

# Unannounced Care Inspection Report

## 28 June 2017



## St Josephs

**Type of Service: Nursing Home**  
**Address: 16 Princes Street, Warrenpoint, BT34 3NH**  
**Tel No: 0284175 3572**  
**Inspector: Donna Rogan**

[www.rgia.org.uk](http://www.rgia.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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 50 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Kilmore Care Ltd Peggy O'Neill	<b>Registered Manager:</b> Jacqueline Rooney
<b>Person in charge at the time of inspection:</b> Christine Rooney, staff nurse in charge from 10.00 to 12.00 hours.  Jacqueline Rooney, from 12.00 to 17.10 hours.	<b>Date manager registered:</b> 29 April 2008
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability I – Old age not falling within any other category. 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  Residential Care (RC) 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	<b>Number of registered places:</b> 50 consisting of 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.

### 4.0 Inspection summary

An unannounced inspection took place on 28 June 2017 from 10.00 to 17.10 hours.

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, The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Care Standards for Nursing Homes 2015 and Residential Care Homes Minimum Standards August 2011.

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

The inspection assessed progress with any areas for improvement identified during and 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.

The term 'patients' is used to describe those living in St Joseph's which provides both nursing and residential care.

Evidence of good practice was found in relation to governance arrangements for the management of staff; management of accidents and incidents; staff awareness relating to adult safeguarding; fire safety standards and practices.

Areas for improvement under regulation were identified in relation to the storage of equipment and substances in the staff areas and areas not used by patients and wound care. Areas for improvement under the standards were identified in relation to the environment in an identified bedroom and the storage of chemicals required under Control of Substances Hazardous to Health Regulations (COSHH).

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Rooney, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 18 October 2016

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 October 2016. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing

- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with fifteen patients, seven staff, and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff. Ten questionnaires for staff; ten for relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 19 June to 2 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 15 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (1) <b>Stated:</b> First time	The registered provider must ensure that selection and recruitment processes are in keeping with best practice at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one recruitment file evidenced that it was managed in keeping with best practice.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered provider must ensure that the torn chairs and scuffed/damaged bedroom doors are repaired or replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patient chairs evidenced that a programme has commenced to ensure they are replaced. Damaged bedroom doors have been repaired.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager reviewed the management of the nurse call system and any issues raised have been actioned. A record of the review was made available.  Throughout the duration of the inspection the nurse call system was answered in a timely way.	

<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A member of staff has been assigned to administrative duties and has assisted the registered manager to organise filing systems. All the requested information was available and appropriately stored.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time	The registered provider should provide a record or evidence when patients in bed on the second and third floors are checked or attended to.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager introduced a new recording system, which evidenced when patients were in bed on the second and third floors that they had been tended to in a timely way.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time	The registered provider should ensure the outcome and action plans of audits and surveys are recorded alongside any action taken to address shortfalls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the audits completed evidenced that the outcomes and action plans of audits and surveys were recorded alongside action taken to address shortfalls.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 19 June to 2 July 2017 evidenced that the planned staffing levels were generally adhered to. On one occasion during that period staffing levels were not attained during the 08.00 to 14.00 hours shift. The registered manager stated that 'bank' staff were not available and that the needs of patients were effectively met with the staff that were on duty. The registered manager confirmed that a monthly analysis is conducted to assess the dependency of patients within the home in order to determine the required staffing levels. Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels. Feedback from staff in relation to staffing levels did not highlight any concerns regarding the numbers and skill mix staff on duty.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that they have been nominated to be the 'adult safeguarding champion' for the company and will attend all relevant training.

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

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining room were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

However, areas for improvement relating to the environment were identified. The storage area and the staff areas of the home are required to be reorganised urgently. These areas required to be thoroughly cleaned and reorganised to ensure appropriate storage of equipment in keeping with best practice. An area for improvement under regulation was identified.

The inspector further identified three separate areas where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under standards was identified to ensure COSHH regulations were adhered to. The three areas identified were addressed on the day of inspection.

One identified bedroom required the bedside locker to be cleaned, a chest of drawers required to be replaced. An area for improvement was made under the standards.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the reporting of notification of incidents to appropriate bodies; governance arrangements for the management of staff; promoting a culture of teamwork within the home.

### Areas for improvement

Areas for improvement were identified in relation to the environment; the identified storage and staff areas are required to be reorganised; adherence to COSHH regulations; cleaning of a bedside locker and replacement of an identified chest of drawers.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly. The most recent staff meeting was held on 26 April 2017 and the most recent residents/relatives meeting was held on 16 May 2017.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing 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.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of two patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, if appropriate. Regular communication with representatives within the daily care records was also found.

