

Inspection Report

17th & 18th April 2023



Rose Court Residential Home

Type of Service: Residential

Address: 30 Westbourne Avenue, Ballymena

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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: Mr Peter Bradley - not registered
Person in charge at the time of inspection: Peter Bradley, manager	Number of registered places: 82 A maximum of 60 residents in category RC-DE to be accommodated in the Maine and Slemish Units, a maximum of 22 residents in category RC-I to be accommodated in the Galgorm Unit.
Categories of care: RC - Residential Care 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: 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 occupies the same building.	

2.0 Inspection summary

An unannounced inspection took place on 17 April 2023, from 9.30 am to 5 pm and 18 April 2023 from 9.30 am to 4 pm by two care inspectors.

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

Residents told us that they were happy in Rose Court and spoke highly of the staff and the management team. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents' relatives told us that the staff were excellent and looked after their loved ones well.

Staff told us that Rose Court was a good place to work, there was a good sense of teamwork and that both the manager and the deputy manager were approachable and supportive.

Specific comments received from residents, their relatives and other professionals are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other. Staff were knowledgeable with regards to the residents' needs and preferences, for example staff were aware of specific dietary needs and preferences of each resident in the home.

Areas for improvement were identified in relation to individual care plans; supplementary care documentation; and the cleanliness of the Maine unit.

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.

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 in Rose Court and described the staff as excellent. Residents' comments included, "the girls are lovely", "this is like a home away from home", and "as far as care is concerned you couldn't ask for more."

We spoke with two residents' relatives who told us "I am very happy, mum has settled so well, the girls are great" and "the staff here are excellent."

Visiting professionals commented "things have improved from the new manager and deputy have come into post." Specific comments from visiting professionals were shared with the management team for further action.

After the inspection, four questionnaires were returned by residents. All four residents confirmed that the care was good, the staff were kind, the home was well organised and well led.

No additional feedback was received from 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. One compliment received from a relative commented, "this is a brilliant home, the staff are amazing."

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 February 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 (1) (a) (b) Stated: Second time To be completed by: From date of inspection (15 November 2022)	The registered person shall ensure residents' personal care and grooming needs are met and that any records maintained are accurate and up to date.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a third and final time. Please refer to section 5.2.2 for details.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: From date of inspection (15 November 2022)	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.	Met
	Action taken as confirmed during the inspection: This area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: From date of inspection (7 February 2023)	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 (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 7 March 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.	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.	
Area for improvement 2 Ref: Standard 23.8 Stated: First time To be completed by: From date of inspection (15 November 2022)	The registered 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.	Met
	Action taken as confirmed during the inspection: This area for improvement has been met	
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: From date of inspection (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.	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.	
Area for improvement 4 Ref: Standard 31 Stated: First time To be completed by: From date of inspection (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.	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	

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 professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding, Infection Control and Deprivation of Liberty Safeguards (DoLS).

The staff duty rota accurately reflected the staff working in the home on a daily basis including the capacity in which they worked. The Manager 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.

One resident told us "I couldn't be happier; staff are very helpful." Other comments from residents included, "the staff are lovely," and "yes the girls are very good"

Staff told us that the residents' needs and wishes were very important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and that they enjoyed each other's company.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Relatives told us, "staff are very friendly, I have no concerns." Relatives spoken with expressed no concerns regarding the staffing arrangements in 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.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day. Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs.

The residents in both the Galgorm and the Slemish units were clean and tidy and well presented. It was clear that staff had paid attention to details such as hair and nails. However, concerns were identified regarding the personal care of residents in the Maine unit, where a number of residents looked unkempt. Some residents were observed to be wearing stained clothing or nightwear under their day clothes in the communal lounge.

It was unclear from the records reviewed within the Maine unit how often residents were receiving support with personal care, for example showers. There were no clear records of any action taken if residents regularly refused support with their personal care needs. The importance of considering alternative approaches when supporting people with dementia was discussed with the manager for review and action.

