

Inspection Report

5 May 2021



Rosemount Care Centre

Type of service: Residential Care Home
Address: 2 Moy Road, Portadown, BT62 1QL
Telephone number: 028 3833 1311

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Zest Care Homes Limited Responsible Individual: Philip Scott	Registered Manager: Patricia Purvis Date registered: 08/11/2019
Person in charge at the time of inspection: Patricia Purvis	Number of registered places: 32 Residents to be accommodated in the Cherry Blossom/Willow Units.
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 32 persons. The home is divided in two units which provide care for people with dementia. There is also a registered Nursing Home under the same roof.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2021 from 09.50 to 17:50 by a care inspector.

The inspection assessed progress with areas for improvement identified in the home 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.

Areas requiring improvement were identified in relation to the reviewing of staffing levels, the full completion of pain assessment information and ensuring the availability of monthly monitoring reports.

Residents 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.

Comments received from residents, and staff, are included in the main body of this report.

RQIA were assured with the delivery of care and service provided in Rosemount Care Centre.

The findings of this report will provide the management team with the information necessary to help improve service provision.

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 residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. 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.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with 20 residents and five staff. We received two completed questionnaires within the identified timescale. Respondents to the completed questionnaires showed they were very satisfied with the care and services provided. Comments received from residents were positive in relation to their life in the home, relationships with staff, the environment and the quality of the food provided. Staff spoken with shared positive feedback in relation to working in the home and confirmed the manager was approachable and supportive. Some staff shared that they thought staffing levels could be improved upon; this issue was further explored with the manager as part of the inspection see section 5.2.1.

5.0 The inspection

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

The last inspection to Rosemount Care Centre was undertaken on 24 & 25 of November 2020 by pharmacist and care inspectors.

Areas for improvement from the last inspection on 24 & 25 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that, for each resident who is prescribed a thickening agent, records of prescribing and administration level are maintained.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that eye-treatment medicines are administered in accordance with the prescribed instructions and that appropriate records of administration are maintained.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time	The registered person shall ensure records reflect all personal care and support provided, changes in the residents needs and unusual or changed circumstances that affect the resident and any action taken by staff.	Met
	Action taken as confirmed during the inspection: Review of residents' care records showed these were being maintained on an up to date basis.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents, this also included agency or temporary staff.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics and regular staff supervisions were held.

The staff duty rota accurately reflected all of 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 said there was good team work and that they felt well supported in their role, however some staff shared that they thought staffing levels were not adequate at all times to ensure residents needs were met in a timely manner. It was noted that on occasions staff were not visible in the communal area to support residents, observations showed for example a resident at risk of falls mobilising without the assistance of staff, feedback from staff included examples of times when they felt staffing levels were stretched and made it more difficult to respond to residents. Details were discussed with the Manager in relation to staffing and supervision levels in the home during feedback, an area for improvement was identified.

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

Residents shared positive comments about staff they said the staff were very good, they were kind and helpful. There were effective systems in place in relation to the recruitment, training and support of staff, however an area for improvement was been identified in relation to reviewing staffing levels to ensure greater levels of supervision.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Review of staff training records confirmed that staff training was maintained on an up to date basis and prepared staff to look after the residents. All staff were required to completed adult safeguarding training regularly. Staff told us they would be confident about reporting concerns about residents' safety and poor practice. Staff showed good knowledge about types of abuse and signs of abuse to look out for.

It was noted that residents and their relatives were provided with information on how to raise a concern or complaint about care or any service they received in the home. Review of the home's record of complaints confirmed that these were managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

At times some residents may be required to use equipment that can be considered to be restrictive. For example the use of alarm mats. Review of resident records and discussion with

the Manager and staff confirmed that the correct procedures were followed if restrictive equipment was required.

Staff showed good communication skills when interacting with residents; they were respectful, understanding and sensitive to their needs, ensuring they had adequate time as needed when supporting them within the home. Staff were observed assisting residents with their mobility and ensuring they were not rushed in any way.

Residents confirmed they were content living in the home.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

We observed a sample of bedrooms, storage spaces, dining rooms, and communal areas such as lounges and bathrooms. There was evidence that the environment was clean and well maintained.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as art work undertaken by residents as part of the activity programme provided. The home environment was warm, clean and tidy throughout with no obvious risk observed.