While the majority of care records did evidence that nursing care records were well managed. There were weaknesses identified in relation to one patient's care record in relation to wound care. Wound care is required to be reviewed to ensure that it is being managed in keeping with best practice. This was highlighted to the registered manager and an area for improvement under regulation was identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication; effective team work and the promotion of communication between residents, staff and family members.

### Areas for improvement

An area for improvement was identified under regulation in regards to the management of wound care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.6 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 interactions with patients were observed to be compassionate, caring and mostly timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests

for assistance. Feedback received from a number of patients during the inspection included the following comments:

“I couldn’t complain.”  
 “It’s lovely living here.”  
 “I’m well looked after.”

Staff demonstrated a good 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 and confidentiality.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the registered manager to be supportive and approachable.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff not on duty to complete; 10 for relatives and eight for patients. At the time of writing this report, seven patients, two staff and one relative had returned their questionnaires. The respondents stated that they were ‘very satisfied’ with the care being provided.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area was observed to be appropriately clean and tidy. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. There was an adequate menu on display for patients’ dining room. The meal served was soup to start, followed by a choice of steak or sausages served with carrots and turnip, mashed potatoes, onions and gravy. Dessert was a choice of apple crumble and custard or ice cream and jelly, and assortment of yoghurts and fruit and fluids was also available.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients; awareness of and adherence to the dietary requirements and preferences of patients and the dining experience.

### **Areas for improvement**

There were no areas for improvement identified in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with, were able to describe their roles and responsibilities. The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on at least three yearly basis or as required.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. One of the ten staff questionnaires returned a comment, "some days we do not always see the manager".

A certificate of public liability insurance was current and displayed. Following discussion with care staff and a review of care records it was evidenced that the home was operating within its registered categories of care.

A review of records evidenced that monthly monitoring visits 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. An action plan was generated to address any areas for improvement.

Discussion with the registered manager and a review of records confirmed that all complaints had been addressed and any expressions of dissatisfaction were recorded. An analysis of complaints was also completed on a monthly basis by the registered manager.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to:

- Accidents and incidents
- Weight loss
- Care records
- the use of bedrails
- Restraint

The registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. A 'general staff meeting' had occurred on 26 April 2017 along with a patient/relative meeting on 16 May 2017. Staff confirmed that such meetings were held and that the minutes were made available. Staff signatures were obtained as a record of attendance for these meetings.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and review of policies and procedures; records relating to the selection and recruitment of staff and the overall management processes in the home for example, monitoring records and auditing and receiving staff views.

## Areas for improvement

There were no areas for improvement identified in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

**Area for improvement 1**  
**Ref:** Regulation 13 (7)  
**Stated:** First time  
**To be completed by:**  
 With immediate effect

The registered person shall ensure that the identified storage and staff areas are appropriately cleaned and items stored in these areas and done in accordance with best practice and in the interests of infection prevention and control.

Ref: Section 6.4

**Response by registered person detailing the actions taken:**

All areas identified, cleaned, reorganised and routinely checked by domestic staff and Manager. These areas have been added to the cleaning audit and schedule.

**Area for improvement 2**

**Ref:** Regulation 12 (1) (b)

**Stated:** First time

**To be completed by:**  
 With immediate effect

The registered person shall ensure that wound care is reviewed and managed in accordance with best practice guidelines.

Ref: Section 6.5

**Response by registered person detailing the actions taken:**

Wound care audits are carried out on a monthly basis by manager to ensure that nurses are fully compliant in the management of wound care and best practice.

### Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)

**Area for improvement 1**

**Ref:** Standard 43

**Stated:** First time

**To be completed by:**  
 30 July 2017

The registered person shall ensure that the identified bedside locker is effectively cleaned and the identified chest of drawers is replaced.

Ref: Section 6.4

**Response by registered person detailing the actions taken:**

The identified locker and chest of drawers have been cleaned and replaced. Care assistants will be allocated specific wardrobes/drawers which they are responsible for and these will be audited by the manager/clinical lead.

**Area for improvement 2**

**Ref:** Standard 47

**Stated:** First time

**To be completed by:**  
 With immediate effect

The registered person shall ensure that all chemicals which are under COSHH regulations are appropriately stored at all times.

Ref: Section 6.4

**Response by registered person detailing the actions taken:**

All chemical products have been moved to ensure that they are behind locked doors and inaccessible to residents and this is being monitored.

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



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