

Inspection Report

15 November 2022



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: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone	Registered Manager: Peter Bradley - not registered
Person in charge at the time of inspection: Peter Bradley	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) DE – Dementia. I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 71
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. Both the Maine and the Slemish units provide care for residents living with dementia. There are a number of communal lounges and dining rooms throughout the home. There is a Nursing Home located in the same building.	

2.0 Inspection summary

An unannounced inspection took place on 15 November 2022, from 9.05am to 6.15pm by two care inspectors.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be clean and maintained to a good standard.

Staff were familiar with residents care needs and preferences. Staff were observed providing care in a compassionate manner.

Residents who were able to 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.

One new area requiring improvement was identified regarding management oversight of Infection Prevention and Control (IPC) training on staff practice.

RQIA were sufficiently assured that the delivery of care and service provided in Rose Court was safe and compassionate, and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Rose Court.

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 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 the home. Some residents comments included, "I am happy here, the staff are lovely, they are all very chatty" and "the staff are good and the food is good, I have no concerns." Residents showing any signs of distress or discomfort were promptly and respectfully supported by staff.

Staff commented that the home was "a good place to work, and "the senior staff are mostly helpful".

Staff also commented that the new manager was "more visible during the day", they said that "this was a good thing as we can discuss issues with him as they arise".

No additional feedback was provided by residents, relatives or staff after 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 30 June 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 10 (1) Stated: Third time	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.	Met
	This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.	
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Regulation 27 (2) (b) Stated: Second time	The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean.	Met

	This includes oversight arrangements of the domestic provision within the home and environmental audits.	
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure robust IPC arrangements are implemented and regularly audited. This includes but is not limited to: <ul style="list-style-type: none"> - Hand hygiene; - PPE compliance; - Donning and doffing of PPE. 	Met
	Action taken as confirmed during the inspection: As written, this area for improvement is met.	
Area for improvement 4 Ref: Regulation 20 (1) (a) (b) Stated: First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents. The employment of any persons on a temporary basis at the home will not prevent residents from receiving such continuity of care as is reasonable to meet their needs.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 5 Ref: Regulation 30 Stated: First time	The registered person shall ensure RQIA are notified of each occasion when the home operates below the planned staffing level. The notification should include details of which unit was affected, the grade of staff shift not covered and the contingency plan put in place.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure residents' personal care and grooming needs are met and that any records maintained are accurate and up to date.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that residents' personal care and grooming needs were met. However, shortfalls in record keeping, particularly in the Slemish unit, were identified. This area for improvement was partially met and is stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	<p>Partially Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff adhere to safe practice for the administration of medicines.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	<p>Not met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patient's care plans and risk assessments are kept under review to reflect any change in their assessed care needs.</p> <p>This area for improvement is made with specific reference to falls management and skin integrity.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 18 (2) (c) (e)</p> <p>Stated: First time</p>	<p>The registered person shall ensure adequate bedding is available suitable to the needs of residents. Arrangements must be in place for the regular laundering of linen and clothing.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>

Area for improvement 10 Ref: Regulation 14 (2) (a) (c) Stated: First time	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.</p> <p>Action taken as confirmed during the inspection: This area for improvement was partially met and it is therefore stated for a second time.</p> <p>Refer to 5.2.3 for further information.</p>	Partially met
Area for improvement 11 Ref: Regulation 29 Stated: First time	<p>The registered person shall ensure that monthly monitoring reports are forwarded to RQIA by the third day of each month until further notice.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First 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>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>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 13 Stated: First time	<p>The registered person shall review the provision for the delivery of a planned activity programme. Arrangements should be made for the provision of activities in the absence of the activity co-ordinator.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	

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 safely to protect residents. Examination of records confirmed checks were made to ensure that both permanent and agency staff were registered and maintained their registration with the Northern Ireland Social Care Council, (NISCC.)

There were systems in place to ensure staff were trained and supported to do their job. On the day of inspection, staff were attending dementia training in the home.

The staff duty rota accurately reflected the staff working in the home on the day of the inspection. The duty rota identified the person in charge when the manager was not on duty.

Observations on the day of the inspection and a review of staffing rota evidenced a continued reliance on agency staff to cover care shifts. On the day of the inspection, agency staff were on duty in the Slemish unit. Discussions with these staff and a review of records confirmed that they had a robust induction and a good knowledge of the residents in the unit. RQIA continues to be notified when the unit operates below the planned staffing levels.

Staff said that there had been some improvement in staffing levels although commented on the challenges of working with agency staff that may not be as familiar with the residents and the day to day running of the home as permanent staff, especially in the Slemish unit. Staff acknowledged that management had taken these concerns on board and were in the process of recruiting additional permanent care staff. This was discussed with the management team who confirmed that recruitment was taking place.

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. Agency staff working in the Slemish unit were provided with extra information with regards to the needs of the residents, for example they were provided with documentation highlighting those residents who had specific dietary needs.

Staff were prompt in recognising residents' needs and any early signs of distress were immediately responded to. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were observed in all three units chatting to residents, attending to personal care needs in a respectful manner and responding to requests from residents for help promptly.

Residents were well presented in their appearance with improvements noted particularly in the Slemish unit since the previous care inspection. However, following review of personal care records, shortfalls were identified in record keeping. This was discussed with the manager who agreed to meet with staff and monitor completion of records through their audit systems. An area for improvement that was identified at the previous care inspection is stated for a second time.

