



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 23 September 2019



Rosemount Care Centre

Type of Service: Residential Care Home
Address: 2 Moy Road, Portadown BT62 1QL
Tel No: 02838331311
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 32 residents with dementia. The residential home occupies the ground floor within the same building which also includes Rosemount Care Centre 41 bedded nursing home.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Limited Responsible Individual: Philip Scott	Registered Manager and date registered: Patricia Purvis – registration pending
Person in charge at the time of inspection: JulieAnn McClure deputy manager upon arrival Claire Mc Kenna regional manager from approximately 11.00 am onwards	Number of registered places: 32 Residents to be accommodated in the Cherry Blossom/Willow Units.
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 23 September 2019 from 09.45 hours to 17.15 hours.

The inspection assessed progress with all 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.

Evidence of good practice was found in relation to staffing, staff recruitment and induction, culture and ethos of the home and good working relations.

Areas requiring improvement were identified in relation to the provision of further information within an identified care plan regarding the management of diabetes and reporting of notifiable events. One area of improvement identified during the previous care inspection relating to infection prevention and control has been stated for a second time in the QIP appended to this report.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*3

*The total number of areas for improvement includes one which has been stated for a second time, and two areas for improvement identified at the medicines management inspection which have been carried forward to the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Claire Mc Kenna, regional manager and Julie Ann McClure, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No completed questionnaires were returned within the identified timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas from 16 September 2019 to 29 September 2019
- staff training schedule and training records
- supervision and appraisal schedule

- one staff recruitment and induction record
- competency and capability assessment
- two residents' records of care
- minutes of staff meetings
- complaint records
- compliment records
- a sample of governance audits/records
- fire safety checks
- accident/incident records
- a sample of reports of visits by the registered provider from June 2019 to August 2019
- RQIA registration certificate.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 24 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff.	Partially met
	Action taken as confirmed during the inspection: Discussion with the person in charge, observation of staff practice and inspection of specific areas in the home showed improvements including staff practice with regards to wearing personal protective equipment. A sample of areas checked showed some inconsistencies - staining / markings were observed. This area for improvement has been assessed as being partially met and has been stated for a second time in the QIP appended to this report.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall ensure that staff receive further training and competency assessment on the management of warfarin.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall review and revise the management of distressed reactions.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival we observed the home was comfortably heated and welcoming. Residents were mostly up, washed and dressed; some residents sat within the lounge areas watching TV while others were observed relaxing in their bedrooms or walking about the home.

The person in charge explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home. Residents spoken with confirmed staff were available to help when needed. The staff duty roster reviewed reflected staff on duty over the 24 hour period.

The person in charge confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of assessments was viewed and found to be satisfactory.

One recruitment record was viewed; this showed that appropriate checks including Access NI and reference checks were completed prior to new staff commencing employment in the home. One job specific induction record was viewed during the inspection and was found to be satisfactory.

The person in charge explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff confirmed they also received regular supervision and appraisal. Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis.

There was an annual safeguarding position report completed for the home covering the period of April 2018 to March 2019. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed as were the measures in place to minimise the risk of falls which included, for example, fall risk assessments and associated care plans. The Falls Prevention Toolkit was discussed with the person in charge who confirmed the home utilised a falls prevention tool. The benefit of ensuring training for staff relating to falls awareness was also discussed.

An inspection of the home's environment was undertaken. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be comfortably heated, odour free and clean.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and outlined cleaning arrangements in the home in relation to various touch points. During the previous inspection infection control measures were identified as an area for improvement. Observations of staff showed improvement in practices, however, spot checks including a sample of bathroom and ensuite areas showed there was still room for improvement relating to the undersides of shower chairs, toilet roll holders and spotting was also noted on wall coverings. This area for improvement has been stated for a second time in the QIP appended to this report.

Walkways throughout the home were kept clear and a review of staff training records confirmed that staff completed fire safety training. Records showed fire safety checks and fire drills were completed on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, and the home's environment.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain. An area for improvement in relation to compliance with best practice in IPC has been stated for the second time.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within care records reviewed that risk assessments were completed and reviewed on a regular basis. Risk assessments and associated care plans had been completed in relation to residents who smoked in two care records reviewed. The need to ensure that a risk assessment and associated care plan was completed for any resident admitted to the home that smokes was discussed. A sample of two care records reviewed contained relevant information regarding how best to support the residents; information within the care plans also for example included the residents preferred rising and retiring times.

Records showed residents were weighed upon admission to the home and on a monthly basis thereafter or more frequently depending on the resident's needs. Review of one of the care records showed that speech and language therapist (SALT) guidance was included within the resident's care plan. It was noted in one of the care records reviewed there should have been more detail to reflect how the resident's diabetes was managed. This issue was discussed with the person in charge; an area for improvement was identified. Residents spoken with confirmed they were happy with the food provided.

