

# Inspection Report

18 April 2024



## Rose Court Residential Home

Type of service: Residential Care Home

Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

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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><br>Kathryn Homes Ltd<br><br><b>Responsible Individual:</b><br>Mrs Tracey Anderson   | <b>Registered Manager:</b><br>Miss Andrea Harkness<br><br><b>Date registered:</b> 3 April 2024  |
| <b>Person in charge at the time of inspection:</b><br>Miss Andrea Harkness   | <b>Number of registered places:</b><br>82<br><br>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><br>Residential Care (RC)<br>RC - Residential Care<br>DE - Dementia<br>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><br>78   |
| <b>Brief description of the accommodation/how the service operates:</b><br>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.<br><br>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.<br><br>Residents' bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.<br><br>There is a separately registered Nursing Home which occupies the same building. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 18 April 2024, from 7.00 am to 4.20 pm by two care inspectors.

RQIA received intelligence on 4 April 2024 which raised concerns in relation to staffing levels, the provision of care and the completing of documentation. Further concerns were raised on the 15 April 2024 in relation to the provision of personal care. RQIA undertook an inspection in response and focused on the concerns raised. Two of the concerns raised were not substantiated and the third concern, with regards to the provision of personal care, was partially substantiated.

The areas for improvement stated at the previous care inspection were reviewed as part of this inspection. Compliance was evident with regards to these areas of improvement. Areas for improvement identified at the previous medicines management inspection were carried forward for review at a future inspection.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led.

Residents who were able to make their wishes known, told us they were happy in Rose Court. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that Rose Court was a good place to work; there was a good sense of teamwork. Staff spoken with expressed no concerns regarding the staffing levels in the home. One staff member commented “things are ten times better, it’s really good.”

Specific comments received from residents and staff are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in their interactions with the residents. Staff were knowledgeable with regards to the residents’ individual needs and preferences, for example, staff were aware of specific dietary needs and preferred morning routines.

New areas for improvement were identified in relation to; evidencing actions taken when personal care is refused, care of substances hazardous to health (COSHH) and care planning.

The findings of this report will provide the manager 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 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 Miss Andrea Harkness, Manager and Mr Owen Beattie, Deputy Manager 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 just love it here," "I like it here, they are all very good people," and "everything is very nice here."

Staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities, one staff member gave the example of recent dementia training.

Staff comments included, "the managers are supportive," and "the managers are good, there are no issues with staffing" and "Staffing levels are very good at the minute, everything is fine."

Further comments from staff and visiting relatives were passed on to the manager for action if required.

No additional feedback was received from 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 7 <sup>th</sup> February 2024                                      |  |   |
|--|--|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005             |  | Validation of compliance                      |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Regulation 13 (4)<br><b>Stated:</b> First time                          | The registered person shall review the management of medicines for new admissions to ensure medicines are administered as prescribed.                            | <b>Carried forward to the next inspection</b> |
|  | <b>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.</b> |   |
| <b>Area for Improvement 2</b><br><b>Ref:</b> Regulation 13 (1) (b)<br><b>Stated:</b> First time                      | The registered person shall ensure residents' personal care records accurately reflect the care delivered.   | <b>Met</b>                                    |
|  | <b>Action taken as confirmed during the inspection:</b><br>As written this area for improvement was met.   |   |
| <b>Area for Improvement 3</b><br><b>Ref:</b> Regulation 13 (8) (a)<br><b>Stated:</b> First time                      | 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.   | <b>Met</b>                                    |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |   |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) |  | Validation of compliance                      |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Standard 6  | 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.  | <b>Carried forward to the next inspection</b> |

|  |   |   |
|--|---|---|
| <b>Stated:</b> Second time   | <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>  |   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 18<br><br><b>Stated:</b> 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.   | <b>Carried forward to the next inspection</b> |
|  | <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>  |   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 31<br><br><b>Stated:</b> 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. | <b>Carried forward to the next inspection</b> |
|  | <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>  |   |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Standard 8.5<br><br><b>Stated:</b> First time | The registered person shall ensure that all records are legible, up-to-date, signed and dated. This is with specific reference to the dietary records held by the kitchen staff.  | <b>Met</b>                                    |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |   |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff confirmed that they were happy with the staffing levels in the home. The management team told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff said “the staffing levels are ok now; they are much better” and “staffing is better than it had been, staff are willing to help out.” Some staff said staffing levels could fluctuate dependent on staff sickness and annual leave. This was shared with the manager for action as appropriate.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences. Detailed handover sheets were made available to all staff at each shift changeover.

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.

There was evidence of positive, respectful interaction between staff and residents. The majority of the residents were well presented, however, it was not always clear from personal care records, the actions which had been taken if a resident refused support with their personal care needs. A discussion took place with the manager regarding the importance of considering alternative approaches and seeking professional advice when supporting people with dementia. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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.

It was observed that some residents in the home preferred to lock their bedroom doors when they were inside. A review of care records indicated that risk assessments did not always reflect these preferences. This was discussed with the manager during feedback. An area for improvement was identified.



Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Corridors were clean and free from obstruction. A storage cupboard was observed unlocked on two occasions, this contained cleaning liquids. Surface cleaner was also observed in communal areas accessible to residents. This was discussed with the manager during the inspection for immediate action. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home.

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

Discussion with residents and staff confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. There was a relaxed, homely atmosphere in all areas in the home. residents were observed enjoying each other's company in the communal lounges.

Residents' needs were met through a range of individual and group activities, such as arts and crafts, board games, one-to-one sessions, and musical events.

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

There has been no change in the management of the home since the last inspection. Miss Andrea Harkness has been the Registered Manager of the home since 4 April 2024.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

## **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 |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 2*          | 5*        |

\* the total number of areas for improvement includes 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 Miss Andrea Harkness, Manager and Mr Owen Beattie, Deputy Manager, as 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>   |  |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Regulation 13 (4)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>7 February 2023                              | The registered person shall review the management of medicines for new admissions to ensure medicines are administered as prescribed.<br><br>Ref: 5.1  |
|   | <b>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.</b>   |
| <b>Area for Improvement 2</b><br><br><b>Ref:</b> Regulation 14 (2) (a)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>From date of inspection<br>18 April 2024 | The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically with reference to the storage of cleaning products.<br><br>Ref 5.2.3 |
|   | <b>Response by registered person detailing the actions taken:</b><br>Supervision complete on staff to ensure they are aware of the risks. Home manager completing walkaround through the day to monitor                        |

| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>   |   |
|---|---|
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Standard 6<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>7 February 2023                            | 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.<br><br>Ref: 5.1   |
|   | <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>  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 18<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>7 February 2023                            | 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.<br><br>Ref: 5.1   |
|   | <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>  |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 31<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>7 February 2023                            | 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.<br><br>Ref: 5.1 |
|   | <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>  |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Standard 22.4<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>From date of inspection<br>18 April 2024 | The registered person shall ensure that supplementary documentation in relation to personal care is kept up to date and accurate and; reflects the actions taken when an individual refuses personal care.<br><br>Ref: 5.2.2                |
|   | <b>Response by registered person detailing the actions taken:</b><br>New personal care records have been put in place which includes actions taken should personal care be declined. These are checked by management daily                  |

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|--|--|
| <b>Area for improvement 5</b><br><br><b>Ref:</b> Standard 5.5<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>31 July 2024 | <p>The registered person shall ensure that risk assessments are in place to reflect residents' preferences and needs with regards to the locking of their bedroom doors.</p> <p>Ref 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/> All care plans now have been updated to reflect the residents who lock own doors</p> |
|--|--|

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



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