5.2.4 How does this service manage the risk of infection?

The Manager told us that systems and processes were in place to ensure the effective management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as face masks.

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. Visiting arrangements were managed in line with DoH and IPC guidance.

There were systems in place to reduce the risk of outbreaks of infection in the home.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering and by offering personal care to residents discreetly. This was good practice.

Residents who were assessed as requiring specialised equipment had this information included in their care records.

Review of records and discussion with the Manager and staff confirmed that the risk of falling and falls were highlighted in residents' care records. Records showed when a resident has had a fall reviews were completed to determine if anything more could have been done to prevent the fall. The Manager explained plans were in place for staff to complete training in falls awareness.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 could include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, 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 a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available and residents said the food was good and they were happy with the choices available.

There were clear arrangements in place to ensure residents received the right care.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

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 regularly reviewed and updated to ensure they reflected the residents' needs. Some inconsistencies however were observed in relation to the completion of pain assessment records which were not fully completed. This issue was discussed with the Manager, an area for improvement was identified. The Manger advised plans were in place for senior care assistants to complete additional training in relation to record keeping.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's care needs and what or who was important to them.

Regular 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.

Arrangements were in place to ensure each resident had an annual review of their care, arranged by their care manager or Trust representative. Overall records were well maintained with one area for improvement identified in relation to pain assessment information.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, some chose to relax in the communal area whilst others chose to stay in their rooms. Residents had access to an attractive outdoor area with seating and tables available to rest at. Others were observed listening to music and chatting in small groups.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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 has been no change in the management of the home since the last inspection. Patricia Purvis has been the manager in this home since November 2019.

There was evidence of a regular system of auditing in place to monitor the quality of care and other services provided to residents. The Manager or members of the team completed regular audits on various aspects of the operation of the home.

There was a system in place to manage complaints. 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 for the team to learn and improve.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "the manager is very approachable and easy to talk to, would never turn you away" and would "do a walk around (the home) every morning, and is very person centred".

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

It was noted that monthly monitoring reports were not available for inspection. These reports should be in place to help assess the quality of services and care provided by the home. This issue was discussed with the Manager, an area for improvement was identified. Following the inspection the Manager was requested to forward the most recently completed monthly monitoring reports for review.

The inspection showed there were a range of systems in place to monitor the quality of care and services provided by the home including stable management arrangements, regular auditing of specific aspects of care, a complaints process, and ongoing monitoring of accidents and incidents. The monthly monitoring reports were not available for inspection as required and an area for improvement was made.

6.0 Conclusion

Residents were comfortable and relaxed in the home, there were systems in place to ensure staff training was maintained on an up to date basis. The environment was clean, tidy and well maintained with systems in place to reduce the risk of outbreaks of infection. Care records were largely maintained on an up to date basis with some focus required on pain assessment records. There were systems in place to ensure the regular review and audit of care provision within the home.

As a result of this inspection three new areas for improvement were identified in relation to the reviewing of staffing levels, full completion of pain assessment records and to ensure the availability of monthly monitoring reports. Details can be found in the Quality Improvement Plan.

7.0 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)**.

	Regulations	Standards
Total number of Areas for Improvement	4*	1

* The total number of areas for improvement includes two that have been carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 24 November 2020	<p>The registered person shall ensure that, for each resident who is prescribed a thickening agent, records of prescribing and administration level are maintained.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 24 November 2020	<p>The registered person shall ensure that eye-treatment medicines are administered in accordance with the prescribed instructions and that appropriate records of administration are maintained.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 12 May 2021	<p>The registered person shall ensure a review of staffing levels is undertaken to ensure at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents to ensure adequate levels of supervision.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Staffing levels are constantly reviewed and actioned as required, dependency levels are calculated monthly and currently 1 extra care assistant is on duty 8 -2 daily.</p>
Area for improvement 4 Ref: Regulation 29 (5) Stated: First time To be completed by: 12 May 2021	<p>The registered person shall ensure monitoring reports are maintained in the home and made available on request.</p> <p>Ref: 5.2.8</p>
	<p>Response by registered person detailing the actions taken: Monitoring reports shall be made available monthly.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 8.2 Stated: First time	The registered person shall ensure records relating to pain assessments are fully completed to help direct the plan of care. Ref: 5.2.6
To be completed by: 6 May 2021	Response by registered person detailing the actions taken: On review of same, pain scales have been assessed and updated accordingly.

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



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