



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 25 July 2019



St Josephs

Type of Service: Nursing Home
Address: 16 Princes Street, Warrenpoint, BT34 3NH
Tel no: 028 4175 3572
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 50 patients.

3.0 Service details

<p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual: Cathal O'Neill</p>	<p>Registered Manager and date registered: Jacqueline Rooney 29/04/2008</p>
<p>Person in charge at the time of inspection: Jacqueline Rooney</p>	<p>Number of registered places: 50 The home is also approved to provide care on a day basis to 12 persons. There shall be a maximum of 2 named residents receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 50</p>

4.0 Inspection summary

An unannounced inspection took place on 25 July 2019 from 09.10 to 18.20 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in St. Josephs which provides both nursing and residential care.

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

Evidence of good practice was found in relation to staffing arrangements, accident management, the environment, adult safeguarding, shift handovers, risk assessment and complaints management. Further good practice was observed in relation to the delivery of compassionate care, teamwork and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff registration checks, staff training, care planning and wound care. An area for improvement in relation to auditing has been stated for the second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*4

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

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Rooney, registered manager and Peggy O'Neill, owner, 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.

4.2 Action/enforcement taken following the most recent inspection dated 20 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff week commencing 22 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically: <ul style="list-style-type: none"> • the use and availability of personal protective equipment (PPE). • ensuring pedal operated bins are available in all toilets and bathrooms • replacement of one identified waste bin. • all wash creams should be for individual use. 	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has now been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall ensure that medicine trolleys are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.	Met
	Action taken as confirmed during the inspection: Medicine trolleys had been safely and securely stored in the home.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that the redecoration on the identified floor in the home is commenced.	Met
	Action taken as confirmed during the inspection: There was evidence of redecoration on the first floor.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that the provision of food and fluids to patients is recorded over the 24 hour period.	Met
	Action taken as confirmed during the inspection: Food and fluid intake had been recorded over the 24 hour period.	
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that the results of audits are analysed and action taken as appropriate.	Partially Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of auditing records evidenced that this area for improvement has not been fully met and has been stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 22 July 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that Access NI checks had been conducted. Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register. However, an area for improvement was identified to ensure a more timely application to NISCC from commencement of employment and to ensure that the NISCC register was checked as part of pre-employment checks where the applicant had previously worked in the care sector.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home. Compliance with training was monitored monthly on a training matrix, however, an area for improvement was identified to improve compliance with first aid and infection prevention and control training.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. A review of accident records evidenced that these had been maintained appropriately. RQIA had been notified of accidents appropriately.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. Compliance with best practice on infection prevention and control had been well maintained. There were no malodours detected in the home. Appropriate doors had been locked to promote patient safety.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, accident management, the environment and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to staff training and NISCC registrations.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Dietary requirements, such as the need for a diabetic diet, were communicated through staff handovers. Information also included the consistency of patients’ food and fluids. Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience during the inspection. Lunch commenced at 12.30 hours. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Tables in the dining room were set with table cloths, condiments and a copy of the day’s menu. The menu offered a choice of meal for lunch. Patients who were required to have their meals modified were offered the same meal choices. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients’ dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. A range of drinks were offered to patients. Dessert options for patients with diabetes were available. Patients consulted confirmed that they enjoyed the meal.

Patients’ risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. However, a review of one patient’s wound care records evidenced that a wound care plan had not been developed to guide treatment of an identified wound. A body map had not been completed to identify the location of the wound. Wound observation charts had been completed to monitor the progress of the wound. This was discussed with the manager and identified as an area for improvement. Records of repositioning had been well maintained.

Falls risk assessments and care plans had been developed and updated monthly or following a fall.

We reviewed the patient care records of a patient who had a chest infection. The patient had been commenced on an oral antibiotic. There was no care plan included within the patient’s care records to guide the management of the antibiotic. This was discussed with the manager and identified as an area for improvement.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient’s care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of this restrictive practice was monitored at the evaluation of the patients’ care plans.

Each staff member was aware of their roles and responsibilities within the team. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handover and nutrition management.

