



# Unannounced Care Inspection Report

## 3 February 2020



## Rosemount Care Centre

**Type of Service: Residential Care Home**  
**Address: 2 Moy Road, Portadown, BT62 1QL**  
**Tel no: 02838331311**  
**Inspector: Gerry Colgan**

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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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Zest Care Homes Ltd  <b>Responsible Individual:</b> Philip Scott	<b>Registered Manager and date registered:</b> Patricia Purvis 8 November 2019
<b>Person in charge at the time of inspection:</b> Patricia Purvis	<b>Number of registered places:</b> 32
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 3 February 2020 from 09.00 hours to 16.30 hours.

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 2011.

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

Areas for improvement in respect of the previous pharmacy inspection have also been reviewed and validated as required.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, record keeping, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to repairing the assisted toilet floor, vinyl edging coming away from a wall in an identified ensuite, a damaged wall in an identified ensuite, damaged walls in the assisted shower room, and debris on tri-wheeled walkers.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents and staff during and after 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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Purvis, 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 23 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 September 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 findings from the previous care inspection 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. Eight completed questionnaires were returned from residents and two from relatives within the identified timescale. Respondents indicated that they were very satisfied with the care provided.

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

- staff duty rotas from 20 January to 16 February 2020
- staff training schedule and training records
- two staff recruitment files
- staff supervision and appraisal schedule
- sample of staff competency and capability assessments
- four residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- minutes of residents meetings
- governance audits/records
- accident/incident records from 23 September 2019 to 3 February 2020
- reports of visits by the registered provider
- fire safety checks
- RQIA registration certificate

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

The findings of the inspection were provided to Patricia Purvis, registered manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 23 September 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation, review of records and discussion with the manager confirmed that there are weekly meetings with the Housekeeper and the environment is subject to monthly infection control audits.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure RQIA are notified of all reportable events that occur in the home without delay.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Notifications checked against all accidents and incidents since the previous care inspection confirmed that this has been addressed and all reportable accidents / incidents are reported in a timely manner.	

## 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.**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met. A review of the staffing rota from 20 January to 16 February 2020 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty and that staff attended to residents' needs in a timely and caring manner.

Two recruitment records were viewed; this confirmed that appropriate checks including Access NI and reference checks were completed prior to new staff commencing employment in the home. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two job specific induction records were viewed during the inspection and were found to be satisfactory.

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

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Staff also confirmed they also received regular supervision and appraisal.

Review of four residents' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager and staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visits.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. However, areas requiring improvement were identified in relation to repairing the assisted toilet floor, vinyl edging coming away from a wall in an identified ensuite, a damaged wall in an identified ensuite, and damaged walls in the assisted shower room.

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. However dust and debris was noticed on some tri wheeled walkers and on the top of door stops. An area for improvement is stated under the standards.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, alarm mats. There was also evidence of consultation with relevant persons.

### **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, adult safeguarding, and risk management.

## Areas for improvement

Areas requiring improvement were identified in relation to repairing the assisted toilet floor, vinyl edging coming away from a wall in an identified ensuite, a damaged wall in an identified ensuite, damaged walls in the assisted shower room, and dust and debris on tri wheeled walkers and on the tops of doorstops.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.4 Is care effective?

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

We arrived in the home at 09.00 hours and were greeted by staff who were helpful and attentive. Some patients were enjoying breakfast whilst others were being assisted to wash and dress or attend to personal care as was their personal preference.

We could see that the residents were getting the right care and that the staff responded to residents in a timely manner. Staff were able to describe the care needs of individual 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. Staff spoken with had appeared to know residents' needs very well.

Review of four residents' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Records evidenced risk assessments and associated care plans in relation to residents who were at risk of falls. Records reflected residents individual preferences with regards to rising and retiring times, food choices and personal interests.

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 the care records showed that speech and language therapist (SALT) guidance was included within the resident's care plan.

Observation of the lunchtime meal confirmed that residents had a choice at meal times; tables were set appropriately with tablecloths, cutlery, condiments and a selection of drinks. Portion sizes were good, both meals offered were well presented and looked appetising. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

The front door to the home was locked using a keypad system. Records in the home showed that restrictive practices including the locked doors and use of alarm mats were regularly reviewed. We discussed with the manager the plans in place regarding the introduction of the Mental Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguards. The training records confirmed that staff had received training in Deprivation of Liberty Safeguards.



There was good evidence of effective team work; staff confirmed they were kept up to date with any changes and said there was good information sharing within the home. Staff meetings take place on a quarterly basis or more often if required. Staff also advised they were kept up to date regarding any changes during the handover period at the beginning of each shift.

Residents care records confirmed that residents had an annual care review. The manager explained that a review of residents' progress was ongoing and there were regular updates provided to staff from visiting professionals including occupational therapists, GP, and district nurses.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home; for example, residents are supported to attend their preferred place of worship if they so wish.

Residents were provided with information, in a format that they could understand, to enable them to make informed decisions regarding life in the home. The daily menu and activities schedule were displayed. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents' views and opinions were gathered on an ongoing basis, and residents were encouraged and supported to actively participate in the annual reviews of their care; there was also evidence of monthly residents' meetings.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example arts, crafts, and musical events. On the day of inspection residents were enthusiastically preparing decorations for Valentine's day. Arrangements were in place for

residents to maintain links with their friends, families and wider community; for example, residents are supported to visit local shops and cafes and visitors are always welcome.

Observations confirmed that residents appeared comfortable and relaxed in the home environment. Residents spoken with confirmed they enjoyed living in the home and were supported by staff.

Consultation with 8 patients individually, and with others in smaller groups, confirmed that living in Rosemount Care Centre was a good experience.

Comments from residents included:

- “It’s brilliant. You are definitely well looked after. Everybody is so nice to each other.”
- “It’s great if you like this sort of thing. I would like to be in my home doing my own thing. Home is where the heart is.”
- “It is awful good, more than good. You get a lovely breakfast and lunch and all is lovely. I am on my own so I am very thankful for a place like this.”

Staff were asked to complete an on line survey; we had no responses within the timescale specified. However, staff who met with the inspector during the inspection did comment positively on the care delivered and the working relationships within the home. Some of the comments included:

- “We have a very good team here. I love caring for the residents.”
- “It is a very rewarding job. You look after the residents the same way you would like your parents looked after.”

### 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 residents and their representatives, and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 manager outlined the management arrangements and governance systems in place within the home, and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA. The certificate of registration was appropriately displayed.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints. Arrangements were in place to share information about complaints and compliments with staff.

Discussion with the manager and review of accidents/incidents recorded since the previous care inspection evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents; for example, staff had completed training in deprivation of liberty safeguards.

A review of records confirmed that visits to check the quality of the services provided in the home were completed on a monthly basis. The reports of these visits were available in the home.

Staff spoken with were aware of their roles, responsibility and accountability, and there was a clear organisational structure. The manager stated that senior management were based in the home therefore they were kept well informed regarding the day to day running of the home.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 Patricia Purvis, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2020	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• The assisted toilet floor is repaired.</li> <li>• Vinyl edging in identified ensuite is repaired.</li> <li>• Damaged walls in identified ensuite and assisted toilet are repaired.</li> </ul> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The assisted toilet floor will be repaired by the 23<sup>rd</sup> of March, the vinyl edging and damaged wall in identified ensuite was repaired on the 03/03/20.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately	<p>The registered person shall ensure tri-wheeled walkers and door closers are adequately cleaned.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The cleaning of all tri-wheeled walkers has been added to the night care assistants duty list, and following a meeting with the housekeeper the domestics check and clean door closers as required.</p>

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



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