

## Unannounced Follow Up Care Inspection Report 11 May 2018











## **Rose Court Residential Home**

Type of Service: Residential Care Home Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

Tel No: 028 2564 8165 Inspector: Kylie Connor

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 provider 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 residential care home with 51 beds that is registered to provide care for residents within the categories of care stated in section 3 of this report. The home is in a shared complex with a registered nursing home.

### 3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd  Responsible Individual: Gavin O'Hare Connolly	Registered Manager: Pauline Hunter
Person in charge at the time of inspection: Pauline Hunter	Date manager registered: Pauline Hunter - registration pending
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: Total number 51 places comprising: RC - I - 22 places on the first floor RC - DE - 29 places on the ground floor

### 4.0 Inspection summary

An unannounced inspection took place on 11 May 2018 from 10.30 to 15.10.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of residents in Rose Court Residential Home.

The following areas were examined during the inspection:

- The use of the premises to conduct business in respect to another service
- Governance and management arrangements
- Visits by registered provider
- Recruitment and selection of staff
- Registration of staff with their professional bodies

Staff said that the quality of care provided in the home was good, that there was good communication in the home and they were supported in their roles.

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

### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

There were no areas for improvement identified following this inspection. Enforcement action did not result from the findings of this inspection.

### 4.2 Action/enforcement taken following the most recent pre-registration care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 February 2018.

### 5.0 How we inspect

Prior to the inspection a range of records relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP and written and verbal communication received.

During the inspection the inspector met with the manager, the head of quality and governance, six staff and observed and greeted residents during the inspection.

The following records were examined during the inspection:

- Three reports of visits by registered provider
- Four staff files
- Staff registration with professional bodies

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

### 6.0 The inspection

# 6.1 Review of areas for improvement from the most recent inspection dated 20 February 2018

The most recent inspection of the home was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

This QIP is carried forward to the next care inspection and will be validated by the care inspector at the next care inspection.

# 6.2 Review of areas for improvement from the last care inspection dated 20 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1  Ref: Regulation 20 (3)  Stated: First time	The registered person shall put in place a competency and capability assessment for any senior care assistant who will be given the responsibility of being in charge of the residential home for any period in the absence of the manager.	Carried forward
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	to the next care inspection
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Ref: Standard 25.4	The registered person shall review the allocation of hours for laundry provision to account for the size of the home and the aligned duties of this role.	
Stated: First time	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	Carried forward to the next care inspection
Area for improvement 2  Ref: Standard 27.1  Stated: First time	The registered person shall confirm that the programme of deep cleaning has been put in place for the transfer for residents and patients in this proposal.	Not met
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	Carried forward to the next care inspection

Area for improvement 3  Ref: Standard 27.12  Stated: First time	The registered person shall review the provision of communal living space in the first floor residential accommodation and ensure the use of the identified room is in compliance with its registered purpose and designation.	Carried forward
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	to the next care inspection
Area for improvement 4  Ref: Standard 20.6  Stated: First time	The registered person shall revise and update the home's Statement of Purpose and Resident's Guide with details of the staffing arrangements and submit these documents to RQIA.	
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	Carried forward to the next care inspection

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 20 February 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

### 6.3 Inspection findings

### Use of premises by unregulated service

The manager advised that the premises were not used to conduct business in respect to another service. They were not unaware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

### **Governance and management arrangements**

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The manager outlined the management arrangements and governance systems in place within the home. The manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager confirmed that they felt supported in their role by senior management.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open

and transparent methods of working and effective working relationships with internal and external stakeholders.

### Visits by registered provider

The manager confirmed that visits by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Review of the last two reports dated 23 March 2018 and 30 April 2018 evidenced that:

- the visits had been completed by Amanda Leitch, head of quality and governance
- the reports contained the date of visit; the time commenced and the time concluded
- residents were spoken with as part of the visit
- staff were interviewed as part of the visit
- where areas for improvement were identified; an action was developed to address the issues
- areas for improvement previously identified are being addressed
- there is a system in place to escalate areas for concern up through the governance structures within Runwood Homes

#### Recruitment and selection of staff

Discussion with the manager and review of four staff files confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Three files did not have reasons for leaving previous posts detailed. The manager reported that a new online system for applicants had been introduced and gave assurance that this would be corrected immediately on the online template and records made good. Following the inspection, the manager verified that these actions had been completed.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice. The inspector advised that it is best practice to record the date AccessNI enhanced disclosures are received and reviewed in addition to the date of issue. The manager and head of quality and governance gave assurances that this practice would be introduced immediately.

### Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

### Areas of good practice

Areas of good practice in the home included communication between staff and residents and the use of colour coding in Regulation 29 reports to indicate progress of the action plan.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Area for improvement 1	The registered person shall put in place a competency and capability assessment for any senior care assistant who will be given the
Ref: Regulation 20 (3)	responsibility of being in charge of the residential home for any period
(0)	in the absence of the manager.
Stated: First time	
To be consulated by Of	Ref: 6.1
<b>To be completed by:</b> 21 March 2018	Action required to ensure compliance with this regulation was
Water 2010	not reviewed as part of this inspection and this will be carried
	forward to the next care inspection.
	Ref: 6.2
Action required to ensure	e compliance with the DHSSPS Residential Care Homes Minimum
Standards, August 2011	
Area for improvement 1	The registered person shall review the allocation of hours for laundry
Def. Oten dead OF 4	provision to account for the size of the home and the aligned duties of
Ref: Standard 25.4	this role.
Stated: First time	Ref: 6.1
<b>To be completed by:</b> 21 March 2018	Action required to ensure compliance with this standard was not
March 2016	reviewed as part of this inspection and this will be carried forward to the next care inspection.
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	Ref: 6.2
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Area for improvement 2	The registered person shall confirm that the programme of deep cleaning has been put in place for the transfer for residents and
Ref: Standard 27.1	patients in this proposal.
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Stated: First time	Ref: 6.1
To be completed by 04	Action required to ensure compliance with this standard was not
<b>To be completed by:</b> 21 March 2018	reviewed as part of this inspection and this will be carried
11.51011 2010	forward to the next care inspection.
	Ref: 6.2

Area for improvement 3 The registered person shall review the provision of communal living space in the first floor residential accommodation and ensure the use Ref: Standard 27.12 of the identified room is in compliance with its registered purpose and designation. Stated: First time Ref: 6.1 To be completed by: 21 March 2108 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 6.2 The registered person shall revise and update the home's Statement Area for improvement 4 of Purpose and Resident's Guide with details of the staffing Ref: Standard 20.6 arrangements and submit these documents to RQIA. Ref: 6.1 Stated: First time

To be completed by: 21

March 2018

Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Ref: 6.2

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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