On day two of the inspection personal care had been attended to for all residents'. However due to the inconsistencies in the recordings and the presentation of the residents in the Maine unit on day one of the inspection, an area for improvement was stated for a third and final time.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this.

Examination of records and discussion with the manager 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.

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.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

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. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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.

A review of care records confirmed that care plans were in the process of being updated. However, some care plans were generic and not person centred; for example, specific information on each residents' individual changing care needs was absent from the plans. This was discussed with the manager for immediate review and action. 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. However, supplementary documentation had not been updated to match the information reflected in the care plans; for example, personal care charts were not being filled in regularly as to when personal care had been refused and what actions were taken. Furthermore, handover sheets viewed did not reflect care plans with regards to residents' nutritional needs. This was discussed with the manager during feedback and an area for improvement was identified.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

Residents' relatives said that "the communication with the home was excellent."

5.2.3 Management of the Environment and Infection Prevention and Control

The Slemish and the Galgorm units were clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Corridors were clean and free from clutter or hazards.

Deficits were identified in relation to the cleanliness of the Maine unit. These deficits were brought to the attention of the manager and responsible individual on day one of the inspection. The manager advised that the previous evening shift had been covered by agency staff and the correct cleaning rotas had not been followed. On day two of the inspection a marked improvement was noted. Although RQIA received some assurances from the manager and the responsible individual during and following the inspection that new measures were now in place to address these shortfalls, an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with the spread of infection. For example, there was ample supply of Personal Protective Equipment (PPE) positioned throughout the home. 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 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

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. On the day of the inspection, several residents were enjoying each other's company in the communal lounges. Other residents were attending the morning sing a long activity.

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.

Residents' relatives told us that they always felt very welcome when they visited the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Peter Bradley has been the Manager in this home since 31 October 2022. Mr Bradley confirmed his intention to apply to register with RQIA as the manager of Rose Court.

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.

Staff commented positively about the manager and the deputy manager and described them as supportive, approachable and always available for guidance. Staff said "Peter and Owen are great, things are so much better now," and "there is great support from the managers."

Residents and relatives spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

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 vulnerable adults.

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.

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 (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* The total number of areas for improvement includes one Regulation that has been stated for a third time and four standards which are 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: Third time To be completed by: From date of inspection	The registered person shall ensure residents' personal care and grooming needs are met and that any records maintained are accurate and up to date. Ref 5.2.2
	Response by registered person detailing the actions taken: Inspection & QIP feedback is underway with all staff. New allocation sheets have been written and now utilised in all three units. This enables better oversight and a clear indication of who is responsible for individual tasks. Personal care sheets are monitored by management on walk arounds and CTL on shift. Care staff are to clearly document any refusal of personal care and actions taken to offer personal care for the remainder of the shift.
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: From date of inspection (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
	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.
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: Second time To be completed by: 7 March 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
	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>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (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: From date of inspection (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 6.2 & 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2023</p>	<p>The registered person shall ensure that each resident has an individual, personalised and up to date care plan.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans are reviewed as part of our ongoing auditing process. Any care plans found to be under the required standard will be actioned. A new regime has been implemented to provide management and Care Team Leaders (CTLs) with better governance oversight.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2023</p>	<p>The registered person shall ensure that all supplementary documentation is accurate and up to date. This is with specific reference to handover sheets and personal care records.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Handover sheets are now kept on file from the person in charge of each shift for continuity of care and evidentiary purposes. Personal care records have been discussed at the QIP feedback sessions and clear instructions communicated to care staff to document refusals and the actions taken.</p>

Area for improvement 6 Ref: Standard 27.1 Stated: First time To be completed by: 31 July 2023	The registered person shall ensure that all areas of the home are kept clean and hygienic at all times. Ref: 5.2.2
	Response by registered person detailing the actions taken: New allocation sheets show clear accountability regarding nightly cleaning tasks for the staff. Staff are to be aware of their working environment and take action regarding any concerns. New cleaning files for Domestic staff have been implemented. CTL staff to monitor domestic records and inform the Manager of any concerns.

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



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