



The Regulation and
Quality Improvement
Authority



St Josephs
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BT34 3NH

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**Unannounced Care Inspection
of
St Joseph's Care Home**

25 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 25 February 2016 from 10.30 to 16.00.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern. There were no requirements or recommendations made as a result of this inspection.

For the purposes of this report, the term 'patients' will be used, to describe those living in St Joseph's Care Home, which provides both nursing, residential and day care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection 6 July 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: 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) The home is also approved to provide care on a day basis to 12 persons.	Number of Registered Places: 50
Number of Patients Accommodated on Day of Inspection: 50 and 10 Day Care	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

The inspection sought to determine if the following standards have been met:

- **Standard 23: Prevention of Pressure Damage**

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- 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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with twenty patients, five care staff, two nursing staff, four patient's representatives and one volunteer on placement.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- complaints records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of St Joseph's was an unannounced care inspection dated 6 July 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 6 July 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 18 (k) Stated: First time	<p>The registered persons shall ensure that the management of bins in the general waste area is reviewed to ensure they are managed in keeping with Health and Safety Regulations.</p> <p>Action taken as confirmed during the inspection: A review of the management of waste in the home evidenced that it was being managed appropriately in keeping with Health and Safety Regulations.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19 Stated: First time	<p>The registered persons shall ensure that staff receives the planned training in breaking bad news, bereavement and palliative/end of life care. This training should be cascaded to all staff in keeping with their roles and responsibilities.</p> <p>Action taken as confirmed during the inspection: Training has been provided to staff by Royal College of Nursing (RCN) website and has been cascaded to all grades of staff. End of life awareness information has been discussed at staff supervision.</p>	Met
Recommendation 2 Ref: Standard 20 Stated: First time	<p>The registered persons shall ensure that a policy and procedure is in place to guide staff on the arrangements of palliative care and the management of an unexpected/sudden death.</p> <p>Action taken as confirmed during the inspection: There is a policy and procedure in place to guide staff of the arrangements of palliative care and the management of an unexpected/sudden death.</p>	Met

5.3 Standard 23 Prevention of Pressure Damage

A review of four patient care records confirmed that pressure damage risk assessments had been carried out for all residents. There was evidence of individualised care plans for patients who were identified as having a high risk for pressure damage. A review of two care records of patients who had pressure ulcers confirmed that risk assessments and care plans were completed. Wound assessments were regularly completed and there was evidence of tissue viability nurse involvement, as deemed appropriate. Discussion with the registered manager and the review of care records confirmed that all Grade 2 pressure sores were reported to the Health and Social Care Trusts, in line with guidance and protocols.

5.4 Additional Areas Examined

Care Records

The home has recently introduced a new computerised system of care records. A review of four care records pertaining to patients identified that the patient risk assessments and care plans had been updated following admission and had been updated on the computerised system. All staff spoken with were complimentary of the new system stating they were well trained and knowledgeable regarding navigating the system. The registered manager stated that for the purposes of auditing that the system assisted the process and highlighted areas for updating which are in turn quickly addressed with the staff. All care records reviewed on the system were up to date in keeping with best practice and the patients' needs.

Staffing

Review of duty rotas for nursing and care staff confirmed that staffing levels were generally in keeping with the planned staffing levels as discussed. Discussion with staff and the registered manager confirmed that short notice absences were being managed in keeping with the home's protocol.

Staff, patients and patients' representative comments

All comments made during the inspection were positive. Some comments made are detailed below:

Staff

- "It's great here"
- "I am very happy, I have no complaints"
- "The new computerised system for records is great"
- "I love working here"
- "We all pull together as a team"
- "Things are good, if we need anything all we need do is ask"

Patients

- “Staff are very good here. They are the best around”
- “I don’t think there could be any improvement”
- “I am happy enough”
- “I get all my meals and I am well looked after”
- “Staff are kind to me, I think they listen well”
- “It’s a great place indeed”
- “Staff are friendly nothing is too much trouble”
- “The staff make me smile”

Patients’ representatives

- “The home is professionally run”
- ‘Even the most trivial thing, relating to (my relative) is communicated to me’
- “My (relative) is completely dependent on the staff. Any issues we have had were quickly sorted out”
- “I don’t think my (relative) would be better cared for anywhere else”
- “I cannot complain about the care”

Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The kitchen area is currently being refurbishment with little disruption to food provision in the home. This is to be commended.

Areas for Improvement

There were no areas for improvement identified during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Mary</i>	Date Completed	<i>11/4/16</i>
Registered Person	<i>Peggy O'Neill</i>	Date Approved	<i>31.3.16</i>
RQIA Inspector Assessing Response		Date Approved	

Please provide any additional comments or observations you may wish to make below:

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



RQIA Inspector Assessing Response	Donna Rogan	Date Approved	6 April 2016
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