Regarding the dining experience we could see that the dining room was warm, clean and bright. There was a menu on display beside the dining area; the menu rotated on a three weekly basis. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed and well organised. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

Comments from residents included:

- "The food is good, I'm happy enough."
- "They (staff) are awful good. The food is lovely, I really enjoy it here."

The doors to the home were locked using a keypad system; records in the home showed restrictive practices including the locked doors and use of alarm mats were regularly reviewed.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes and they said there was good team work within the home. Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held in September 2019. The need to ensure minutes of staff meetings were completed in a timely manner was discussed. Staff advised they were kept up to date regarding any changes with residents and the workings in the home during handovers at the beginning of each shift.

The person in charge explained review of residents' progress was ongoing and there were regular updates provided to staff from visiting professionals including occupational therapists, and district nurses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified this related to ensuring greater detail in the identified care plan regarding the management of diabetes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us, they appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

This was evidenced from observations of staff interactions with residents and responses from residents about the care received that they felt comfortable and relaxed in the home. Residents were observed laughing and joking with staff.

Residents’ preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents’ likes and dislikes. Care records reviewed outlined residents’ preferred activities. The benefit of clearly reflecting residents’ social care needs within the care records including lifestyle preferences and daily routines was discussed.

Staff described how they aim to promote residents’ independence, for example by way of encouragement to help residents maintain their independence as best as possible.

Comments from residents and staff included:

- “I am getting on ok, I am happy enough.” (resident)
- “Everything is dead on.” (resident)
- “Everyone is very good, I am happy living here.” (resident)
- “I like it here, the staff are kind. “ (resident)
- “It’s a home from home, staffing is a teamwork effort. It works well, I like my job.” (staff member)
- “A very enjoyable, happy place. I am very happy in my work. I think I will always like to work here. I would be happy for my granny to live here.” (staff member)

Activities assessments were completed in the care records reviewed. Residents shared activities such as arts and crafts, and church representatives’ visits occurred regularly. Residents’ craft works were displayed around the home. Staff explained how a musician would regularly visit the home. Residents were also supported to visit local cafes and shops and enjoy the garden and outside area of the home. This was viewed during the inspection and was found to be a nice bright and spacious area to visit furnished with outdoors tables and chairs, garden benches and various decorations. Records showed relatives’ meetings were held, the benefit of formally gathering the views of residents through for example residents’ meeting or forum was discussed. This shall be followed up at a future inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the front hall area of the home. The certificate shows the management arrangements for the home and the

maximum number of residents allowed to be accommodated in the home. Discussion with the person in charge, staff, and observations confirmed that the home was operating within its registered categories of care.

The person in charge outlined the organisational structure of the home and explained that the manager is supported by the deputy manager, senior carers, carers and ancillary team of staff. Staff confirmed that the home's managers were 'very approachable' and available to provide advice when needed.

Comments from staff in relation to the management included:

- "It's very well run, well led. Management, you can't fault them, they keep up to date with everything.
- "Management are fantastic, I think it's a very well run home."

The person in charge and deputy manager remained on duty throughout the inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff.

Review of accidents and incidents records in the home showed there had been a number of notifiable events which had not been reported onwards to RQIA accordingly. This issue was discussed with the person in charge, and it was agreed that the incidents would be forwarded to RQIA retrospectively. An area for improvement was identified under the regulations.

The person in charge confirmed there was a range of audits completed on a regular basis to ensure ongoing quality review in the home. These included, for example, audits relating to accidents and incidents, infection control, review of care records and use of restrictive practices. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports from June to August 2019 confirmed compliance with regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and minimum care standards. The reports included action plans to address areas for improvement and were followed up on a monthly basis.

The home had a complaints policy and procedure in place. Review of complaints records showed the outcome of the investigation undertaken. The need to ensure that the complainant's level of satisfaction with the outcome was recorded was discussed with the person in charge. This shall be followed up at the next inspection.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

One area was identified for improvement in relation to reporting of notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Mc Kenna, regional manager and Julie Ann McClure, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: 25 September 2019	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff. Ref: 6.2 and 6.3
	Response by registered person detailing the actions taken: A meeting with domestic staff was held on the 23/10/19 the importance of checking all areas highlighted by the inspector was reiterated. Ongoing recruitment has been successful and implemented.
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: 25 September 2019	The registered person shall ensure RQIA are notified of all reportable events that occur in the home without delay. Ref: 6.6
	Response by registered person detailing the actions taken: Following the inspection all incidents not reported were sent retrospectively, a review of the guidance for registered managers will insure all relevant incidents/accidents will be reported in a timely manner.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 18 July 2019	The registered person shall ensure that staff receive further training and competency assessment on the management of warfarin. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 18 July 2018	The registered person shall review and revise the management of distressed reactions. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2019</p>	<p>The registered person shall ensure greater detail is included in the care plan for the identified resident regarding the management of diabetes.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All care plans have since been reviewed and up-dated.</p>

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



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