

# Inspection Report

## 2 and 3 August 2021



## Rose Court Residential Home

Type of service: Residential (RC)  
Address: 30 Westbourne Avenue, Ballymena, BT43 5LW  
Telephone number: 028 2564 8165

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd <b>Responsible Individual:</b> Mrs Andrea Feeney	<b>Registered Manager:</b> Ms Gemma Murray- not registered
<b>Person in charge at the time of inspection:</b> 2 August 2021 Niamh Quinn Senior Care Assistant 8am - 8pm.  3 August 2021 Kelly Fitzgerald Deputy Manager 8am - 8pm.	<b>Number of registered places:</b> 82 A maximum of 60 residents in category RC-DE to be accommodated in the Maine Suite and Slemish Suite, a maximum of 22 residents in category RC-I to be accommodated in the Galgorm Suite.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 67
<b>Brief description of the accommodation/how the service operates:</b> <p>This home is a registered Residential Care Home which provides health and social care for up to 82 residents. The home is divided in three suites over two floors. The Maine Suite is on the ground floor and the Slemish Suite is on the first floor; both suites provide care for people with dementia. The Galgorm Suite is located on the first floor and provides general residential care.</p> <p>There is a Nursing Home on the same site which occupies part of the ground floor, separate management arrangements are in place for the Nursing Home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 2 August 2021, from 9.25 am to 5.00 pm and 3 August 2021 from 9.30 am to 3.00 pm by a care inspector.

RQIA received information on 28 July 2021 which raised concerns in relation to staffing, environmental issues and managerial oversight. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised.

Eleven new areas requiring improvement were identified as outlined in the Quality Improvement Plan. One area under Regulation has been stated for a second time and one area under the Standards has been carried forward for review at a future inspection.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of the inspection provided RQIA with assurance that care delivery to residents was effective and compassionate. Addressing the areas for improvement will further enhance the quality of care and services in Rose Court Residential Home.

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

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Leanne McGaffin, Regional Operations Director at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we engaged with 14 residents in the home individually or in small groups; 17 staff members on duty, the Regional Operations Director and the Director of Operations for Kathryn Homes.

No questionnaires were returned; we received four responses to the online survey from staff members. The feedback received was discussed in detail with the Regional Operations Director for her appropriate action. The residents told us they were happy living in the home. A resident shared how they loved it in the home and all the staff were helpful, lovely and kind. Discussions with staff on duty highlighted some discontent, staff described how they felt there was not enough staff on duty and they also felt the communication between management and staff could be improved. However, they all confirmed they enjoyed their work and looking after the residents.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Rose Court Residential Home was undertaken on 13 October 2020 by a pharmacist inspector.

Areas for improvement from the last inspection on 13 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27(4)(b) <b>Stated:</b> Second time	The registered person shall ensure there is no inappropriate storage in an electrical store room at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No inappropriate storage was observed in the electrical stores.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• cleansing wipes and toilet rolls are not stored on toilet cisterns</li> <li>• pull cords in communal bathrooms and residents bathrooms should be wipe able or have a plastic covering</li> <li>• staff wearing jewellery.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Toilet cisterns were observed free from clutter, pull cords were appropriately covered. A number of staff were observed wearing jewellery, gel nails and long sleeves.</p> <p>This area for improvement has been partially met and has been stated for the second time.</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post.

Review of two recruitment files did not evidence completion of an appropriate induction programme; an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Review of staff compliance statistics for training evidenced a number of staff were not up to date with their training specifically in areas appropriate to the care setting for example; dementia care and the prevention of falls. An area for improvement was identified. The majority of staff were compliant with their mandatory training requirements.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. It was observed a number of shifts both care and domestic shifts were covered by agency staff, discussion with the management team advised the home is actively recruiting staff and are hopeful a number of new staff will be starting soon. There was no evidence resident dependency levels were assessed to enable the Manager to accurately determine the appropriate staffing levels required. An area for improvement was identified.

Review of records identified that relevant checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

Competency and capability assessments for the person taking charge in the absence of the manager were reviewed a number of these assessments were not up to date. An area for improvement was identified.

Residents spoke highly on the care that they received. It was observed that care was delivered in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that they knew one another well and enjoyed each other's company.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at each shift change to discuss any changes in the needs of the residents. Residents' care records were maintained which accurately reflected their needs. Staff were knowledgeable of residents' individual needs, their daily routines, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. Residents were presented well in their appearance.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially. Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff.

Review of care records identified deficits in the consistent regular review of both resident care plans and risk assessments. An area for improvement was identified.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. A review of care records confirmed that the correct procedures were followed if restrictive equipment was required. However, there was no evidence the Manager audited this aspect of care delivery. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the residents. Staff took time to assist the residents to choose their meal. Residents spoke positively on the quality of the food provision in the home. It was observed that the menu was not on display in any of the three suites. An area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The fire risk assessment available for inspection was dated 29 September 2020 with no identified actions to be addressed. Staff had taken part in regular fire drills in the home, examination of the fire drill records identified gaps in the managerial oversight of the drill and in the explanation of the fire drill scenario. An area for improvement was identified.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were tastefully decorated and suitably furnished. Residents could choose where to sit; in one of the communal rooms or their bedrooms and staff were observed supporting residents to make these choices.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, a number of staff were observed wearing inappropriate items of jewellery, nail polish / gel nails and long sleeves.

