

Inspection Report

13 December 2023



Rose Court Residential Home

Type of service: Residential Care Home

Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual: Mrs Tracey Anderson	Registered Manager: Miss Andrea Harkness – not registered
Person in charge at the time of inspection: Miss Andrea Harkness	Number of registered places: 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.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 79
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 82 residents. The home is divided into three units over two floors. The Maine unit is located on the ground floor; the Slemish and Galgorm units are both located on the first floor. The Maine and Slemish units provide care for residents living with dementia. The Galgorm unit provides care for residents over 65 years of age and not falling within any other category of care. Residents' bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area. There is a separately registered nursing home which is located within the same building.	

2.0 Inspection summary

An unannounced inspection took place on 13 December 2023 from 8.10 am to 6.00 pm by two care inspectors.

Prior to the inspection RQIA received information from the Northern Health and Social Care Trust (NHSCT) in relation to concerns with the home's environment, non-adherence to speech and language therapists' (SALT) assessments and the mealtime experience.

As a result of this inspection significant concerns were identified in relation to the governance arrangements in the home and the lack of progress with the areas for improvement identified during previous care inspections conducted on 17 and 18 April 2023 and 20 July 2023.

Given the seriousness of the concerns raised, a meeting was held on 20 December 2023 with the intention of issuing four Failure to Comply (FTC) notices under The Residential Care Homes Regulations (Northern Ireland) 2005:

- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 13 (1) (a) (b) relating to the health and welfare of residents
- Regulation 13 (8) (a) relating to the privacy and dignity of residents
- Regulation 14 (2) (a) (b) (c) relating to avoidable risk

As a result of the actions taken by the RI and the manager and the assurances provided during the meeting the Failure to Comply Notices under Regulation 13 (1) (a) (b), Regulation 13 (8) (a) and Regulation 14 (2) (a) (b) and (c) were not served.

However, RQIA were not satisfied that robust management and governance arrangements were in place to ensure the findings were fully addressed and improvements sustained. As a result, a Failure to Comply notice (FTC000216) was issued under Regulation 10 (1) with the date of compliance to be achieved by 7 February 2024.

A second meeting was held on 20 December 2023 with the intention to issue a Notice of Proposal to place conditions on the registration of Rose Court Residential Home under The Residential Care Homes Regulations (Northern Ireland) 2005:

- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 13 (1) (a) (b) relating to the health and welfare of residents
- Regulation 13 (8) (a) relating to the privacy and dignity of residents
- Regulation 14 (2) (a) (b) (c) relating to avoidable risk

At this meeting assurances were provided by the management team as to how the concerns raised would be addressed, therefore, Notice of Proposal Notices under Regulation 10 (1), Regulation 13 (1) (a) (b), Regulation 13 (8) (a) and Regulation 14 (2) (a) (b) (c) were not served at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy in Rose Court and described the staff as excellent. Residents' comments included, "I love it here, the staff are very attentive," and "All is very good, I have no concerns."

One resident told us, "Sometimes you have to wait a long time for the staff to answer the buzzers." This information was passed on to the manager for their information and action as required.

We spoke with one resident's relatives who told us, "We are very happy with the care provided, there are no issues."

Staff said that they were satisfied with the staffing levels in the home. Staff said that there had been a lot of changes recently in the home and that this was sometimes hard to deal with; this information was passed on to the management team. Further communication from staff was discussed with the management team during feedback.

No additional feedback was received from residents, relatives or staff following the inspection.

5.0 The inspection

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

Areas for improvement from the last inspection on 20 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the management of medicines for new admissions to ensure medicines are administered as prescribed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: Second time	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.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 18 Stated: First time	The registered person shall review the management of medicines prescribed for distressed reactions to ensure the reason for and outcome of each administration is recorded.	Carried forward to the next inspection
	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.	

Area for improvement 3 Ref: Standard 31 Stated: First time	The registered person shall review the management of controlled drugs in Schedule 4 (Part 1) to ensure accurate records of administration are maintained and recorded stock balances are reflective of actual stock levels.	Carried forward to the next inspection
	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.	
Area for improvement 4 Ref: Standard 27.1 Stated: Second time	The registered person shall ensure that all areas of the home are kept clean and hygienic at all times.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been subsumed into the FTC notice issued under Regulation 10 (1). Refer to Section 5.2.3 and 5.2.5 for further details.	
Area for improvement 5 Ref: Standard 12.10 Stated: First time	The registered person shall ensure that food and drink is safely stored to ensure residents who are at a risk of choking risk do not have access to any.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been subsumed into a Regulation. Refer to section 5.2.4 for further details.	
Area for improvement 6 Ref: Standard 23.8 Stated: First time	The registered person shall ensure that staff knowledge of IPC processes is embedded into practice. This is with specific reference to the disposal of soiled pads.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time. Refer to section 5.2.4 for further details.	

