

# Inspection Report

19 August 2024



## Rose Court Residential Home

Type of service: Residential

Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

Telephone number: 028 2564 8165

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd	<b>Registered Manager:</b> Miss Andrea Harkness
<b>Responsible Individual</b> Mrs Tracey Anderson	<b>Date registered:</b> 3 April 2024
<b>Person in charge at the time of inspection:</b> Miss Andrea Harkness	<b>Number of registered places:</b> 82
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 82
<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 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.</p> <p>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.</p> <p>Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.</p> <p>There is a separately registered Nursing Home which occupies the same building.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 August 2024, from 8.50 am to 5.25 pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in Rose Court Residential Home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was bright and welcoming, the atmosphere was warm and residents were observed to be seated comfortably in communal areas across the home, or their bedrooms based on their individual preference.

It was evident that staff promoted the dignity and well-being of residents, this was observed through staff's interactions with residents and also in the feedback from residents' and their visitors regarding care delivery. Staff provided care in a compassionate manner.

Residents told us that they were happy in Rose Court Residential Home, residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents and their relatives confirmed that they would be confident in raising any concerns or complaints to staff and that these would be managed appropriately. Specific comments received from residents and their relatives and other professionals are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

No new areas for improvement were identified during this inspection.

RQIA were assured that the delivery of care and service provided in Rose Court Residential Home was safe, effective, compassionate and that the home was well led.

### **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 living in Rose Court Residential Home. Residents comments included, "This place is lovely, they are very good to us," and "I am very happy here, I like it fine."

Staff spoke positively in terms of the provision of care in the home. One staff member said, "This is a nice working environment, the residents are well looked after." Another staff member said, "the morale is much better now, staffing wise we are much better."

One residents' relative told us "I am very happy with the care, there is excellent communication from staff."

A visiting professional said, "I have no concerns, I never see anything worrying, the staff are very good."

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

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

#### 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 18 April 2024		
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 13 (4)  <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>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> Second time	<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>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	<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><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>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	<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><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>	<b>Carried forward to the next inspection</b>

<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 22.4  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 5.5  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff had completed a wide range of mandatory training.

Discussion with staff confirmed that they found the inductions in the home helpful and informative. Staff confirmed that they felt supported and were paired with more experienced staff so that they could become familiar with the policies and procedures in the home and with residents' preferred routines.

Staff said there was good teamwork and that they felt supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, "We have a great manager, you could not fault her, you can go to her with anything."

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.

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.

Residents said that they were happy in the home and described staff as “good” and “kindly.”

One residents’ relative said “There is great communication with the staff team, I have no concerns.” Comments from other visitors were shared with the management team for review and action if needed.

Residents, relatives and staff spoken to expressed no concerns regarding staffing arrangements within the home.

### **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. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents’ needs, their daily routine, 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.

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.

Staff were observed providing additional support to residents who needed help, using gentle encouragement, prompting and humour.

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.

A choice of meals was offered and the food was attractively presented and smelled appetising. There was evidence that residents’ needs in relation to nutrition were being met. An effective system was in place to identify which meal was for each individual resident, to ensure they were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to residents’ rooms. 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs.



There was evidence of a person centred approach throughout care records. The details of care plans were shared with residents' relatives, if this was appropriate. One residents' relative told us "the communication with staff is great, they keep me informed."

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. There was a system in place for reviewing these regularly to ensure they are the least restrictive form of practice.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. Residents care plans and falls risk assessment were updated appropriately. There was evidence that residents' weights were checked on a regular basis to monitor weight loss or gain. Onward referrals were made when concerns were raised with regards to significant fluctuations in weight.

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. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

### **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 clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning stores and sluice rooms were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The most recent fire risk assessment was carried out on 5 October 2023, no actions were identified.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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

Residents were happy to engage with the inspectors and share their experiences of living in the home. Residents expressed positive opinions about Rose Court Residential Home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.



There was a range of activities provided for residents by staff including; social, community, religious and creative events. The activity schedule was on display for residents to observe and there was evidence of activities taking place on the day of inspection, including artwork. Residents had access to books and television, or their other preferred choices. Staff recognised the importance of maintaining good communication with families, visiting family members confirmed that the communication from the home was very good.

### 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional operations director was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and the deputy manager and described them as supportive.

The home was visited 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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 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>	1*	3*
--	----	----

\* the total number of areas for improvement includes one regulation and three standards which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.

<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>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 February 2023	The registered person shall review the management of medicines for new admissions to ensure medicines are administered as prescribed.  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>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> Second time  <b>To be completed by:</b> 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.  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>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 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.  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>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 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.
	<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>  Ref: 5.1

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care