Areas for improvement

The following areas were identified for improvement in relation to care planning and wound care.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were observed to deliver care in a caring and timely manner. Patients confirmed that they were happy with the interactions that they had with staff. Some of their comments can be found in this section. Staff knocked on patients’ doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- “We can’t convey how appreciative we are of the care you all provided for mum. Our family couldn’t have got through the last two years without your kindness and professionalism.”

- “Everybody; carers, nurses and those who worked on the day to day running of the home have created a warm, wonderful welcoming community of staff and residents and demonstrate such pride in your work.”
- “You became dad’s family who cared for him and loved him while he was with you. He couldn’t have been in a better environment.”

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in St. Josephs was a positive experience. Patient questionnaires were left for completion. One was returned. The respondent indicated that they were very satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Patients consulted during the inspection commented:

- “We are very comfortable here. You won’t get better.”
- “I like living here. Staff are good. Foods good.”
- “I am very happy here. The staff are very good.”
- “We all make the most of what we have.”
- “This place is alright.”
- “It’s a very good home. They treat me well.”
- “This is a great place. Very cooperative staff.”
- “The best of food and the best of care here.”

Three patients’ visitors were consulted during the inspection. Patient representatives’ questionnaires were left for completion. Three were returned. The respondents indicated that they were either satisfied or very satisfied that the home was providing safe, effective and compassionate care and that the home was well led. Patients’ representatives consulted during the inspection commented:

- “This is a really good home. The staff are very kind.”
- “There is very good care here. The staff are very hard working.”
- “... is so happy here and that really makes the difference. It is a great home.”

Three questionnaires were returned which did not indicate if they were from patients or visitors. The respondents indicated that they were either satisfied or very satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 10 staff consulted during the inspection included:

- “It is really good here. I like my work.”
- “I like it alright. It is a good home.”
- “It’s dead on here.”
- “You have really good days and really hard days.”
- “It is a home from home. I like it.”
- “I love it here.”
- “I really like it here. You can get good rewards.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control. We reviewed the care record audits. Auditing records did not consistently evidence that where shortfalls in record keeping were identified, these shortfalls were identified with staff and reviewed to ensure completion. An area for improvement in this regard has been stated for the second time.

Monthly monitoring visits to the home were conducted by a responsible individual. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management, management of incidents and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified during the inspection in the well led domain. An area for improvement in relation to auditing has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Rooney, registered manager and Peggy O'Neill, owner, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 16 August 2019</p>	<p>The registered person shall ensure that wound care is conducted and recorded in accordance with best practice guidelines such as National Institute for Health and Care Excellence.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: We will monitor and audit wound care records to ensure the Nursing Team are compliant with NICE best practice guidelines</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2019</p>	<p>The registered person shall ensure that the results of audits are analysed and action taken as appropriate.</p> <p>Ref: 6.2 and 6.6</p>
	<p>Response by registered person detailing the actions taken: A new careplan audit tool has been devised and implemented by the Registered Person to document the discussion & recommendations made by the auditor when auditing the nurses careplans and this is clearly documented on the audit tool</p>

<p>Area for improvement 2</p> <p>Ref: Standard 38 Criteria (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</p>	<p>The registered person shall ensure that care staff apply for NISCC registration in a timely manner from commencement of employment. NISCC registrations should be checked on applicants who have previously worked in the care sector as part of pre-employment checks.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff will be asked to apply to the NISCC register within their first month of employment. This will be closely monitored by the manager. Any prospective new employees currently on the register will be checked for any sanctions prior to their start date.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that staff are compliant with training on first aid and on infection prevention and control.</p> <p>Ref: 6.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</p>	<p>The registered person shall ensure that a care plan is developed when a patient commences antibiotic therapy.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All Nurses are trained in First Aid and CPR , there are plans in place for care assistants to attend First Aid training on the 17th of September all other care staff will receive awareness training .</p> <p>Infection control awareness training will commence the end of September for all staff, this training is routinely given to all staff at induction</p> <p>Response by registered person detailing the actions taken: All Nurses have been informed that each patient who is commenced on an antibiotic is to have a comprehensive care plan to reflect same ,this will be routinely audited by the Manager or Clinical lead</p>

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



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