There was no evidence the Manager monitored the staff hand hygiene practice or PPE compliance regularly. A previous area for improvement regarding infection control has been stated for a second time in regard to staff compliance with best practice in infection prevention and control, and a new area for improvement regarding managerial oversight and governance audits has been identified.

#### **5.2.4 Quality of Life for Residents**

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was evidence the residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Gemma Murray has been appointed as the new home Manager; RQIA were advised on inspection that Gemma has resigned from her role and recruitment was ongoing to appoint a new manager. Kathryn Homes management team agreed to keep RQIA updated with the successful recruitment of a new manager.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed the majority of staff were up to date with this training. There was evidence that incidents were reported to the local Trust appropriately.

A number of governance audits were completed to monitor the quality of care and services. Audits available for inspection included: infection prevention and control, care records, pressure care, weight loss, falls and the dining experience. There was inconsistency in regard to the quality of the audits reviewed. A number of the audits had not been completed consistently every month. Where deficits are identified the audit process should include an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements have been made; the care record, weight and infection control audits did not evidence an action plan or action plans were not appropriately completed. An area for improvement was identified.

There was a system in place to manage complaints. A review of the record of complaints and discussion with staff did not provide evidence learning from a recent complaint had been embedded into improving practices within the home. The specific complaint was discussed in detail with the management team and an area for improvement was identified.



The home is required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 to have a visit each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports are to be made available for review by residents, their representatives, the Trust and RQIA. The last report available for inspection was February 2021. This was discussed with the Management team and all subsequent Regulation 29 reports were forwarded on email to the inspector for review. It was observed that some of the deficits identified from the inspection had been identified on the most recent report. As the reports were reviewed on email, there was no way to determine if the action plans developed had been appropriately addressed by the Manager. An area for improvement was identified.

The inspection findings regarding the governance deficits were discussed following the conclusion of the inspection and it was acknowledged by the management team there was a need for more robust oversight of the governance within the home. The home would be supported by the Regional Operations Director to work on achieving compliance with the areas for improvement identified.

## 6.0 Conclusion

Residents were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness. Care was provided in a caring and compassionate manner. Some of the concerns raised to RQIA on 28 July 2021 were partially substantiated.

Eleven new areas for improvement were identified. One area for improvement under Regulation has been stated for a second time and one area under the Standards has been carried forward for review at a future inspection.

Based on the inspection findings and discussions held it was evident that Rose Court Residential Home was providing safe and effective care in a compassionate manner; and that the management team acknowledged the need for more robust oversight of the governance systems within the home to drive the necessary improvements.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	9*	4*

\* the total number of areas for improvement includes one area under Regulation which has been stated for a second time and one area under the Standards which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Leanne McGaffin, Regional Operations Director, part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• staff wearing jewellery, nail polish, gel nails and long sleeves.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have received supervision from Deputy Manager. All staff reminded of bare below elbow and reason for same at staff meeting on 17.8.21 and 20.8.21. Checks for compliance added to Home Manager/Deputy Manager daily walkaround and RAP reports.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2021</p>	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the manager and available for inspection in staff recruitment records.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff recruitment files being overseen by Administrator and checklist adhered to. Audit completed and now compliant for all those currently recruited.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2021</p>	<p>The registered person shall ensure that staff complete training relevant to their role.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• Falls prevention</li> <li>• Dementia care.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff reminded to complete e-learning modules and oversight obtained for same. Dementia training was organised for 24/8/21 with good attendance at same.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that resident dependency levels are assessed, kept up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Dependency and needs of residents under review by Deputy Manager and will be regularly reviewed by new manager who assumes post on 20/9/21.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure competency and capability assessments are completed and reviewed regularly for any staff who have responsibility of being in charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All competency and capability assessments are being reviewed and completed by Deputy Manager for all staff who are in charge of the home. Regional Operations Director has completed for Deputy Manager. All are reviewed during appraisals.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 September 2021</p>	<p>The registered person shall ensure residents' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the resident.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan audits and updates have been completed to ensure they accurately reflect the needs of residents. These will be ongoing and monthly going forward.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 14 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the use of restrictive practices is regularly reviewed by the manager in the form of a monthly audit.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Restrictive practice audits are in place and have been completed by Deputy Manager and will be reviewed ongoing on a monthly basis by Home Manager.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 September 2021</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 September 2021</p>	<p>The registered person shall ensure monthly monitoring reports are available at all times for inspection by RQIA.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All quality assurance audits missing have been completed and Deputy Manager is overseeing compliance. New Home Manager will have robust induction programme and buddy system with another Home Manager to ensure compliance going forward.</p> <p><b>Response by registered person detailing the actions taken:</b> Home Managers are aware of need to ensure these are available as working documents.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>the daily menu is displayed in a suitable format and is reflective of the meal choices available.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Daily menus have been designed and completed and will be displayed in all dining rooms.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that fire drill records are completed in full and evidence home manager oversight.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Fire drills have been completed, signed by Deputy Manager and include full details of response.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a robust complaint procedure is in place and if appropriate associated learning from complaints is embedded into improving practice.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> New complaints policy/procedure was introduced. The process is tracked and lessons learned shared.</p>

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



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