5.2 Inspection findings

5.2.1 Quality of Life for Residents

Staff had a good rapport with residents and a sound knowledge of communication styles which were personalised for individual residents. Staff showed compassion and empathy when supporting residents throughout the day.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents also told us that staff offered them choices throughout the day which included food and drink options and where and how they wished to spend their time.

Residents' relatives said that they always felt welcome when they visited the home.

The activities coordinator had arranged a trip out for those residents who wished to attend to a local 'winter wonderland.'

5.2.2 Health and Welfare of Residents

Concerns were identified regarding the personal care of residents in two of the three units in the home. A number of residents looked unkempt; some residents were observed to be wearing mismatched clothing and a number of residents required attention to nail care. One resident was observed wearing clothing which was inside out while another resident was observed wearing wet clothing. When RQIA brought these matters to the attention of staff, residents were immediately attended to with nail care and supported to change their clothing where needed. It is concerning that staff failed to recognise the need to assistance these residents with their appearance prior to being prompted to do so. An area for improvement was identified.

In two units there was evidence of poor organisation of residents' clothing; wardrobes were not always being used to hang clothing and drawers were packed with clothing which was not easily accessible. One wardrobe had no rail to hang the resident's clothes and their clothes were left in a bag at the bottom of the wardrobe. This had the potential to reduce residents' independence and choice regarding their clothing and demonstrates a lack of regard for the value placed on residents' personal belongings.

Personal care records identified significant gaps particularly in relation to residents' having showers and/or baths. 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 may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise. It was observed that most residents were enjoying their meal and their dining experience.

In one unit the mealtime experience was relaxed and closely supervised by a member of staff, however, in another unit there was not enough staff present to provide support for residents during the lunchtime meal. For example, one care assistant who was supporting a resident with lunch, left them after some minutes to attend to their original delegated task of providing meals to residents in their bedrooms. The resident did not receive any further encouragement or support to eat their meal despite the need for supervision and encouragement with eating and drinking being identified on this resident's nutritional care plan. This was identified as an area for improvement.

In one unit staff told us that it can feel "chaotic" at mealtimes when residents require support with their meals as there are a number of different tasks to complete. One resident was provided with the wrong level of modified diet. Although staff stated that the resident had capacity to choose, the resident's care plan did not reflect this. This was identified as an area for improvement and discussed with the management team during feedback.

The records of residents weights evidence that a number of residents had experienced significant weight loss. The weight loss was identified by the manager through auditing and referrals had been made to key Health and Social Care staff. There was insufficient evidence of the actions taken to investigate the reasons for residents' weight loss. This was discussed with the management team during feedback. The management team provided evidence during the meeting on 20 December 2023 that new audit forms were in place with regards to the management of weight loss which included investigations as to any possible reasons for the weight loss. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

These findings were discussed with the home's management team at the meeting on 20 December 2023. As a result of the actions taken by RI and the manager following the inspection and the assurances provided during the meeting of further actions planned the Failure to Comply Notices under this Regulation were not served.

5.2.3 Privacy and Dignity of Residents

Given the issues identified in the two units providing care to residents with dementia it was positive to note that the manager had arranged training for staff in relation to working with people who are living with dementia; the first of these sessions was taking place on the day of the inspection.

RQIA were concerned that the manner in which resident's needs were discussed and delegated between staff failed to preserve residents' dignity. Staff were observed to shout the specific needs of some residents across the dining room, which is not in keeping with promoting dignity or respect for the resident. RQIA received some assurances from the manager and the responsible individual both during and following the inspection that new measures were in place to address this concern however, this concern is included within Failure to Comply Notice under regulation 10 (1)

5.2.4 Management of Avoidable Risk

One unit was found to be clean and tidy with no malodour. However; deficits were identified in relation to the cleanliness of the other two units. There was evidence of malodours across a number of different areas within these units and individual resident's bedrooms; this was identified as an area for improvement. Additional areas, where more enhanced cleaning was required, were identified with peddle bins, some residents' bathroom cabinets, a toothbrush holder and the microwaves in two communal kitchenette being unclean.

These deficits were brought to the attention of the manager and responsible individual on the day of the inspection. Although RQIA received some assurances from the manager and the responsible individual both during and following the inspection that new measures were in place to address the shortfalls in cleanliness, this area for improvement was not met and has been subsumed into a Failure to Comply Notice under Regulation 10 (1).

