of yoghurts or ice cream. All patients spoken with were complimentary of the food served in the home saying it was ‘tasty, varied and homely’.

Discussion with staff confirmed that the religious needs of patients were met through a church service conducted in the home every day. Staff also confirmed that members of the clergy come to the home to visit patients.

Areas for improvement

There were no areas for improvement identified under compassionate care.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced 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. The complaints procedure was included within the 'Patients Guide'. A compliments file was maintained to record and evidence compliments received.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that they were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, complaints and infection prevention and control. A care record audit and infection control audit was reviewed. An action plan to address shortfalls identified within the audits was not in place. A quality survey audit was conducted by the registered manager, where comments regarding the service were sought from patients and their representatives. The outcome of the survey was not recorded and there was no evidence of the action to address any issues raised. A recommendation is made in to ensure the outcome and action plans of audits and surveys are recorded alongside any action taken to address shortfalls.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement

One recommendation has been stated in the well led domain in relation to the management of audit and survey outcomes and actions plans.

As previously discussed issues were also identified with the safe and effective domains, where three requirements and two recommendations have been made. Compliance with the three requirements and three recommendations will assist in raising the standard within the well led domain.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that selection and recruitment processes are in keeping with best practice at all times.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: All files have been reviewed and reorganised to ensure all recorded documentation is available.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider must ensure that the torn chairs and scuffed/damaged bedroom doors are repaired or replaced.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: All scuffed and damaged chairs have been removed for repair. The process for repairing and repainting doors has commenced.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider must ensure that the registered manager reviews the length of time it takes to answer the nurse call system and action any issues raised. A record of the review should be made available for inspection upon request.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Reception staff will send an alert to all care staff should a buzzer sound for longer than two minutes.</p> <p>Staff must sign and record tasks on a checklist when they attend to a patient who remains in their bedroom. The bedrooms are checked every 30 minutes.</p>

Recommendations	
Recommendation 1 Ref: Standard 35 Stated: First time To be completed by: 30 October 2016	<p>The registered provider should ensure that a robust filing system is put in place to ensure all the relevant information is available and appropriately stored.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: All staff files have been audited and updated. All documentation is available.</p> <p>Reception staff have been retrained in this area to ensure compliance.</p>
Recommendation 2 Ref: Standard 9 Stated: First time To be completed by: 30 October 2016	<p>The registered provider should provide a record or evidence when patients in bed on the second and third floors are checked or attended to.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: All residents who remain in their room have a checklist in place to record visits, times and actions of staff.</p>
Recommendation 3 Ref: Standard 35 Stated: First time To be completed by: 30 October 2016	<p>The registered provider should ensure the outcome and action plans of audits and surveys are recorded alongside any action taken to address shortfalls.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager will record an action plan alongside the audit addressing the issues and shortfalls.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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