Staff in all three units appeared knowledgeable of individual residents' needs, their daily routine and their 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.

Medication was found on the floor in the corridor. These were given to the team leader who disposed of them appropriately. This was discussed with the management team who agreed to carry out an investigation into this and review medicine administration competencies if required. A notification regarding the medication error was submitted to RQIA. Safe administration of medication was identified at the previous care inspection; after discussion with the pharmacy inspector this area for improvement is stated for a second time.

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.

Both the breakfast and lunch time experience was observed. Throughout both meals staff ensured that residents were offered choice of both food and drinks. Staff ensured that residents were sitting comfortably and provided with any extra assistance in a respectful manner. Discussion with catering staff confirmed their knowledge of modified diets in the unit.

Residents spoke positively with regards to the meals provided with one resident highlighting "the food is lovely and you get lots of it". The menu was displayed appropriately in the dining rooms.

With the exception of personal care records in the Slemish unit, resident care records were maintained which accurately reflected the needs of the residents. Records of how residents spent their days were updated regularly. The outcomes of visits from healthcare professionals were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy. Resident bedrooms were warm and personalised with photographs and other items of memorabilia.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically supervision and storage of cleaning chemicals. This was discussed with identified staff who ensured that the risks were reduced or removed immediately. Assurances were provided by the manager that supervision would be arranged with the identified staff. An area for improvement that was identified at the previous care inspection is stated for a second time.

Discussions with laundry staff confirmed that new bed linen had been delivered and that there had been an improvement in this area. Linen cupboards were adequately stocked. The washing machines had been fixed and observations in the laundry area showed clear improvement in this area.

PPE had been provided for all staff. In both the Maine and the Galgorm units, staff were observed to carry out hand hygiene at appropriate times.

Some staff were observed wearing their masks below the nose. However; staff addressed this when it was highlighted to them by the inspectors.

In the Slemish unit, some agency staff did not use PPE correctly. For example; one staff member was not wearing a disposable apron while serving breakfast. A second member of staff did not change PPE after providing personal care. This was highlighted to the staff concerned and they immediately took action to address this. Discussion with the management team during feedback offered RQIA assurances that this matter would be further addressed with both the staff on duty and the agency. In addition, one new area for improvement was identified regarding the evaluation of staff IPC and PPE training on practice to ensure that training is embedded into practice.

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 15 September 2022. There was evidence of ongoing fire drills throughout all three units.

Staff were aware of their training in these areas and how to respond to any concerns or risks.

5.2.4 Quality of Life for Residents

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. Both residents and staff confirmed that residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents were observed watching TV, chatting with each other and reading magazines. Two residents told us they enjoyed attending the choir in the home as this gave them the opportunity to meet up with others living in the home. An activity planner was displayed in all three units for the residents and staff confirmed that residents could choose if they wanted to attend. The activities co-ordinator confirmed that residents were part of the planning process.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Peter Bradley has been the acting manager since 31 October 2022. Mr Bradley confirmed his intention to register with RQIA as the manager of Rose Court.

Staff members were aware of who the person in charge of the home was, their own role and how to raise any concerns. Staff confirmed that they felt the new manager was more visible in all units and they found him to be approachable and supportive.

There was evidence of an improved 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. Discussions with staff confirmed their knowledge of the safeguarding process and their knowledge of who to report safeguarding concerns to.

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.

Review of accidents and incidents records found that these were generally well managed and reported appropriately. However, review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

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. Following the last care inspection, it was identified that management were required to submit these reports to RQIA on a monthly basis; this area for improvement was met.

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 (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* The total number of areas for improvement includes three Regulations that have been stated for a second time and one standard which has 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 (1) (a) (b) Stated: Second time To be completed by: From date of inspection	<p>The registered person shall ensure residents' personal care and grooming needs are met and that any records maintained are accurate and up to date.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Over-sight of personal care sheets will be by CTL's daily and signed off weekly by management. Home Manager via the auditing process of care plans will pay special attention to personal care needs, compiling action plans where required and ensuring triangulation across care plans, personal care charts and action plans. Daily flash meetings taking place and personal care discussed, including any residents who have refused personal care. Supervisions to be carried out with all CTLs in relation to personal care and recording of personal care.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: From date of inspection	<p>The registered person shall ensure that staff adhere to safe practice for the administration of medicines.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Kathryn homes medication policy will be re-read and signed off by the CTL team. Medication competencies of CTLs have all been revisited. All CTLs complete online medication training via e-learning.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: From date of inspection	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The domestic team have been made aware via supervision to be vigilant in terms of COSHH and ensuring they do not leave their trolley containing chemicals un-supervised. Spot checks are also carried by Home Manager when completing daily walkabouts.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6 Stated: First 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. Ref: 5.2.2
	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 23.8 Stated: First time To be completed by: From date of inspection	The register person shall ensure that the effectiveness of staff IPC and PPE training on practice and procedures is evaluated as part of quality improvement; and to ensure that training is embedded into practice. Ref: 5.2.3
	Response by registered person detailing the actions taken: Compliance with PPE as per PHA advice, monitored and documented as part of the daily walk around. IPC monitored and documented as part of the daily walk around.

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