In one resident's bedroom, a peddle bin was overflowing with continence pads; this was identified as an area for improvement during the previous inspection and has now been stated for second time.

Food and chocolate was found in unlocked cupboards accessible to residents in two of the three units in the home. there were a number of residents with swallowing difficulties in both units. Prior to inspectors leaving, maintenance was placing locks on the cupboards. There was no evidence that this risk had been identified by staff or management. This was identified as an area for improvement during the previous inspection and has now been subsumed into a regulation.

It was noted that thickening agents were being stored in two unlocked cupboards accessible to residents. This was brought to the attention of staff who addressed this.

Inappropriate donning and doffing of personal protective equipment (PPE) was observed in both the Maine and the Slemish units. An area for improvement was identified.

These findings were discussed with the home's management team at the meeting on 20 December 2023. As a result of the actions taken by RI and the manager and the assurances provided during the meeting the Failure to Comply Notices under this Regulation were not served.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Andrea Harkness has been the manager of the home since 24 November 2023.

There has been a high turnover of managers since April 2021. Based on the inspection findings RQIA are concerned that the turnover of managers has impacted on the quality of care and standards throughout the home and that senior managerial oversight has not been effective in ensuring the delivery of safe, effective and compassionate care for residents.

It was noted that staff lacked knowledge in how or when to report concerns to management. Concerns were also identified in relation to a lack of managerial oversight regarding the standard of cleanliness in the home as highlighted in section 5.2.3. Both concerns are included within Failure to Comply Notice under regulation 10 (1)

6.0 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 (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	7*	5*

* the total number of areas for improvement includes two standards that have been stated for a second time and one regulation and three standards which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 7 February 2023	<p>The registered person shall review the management of medicines for new admissions to ensure medicines are administered as prescribed.</p> <p>Ref: 5.1</p>
	<p>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 is carried forward to the next inspection.</p>
Area for Improvement 2 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 13 December 2023	<p>The registered person shall ensure residents' personal care and grooming needs are met.</p> <p>Ref 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Audits are being complete daily by management and issues addressed at the time Supervisions complete on all staff regarding the expectations of standards of care</p>

<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2023</p>	<p>The registered person shall ensure residents' personal care records accurately reflect the care delivered.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: Daily allocation sheets commenced to allocate staff to residents which includes responsibility of residents records. Daily audits are being complete on residents personal care charts by management and any identified issues with documentation are being addressed with the staff member.</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2023</p>	<p>The registered person shall ensure that residents are supervised during mealtimes in accordance with their assessed needs.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: Meal time co coordinators now in place which ensures oversight and leadership to ensure appropriate supervision is provided. Meal time sheets highlight the level of supervision required</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2024</p>	<p>The registered person shall ensure that training with regards to the privacy and dignity of residents is provided and this training is embedded into practice.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: Training has been provided to staff</p>
<p>Area for Improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2023</p>	<p>The registered person shall ensure that residents' meals are appropriately modified and served in accordance with their SALT assessments.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: Home manager completes monthly IDDSI audits Meal time co ordinator in place and safety pause to ensure correct meals are provided weekly meal time audits being complete</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2023</p>	<p>The registered person shall ensure that food and thickening agents are stored securely.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Daily walkarounds being complete</p> <p>Dining rooms locked to ensure residents cannot access thickener</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 7 March 2023</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>Action taken as confirmed during the inspection:</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2023</p>	<p>The registered person shall review the management of medicines prescribed for distressed reactions to ensure the reason for and outcome of each administration is recorded.</p> <p>Ref 5.1</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2023</p>	<p>The registered person shall review the management of controlled drugs in Schedule 4 (Part 1) to ensure accurate records of administration are maintained and recorded stock balances are reflective of actual stock levels.</p> <p>Ref 5.1</p> <p>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.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23.8</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2024</p>	<p>The registered person shall ensure that staff knowledge of IPC processes is embedded into practice. This is with specific reference to the disposal of soiled pads.</p> <p>Ref 5.1 & 5.2.4</p> <p>Response by registered person detailing the actions taken: Small bags have been put in place for staff to bring with them when attending to care needs to ensure soiled pads are placed in these and then taken to the sluice room for disposal Daily observations being complete to ensure compliance of same and on the move supervisions complete if staff are not adhering to same</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2024</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in relation to the:</p> <ul style="list-style-type: none"> • Appropriate use of Personal Protective Equipment • Donning and doffing of Personal Protective Equipment <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff will complete donning and doffing competency again Daily observations being complete to ensure compliance of same Supervisions complete with all staff regarding infection control including on the move supervisions if concerns are identified</p>

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